Boston Area Community Health Survey: Pre-Diabetes	Study
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GPRED-427

Form PPMF: Physical Measurements Form

SECTION A: KEY IDENTIFYING INFORMATION

A1.	Subject identification number MASTER_ID					
A2.	Date of physical measurements MESRMNT_DATE	/ / / / M M / D D Y Y Y				
A3.	Start time (24 hour clock) START_TIME	H H M M				
A4.	Data collector ID number COLLECT_ID					
	SECTION B: BOI	DY MEASUREMENTS				
SCRIPT: Now I'd like to take some measurements of your body. These should not cause you any pain and will take only a few seconds each. INSTRUCTION: ASK SUBJECT TO TAKE OFF SHOES FOR HEIGHT AND WEIGHT MEASUREMENT.						
B1.	Height (cm) HEIGHT					
	a. Self-reported height	1. Feet 2. Inches				
		HEIGHT_FT HEIGHT_IN				
B2.	32. Do you have a pacemaker, implanted cardiac defibrillator, other implanted electrical medical devices or an artificial limb?					
	ELECTDEV	YES1 (B4)				
		NO2				
		NOT SURE				
INSTRUCTION: THE TANITA ULTIMA SCALE PASSES A LOW-LEVEL ELECTRICAL CURRENT THROUGH THE BODY THAT MAY INTERFERE WITH THE OPERATION OF MEDICAL DEVICES. IF THE SUBJECT HAS, OR MAY HAVE, SUCH A DEVICE, SKIP THE BODY FAT ASSESSMENT (B3) AND USE THE WEIGHT-ONLY PROTOCOL						
B3.	Body fat percentage BDYFATPER					
B4.	Weight (kg) WEIGHT					
	a. Self-reported weight (lbs) SELF_WEIGHT					
B5.	What was your approximate birth weight	? a. Pounds b. Ounces BRTH_WT_LBS BRTH_WT_OUNC				

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Boston Area Community Health Survey: Pre-Diabetes Study GPRED-427 Form PPMF: Physical Measurements Form Waist circumference (cm) WAISTCIR B6. Measurement taken in a. LIGHT CLOTHING 1 WAISTMEAS UNDERGARMENTS......2 Hip circumference (cm) HIPCIR B7. . Measurement taken in HIPMEAS LIGHT CLOTHING 1 a. UNDERGARMENTS......2 SECTION C: PULSE AND BLOOD PRESSURE **SCRIPT:** I am now going to begin taking your pulse and blood pressure. Please keep your legs uncrossed while I check your blood pressure. **INSTRUCTION: ENCOURAGE SUBJECT TO SIT QUIETLY DURING MEASUREMENTS AND REFRAIN FROM TALKING.** C1. Arm circumference (cm) ARMCIR a. Arm ARM LEFT.....1 RIGHT2 PEDIATRIC1 C2. Cuff size CUFFSIZE THIGH 4 Heart rate (beats/60 seconds) C3. HEARTRATE Systolic blood pressure (mmHg) SBP C4. Diastolic blood pressure (mmHg) DBP C5. End time (24 hour clock) ENDTM C6. 2 Н Н Μ Μ

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