

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

Research Coordinator Assessment Follow-up – Version: 06/01/2013 FORMV

Patient ID _____ - _____ - _____ **ID** Form Completion Date ___ / ___ / 20___
mm dd yy
RCAFDAT
Certification number: _____ **CERT** Visit: _____ **VISIT**

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

<p>1.1 Weight: _____ (lb) → How was weight measured? WGT</p> <p>1.2 How was weight reported? WGTRPT</p> <p>1.3 Blood Pressure: <u>SBP</u> ___ / <u>DBP</u> ___ (mmHg) (systolic) (diastolic)</p> <p>1.5 Waist circumference: <i>Record the first two measurements. If they are not within 2 cm of each other, record a third measurement.</i> _____. ____ (cm) WCIRC1 _____. ____ (cm) WCIRC2 _____. ____ (cm) <i>record only if first two are not within 2 cm of each other.</i> WCIRC3</p>	<p><input type="checkbox"/> 1. Tanita Scale → (Percent Body fat: _____ . _____ %) BODYFAT <input type="checkbox"/> 2. Other Scale <input type="checkbox"/> 3. Last available bed weight WGTMEAS <input type="checkbox"/> 4. Estimate</p> <p><input type="checkbox"/> 1. Coordinator <input type="checkbox"/> 4. Participant <input type="checkbox"/> 2. Doctors office <input type="checkbox"/> 5. Other (specify: _____ WGTRPTS _____) <input type="checkbox"/> 3. Chart</p> <p>1.4 Resting Heart Rate _____ (bpm) HRATE</p> <p>1.6 Neck circumference: <i>Record the first two measurements. If they are not within 2 cm of each other, record a third measurement.</i> _____. ____ (cm) NCIRC1 _____. ____ (cm) NCIRC2 _____. ____ (cm) <i>record only if first two are not within 2 cm of each other</i> NCIRC3.</p>
--	--

2. Did the participant meet with any members of the bariatric surgical team the same day as the research visit? 0. No 1. Yes
MEETBST

Ask questions 3 - 4 if this is a *post-operative visit only*.

3. **In the past 12-months**, have you resided in a care facility (for example: personal care home, rehab facility, long-term care facility, assisted living)? *If someone was discharged to one of these facilities only mark "yes" if they went home and then subsequently entered a facility.* 0. No 1. Yes
RESIRCAF

If yes,	<p>3.1 Did you reside in a care facility in the past 6-months? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes RESIP6M</p> <p>3.2 Do you currently reside in a care facility? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes RESICUR</p>	
---------	--	--

4. **In the past 12-months**, have you had a revision or reversal of your bariatric procedure? 0. No 1. Yes **REVREV**