

Blood Pressure, Weight, Waist and Height

PID: 0	Acrostic: 0	Visit:
Completed: d_form	Date Form	Administration Type: admin
Reviewed by: compby	Language: language	

Blood Pressure

1. Time of day:

bshr : bsmm 1. bsam value="1" am 2. bspm value="1" pm

2. Arm circumference:

bsarmcm cm bsarm

- 1 right arm
- 2 left arm

3. Cuff size:

bscuff

- 1 regular arm or adult
- 2 large arm
- 3 thigh
- 4 other: specify
- 5 long arm cuff

Specify:

bscuff_sp

4. Pulse:

bspulse Beats per minute

5. First BP bssbp1 / bsdbp1 (After waiting 5 minutes)

Second BP bssbp2 / bsdbp2 (After waiting 30 seconds)

5a. Device: bsdevice

1 dinamap

Technician id: bstech1

Weight

6. Weight Measure 1 Measure 2
bstech1 kg bstech2 kg

7. Is there an amputation, prosthesis, or cast (which was not present when baseline weight was collected) that may affect weight?

bsamp

- 1 yes
- 2 no

If Yes. Explain:

bsamp_sp

Technician ID: bstech2

Waist

8. Waist Circumference

Measure 1 Measure 2 Measure 3
waistcm1 cm waistcm2 cm waistcm3 cm

Technician ID: bstech4

Height

9. Height

Measure 1 Measure 2
bshgt1 cm bshgt2 cm

Technician ID: bstech5

BLOOD PRESSURE, WEIGHT, WAIST, AND HEIGHT

Patient ID	[affix ID label here]	Date Form Completed	<input type="text"/> / <input type="text"/> / <input type="text"/>				
		Month	Day	Year			
Administration Type	<input type="text"/>	Visit Code	<input type="text"/>	Reviewed by	<input type="text"/>	Language	E

Blood Pressure

1. Time of day : ¹ AM
² PM

2. Arm circumference cm ¹ Right Arm
² Left Arm

3. Cuff size ¹ Regular arm or adult
² Large arm
³ Thigh
⁴ Other: Specify
⁵ Long arm cuff

4. Pulse beats per minute

5. First BP / ^{5a.} ¹ Dinamap
² Manual
(after waiting 5 minutes)

Second BP /
(after waiting 30 seconds)

Technician ID:

Weight

6. Weight Measure 1 kg Measure 2 kg

7. Is there an amputation, prosthesis, or cast (which was not present when baseline weight was collected) that may affect weight?

¹ Yes → Explain:

² No

Technician ID:

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Waist

8. Record Measure 1 before completing Measure 2 and only record Measure 3 if first 2 measurements are not within 0.5 cm.

	Measure 1	Measure 2	Measure 3
Waist Circumference	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm

Technician ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Height (Years 8 and 12 only)

9. Height

Year 8

	Measure 1	Measure 2
	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm

Technician ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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10. Year 12

	Measure 1	Measure 2
	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm

Technician ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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