Blood Pressure, Weight, Waist and Height

PID:

Acrostic:

Visit:

Date Form Completed: mm/dd/yyyy

Administration Type:
Self-administered
Mailed
Telephone
Interviewer-administered
Home
Administered to Proxy

Administered by: STAFF II

Language:
English
Spanish
Navajo

Blood Pressure

1. **Time of day:** {bshr} {char 2} 00-23 : {bsmin} {char 2} 00-59 {bsam} {int 4} ☐ AM
   PM

2. **Arm circumference:** {bsarmcm} {real 4} cm   **Arm:** {bsarm} {int 4}
   --
   1 - Right arm
   2 - Left arm

3. **Cuff size:** {bscuff} {int 4}
   --
   1 - Regular arm or adult
   2 - Large arm
   3 - Thigh
   4 - Other: specify
   5 - Long arm cuff
   {bscuff_sp} {varchar 100} If 'Other', specify

4. **Pulse: {bspulse} {int 4}** **(beats per minute)**

5. **First BP (after waiting 5 minutes)**   {bssbp1} {int 4} / {bsdbp1} {int 4}

   5a. {bsdevice} {smallint 2}
   --
   1 - Dinamap
   2 - Manual

   Second BP (after waiting 30 seconds) {bssbp2} {int 4} / {bsdbp2} {int 4}

   Technician ID: {bstech1} {char 5}

Weight

6. **Measure 1**{bswgt1} {real 4} kg   **Measure 2**{bswgt2} {real 4} kg

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

--
1 - Yes
2 - No

{bsamp} {smallint 2}   **If Yes, Explain:** {bsamp_sp} {varchar 100}

Technician ID: {bstech2} {char 5}

Waist

8. **Waist circumference:**   **Measure 1 {waistcm1} {real 4}** cm   **Measure 2 {waistcm2} {r**

cm   **Measure 3 {waistcm3} {real 4}** cm

Technician ID: {bstech4} {char 5}

Height

9. **Measure 1** {bshgt1} {real 4} cm   **Measure 2** {bshgt2} {real 4} cm

Technician ID: {bstech5} {varchar 5}

Blood Pressure, Weight, Waist and Height

PID:

ACROSTIC:

VISIT:

DATE of VISIT: ☐☐ / ☐☐ / 20 ☐☐

ADMINISTERED BY: ☐☐☐☐☐

Blood Pressure

1. Time of day:

   ☐☐ : ☐☐   ☐ AM   ☐ PM

2. Arm circumference:

   ☐☐ : ☐ cm   ☐ Right arm   ☐ Left arm

3. Cuff size:

   ☐ Regular arm or adult

   ☐ Large arm

   ☐ Thigh

   ☐ Other: _____

   ☐ Long arm cuff

4. Pulse:

   ☐☐☐   beats per minute

5. First BP: ☐☐☐ / ☐☐☐

   Second BP: ☐☐☐ / ☐☐☐

   Technician ID: ☐☐☐☐☐

Weight

6. Weight

   Measure 1: ☐☐☐.☐ kg

   Measure 2: ☐☐☐.☐ kg

   Technician ID: ☐☐☐☐☐

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

   ☐ Yes ➔ Explain: [_____]

   ☐ No

Waist

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

   Measure 1: ☐☐☐.☐ cm

   Measure 2: ☐☐☐.☐ cm

   Measure 3: ☐☐☐.☐ cm

   Technician ID: ☐☐☐☐☐

Height

9. Height

   Measure 1: ☐☐☐.☐ cm

   Measure 2: ☐☐☐.☐ cm

   Technician ID: ☐☐☐☐☐