

Entered: ___ / ___ / 20___ Initials: _____ Verified: ___ / ___ / 20___ Initials: _____
For office use only.

Research Coordinator Assessment Baseline (RCAB) – Version: 02/01/2008 FORMV

Patient ID _____ - _____ - _____ ID _____ RCABDAT Form Completion Date ___ / ___ / 20___
mm dd yy

Certification number: _____ **CERT** Visit: 1

1. Measurements: Date of when physical measures were taken: ___ / ___ / 20___ **PHYSDAT**

1.1 Weight: **WGT** (lb) → How was weight measured? **WGTMEAS** 1. Tanita Scale → (Percent Body fat: **BODYFAT** %)
 2. Other Scale
 3. Last available bed weight
 4. Estimate

1.2 Blood Pressure: **SBP** / **DBP** (mmHg) 1.3 Resting Heart Rate (bpm) **HRATE**
(systolic) (diastolic)

1.4 Waist circumference: *Record the first two measurements. If they are not within 2 cm of each other, record a third measurement.*
WCIRC1. (cm)
WCIRC2. (cm)
WCIRC3. (cm) *record only if first two are not within 2 cm of each other.*

1.5 Neck circumference: *Record the first two measurements. If they are not within 2 cm of each other, record a third measurement.*
NCIRC1. (cm)
NCIRC2. (cm)
NCIRC3. (cm) *record only if first two are not within 2 cm of each other.*

2. Are you currently residing in a care facility (for example: personal care home, rehab facility, long-term care facility, assisted living)?
 0. No 1. Yes **RESIRCAB**

3. Clinical test(s) in preparation for bariatric surgery within 12 months (*check no or yes to each procedure completed. If completed, specify results.*)

No	Yes	Unk		If yes,	Results
	CAT		3.1 CAT scan of chest	→	<input type="checkbox"/> 1. Normal <input type="checkbox"/> 2. Abnormal CATR
	STR		3.2 Stress Test : <input type="checkbox"/> Exercise STRTYPE <input type="checkbox"/> Chemical	→	<input type="checkbox"/> 1. Normal <input type="checkbox"/> 2. Abnormal STRR
	RHCAT		3.3 Right Heart Catherization	→	<input type="checkbox"/> 1. Normal <input type="checkbox"/> 2. Abnormal RHCATR
	LHCAT		3.4 Left Heart Catherization	→	<input type="checkbox"/> 1. Normal <input type="checkbox"/> 2. Abnormal LHCATR
	CARDF		3.5 Cardiac function*	→	LVEF: CARDO % → if no percent available: <input type="checkbox"/> 1. Normal CARDFR <input type="checkbox"/> 2. Abnormal
	ENDO		3.6 Endoscopy	→	Barret's Esophagus: <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes ENDORB Hiatal Hernia: <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes ENDORH
	GI		3.7 Upper GI series	→	Paraesophageal Hernia: <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes GIRP Hiatal Hernia: <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes GIRH
	PULSE		3.8 Pulseoximeter	→	SAO ₂ : <u> </u> % PULSER
	ECG		3.9 ECG	→	No Yes No Yes <input type="checkbox"/> <input type="checkbox"/> 1. Norma ECGN <input type="checkbox"/> <input type="checkbox"/> 4. Other Arrhythmia ECGOA <input type="checkbox"/> <input type="checkbox"/> 2. Atrial Fib ECGAF <input type="checkbox"/> <input type="checkbox"/> 5. ST-T waves ECGSTT <input type="checkbox"/> <input type="checkbox"/> 3. Sinus Tach ECGST <input type="checkbox"/> <input type="checkbox"/> 6. Other (specify: ECGOTH ECGOTHS)
	POLY		3.10 Polysomnogram	→	Apnea-Hypopnea Index (AHI) <u> </u> POLYR
	PFT		3.11 Pulmonary Function Test (PFT)	→	FEV1: PFTR (liters) % of diffusing capacity: PFTDEF FVC: PFTFVC (liters)
	ABG		3.12 Arterial blood gas	→	CO ₂ : <u> </u> (mmHg) ABGR1 O ₂ on room air temperature: <u> </u> (mmHg) ABGR2 O ₂ on oxygen: <u> </u> (mmHg) ABGR3
	UGALL		3.13 Ultrasound gall bladder	→	Evidence of gallstones: <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes UGALLR
	CTESTO		3.14 Other: Specify: CTESTOS	→	Results: <u> </u> CTESTOR

*Based on an echocardiogram, cardiac MRI, CT imaging, ventriculography, Gated SPECT, MUGA .