



Attention - DO NOT enter patient data on this form if the header does not contain preprinted CRISP ID number, clinical center ID, and visit number.

Participant ID: \_\_\_\_\_ pckid  
visit:

Clinical Center: \_\_\_\_\_ pccn

Missing Data Codes: A-Participant Refused B-Reading Not Possible C-Institutional Error

## Current Physical Findings Form

This form is to be completed by designated personnel (if medically trained) and/or PI at each Biannual visit.

<i>dvdate</i> <b>Date of Visit</b>			/			/			
<i>height</i> <b>1. Height:</b> _____ cm									
<b>Note:</b> If weight is greater than 158.6 kg (350 pounds), participant is not eligible to have a MRI. Change final participant status to <b>Eligible but Modified</b> .									
<i>weight</i> <b>2. Weight:</b> _____ kg									
<b>3. During the last 30 minutes, has the participant smoked or consumed caffeine?</b> <i>cigcaff</i> (If yes, please wait 30 minutes since last cigarette or caffeine unit)							0 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes
<b>4. Arm used:</b> Use the arm determined at the initial visit, whenever possible. <i>armused</i>							0 <input type="checkbox"/> Right		1 <input type="checkbox"/> Left
<b>5. Blood Pressure Monitors Used for Seated BP Readings:</b> <i>bpmonitor</i>									
0 <input type="checkbox"/> automated		1 <input type="checkbox"/> PCC Monitor (non-automated):		Brand _____		<i>bpbrand</i>			
<b>Note:</b> The CRISP III Study Staff person signing this form is to complete the BP readings in items 6 and 7.									
<b>6. SEATED Blood Pressure Readings (sequential):</b> Participant is to rest 5 minutes with arm supported at heart level. Record at least three BP readings at least 30 seconds apart. If there is a difference of more than 10mm Hg (systolic or diastolic) between the second and third readings in one sitting, a fourth and fifth reading should be recorded for that sitting.									

	Time (24 hour)	Systolic	Diastolic	Pulse Rate BPM
1	____:____ <i>r1time</i>	<i>sys1</i>	<i>dial1</i>	<i>r1pr</i>
2	____:____ <i>r2time</i>	<i>sys2</i>	<i>dial2</i>	<i>r2pr</i>
3	____:____ <i>r3time</i>	<i>sys3</i>	<i>dial3</i>	<i>r3pr</i>
4	____:____ <i>r4time</i>	<i>sys4</i>	<i>dial4</i>	<i>r4pr</i>
5	____:____ <i>r5time</i>	<i>sys5</i>	<i>dial5</i>	<i>r5pr</i>



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visit:

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Please Note: Average blood pressure will be automatically generated at data entry.

7. **STANDING BP Reading:** Measure BP after 3 minutes standing with arm supported at heart level.

	Time (24 hour)	Systolic	Diastolic	Pulse Rate BPM
1	__ __: __ __ <i>d1time</i>	<i>sysd1</i>	<i>diad1</i>	<i>d1pr</i>

CRISP Member completing this form \_\_\_\_\_  
*cdidnum*

Date Form Completed \_\_ \_\_/ \_\_ \_\_/ \_\_ \_\_ \_\_ \_\_  
*cddate*

Data Entry Status: Please check to indicate that the above information has been entered

Primary Entered by: \_\_\_\_\_ Date: \_\_ \_\_/ \_\_ \_\_/ \_\_ \_\_ \_\_ \_\_  
*deidnum* *dedate*

Secondary Entered by: \_\_\_\_\_ Date \_\_ \_\_/ \_\_ \_\_/ \_\_ \_\_ \_\_ \_\_