

A1. Site/Study ID #: _____ / **G** _____ A2. Visit Date: _____ / _____ / _____
Month Day Year
 A3. Staff Initials: _____
 A4. Visit: 1. Baseline 2. Year 1 3. Year 2 4. Year 3 5. Year 4 6. Year 5 7. LT/ABD To DCC

A5. Source of data: (check all that apply)

A05A a. Physician / Designee

A05B b. Medical Record

SECTION B: BRIEF PHYSICAL EXAM

B1. VITAL SIGNS

- | | | |
|--|--------------------------------------|---|
| 1. Blood Pressure | B011M/ / B011HG mm Hg | B011ND 88. <input type="checkbox"/> ND |
| 2. Heart Rate | B012 ___ beats/min | B012ND 88. <input type="checkbox"/> ND |
| 3. Respiratory rate | B013 respirations per minutes | B013ND 88. <input type="checkbox"/> ND |
| 4. Temperature | B014 C OR B014F °F | B014ND 88. <input type="checkbox"/> ND |
| 5. Oxygen Saturation (upright position): | B015 ___ % | B015ND 88. <input type="checkbox"/> ND |

B2. ANTHROPOMETRICS:

- | | | | | | |
|--------------------------------------|------------------|----|----------------------|------------------|---|
| 1. Weight: | B021KG kg | OR | B021LB lbs | B021OZ oz | B021ND 88. <input type="checkbox"/> ND |
| 2. Height or length: | B022CM cm | OR | B022IN inches | | B022ND 88. <input type="checkbox"/> ND |
| 3. Head circumference (Age < 3yrs) | B023CM cm | OR | B023IN inches | | B023ND 88. <input type="checkbox"/> ND |
| 4. Right mid arm circumference: | B024CM cm | | | | B024ND 88. <input type="checkbox"/> ND |
| 5. Right triceps skinfold thickness: | B025M mm | | | | B025ND 88. <input type="checkbox"/> ND |
- (Measure skinfold in triplicate and record mean)

B03 B03. Record Abnormal Findings:

INSIG Investigator/Designee Signature

SIGMM Month Date (MM/DD/YYYY)

SIGDD Day

SIGYY Year

SIGDT

CMMNT Comment