



(affix label here)

Patient ID Number	Site	Sub-site	Sequential ID
<input style="width: 100%; height: 20px;" type="text"/>			

## SEARCH Physical Examination Form (to be completed for age 3 and older)

<b>Anthropometric Measures</b>	<b>Examiner Code</b> <input style="width: 30px; height: 20px;" type="text"/>
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1. Height:

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> cm.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> cm.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> cm.
First	Second	*Third

\*Third measurement required if first two measurements differ by >0.5 cm.

2. Weight:

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> kg.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> kg.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> kg.
First	Second	*Third

\*Third measurement required if first two measurements differ by >0.3 kg.

If PATIENT is wearing a non-removable appliance, please specify the type of appliance. →

3. Waist Circumference:

3a. NHANES waist circumference:

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> cm.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> cm.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> cm.
First	Second	*Third

\*Third measurement required if first two measurements differ by >1.0 cm.

3b. Natural waist circumference:

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> cm.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> cm.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> cm.
First	Second	*Third

\*Third measurement required if first two measurements differ by >1.0 cm.

Public reporting burden of this collection of information is estimated to average 80 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0904).

<b>Blood Pressure</b>		<b>Examiner Code</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																														
<p>4. Extremity: (check one)    1 <input type="checkbox"/> Right arm (preferred)                      2 <input type="checkbox"/> Left arm    bparmsid_phef</p> <p>5. Cuff size: (check one)    bpcuffsz_phef</p> <p>1 <input type="checkbox"/> Infant      2 <input type="checkbox"/> Child/Small Adult                      3 <input type="checkbox"/> Adult                      4 <input type="checkbox"/> Lg. Arm                      5 <input type="checkbox"/> Thigh</p> <p>6. Pulse Disappearance Pressure:                      <input style="width: 30px; height: 20px;" type="text"/> mm. Hg  <span style="margin-left: 100px;">pulsdisp_phef</span></p> <p style="text-align: center; margin-left: 100px;">+ 3 0</p> <hr style="width: 100px; margin-left: 100px;"/> <p>7. Maximum inflation level (MIL):                      <input style="width: 30px; height: 20px;" type="text"/> mm. Hg  <span style="margin-left: 100px;">maxinfle_phef</span></p> <p>8. Blood Pressures:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">Systolic <span style="color: blue;">systobp1_phef</span></td> <td style="width: 10%; text-align: center;">/</td> <td style="width: 15%; text-align: center;">Diastolic <span style="color: blue;">diastbp1_phef</span></td> <td style="width: 45%;"></td> </tr> <tr> <td>1<sup>st</sup> BP</td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td></td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td>mm. Hg.</td> </tr> <tr> <td></td> <td><span style="color: blue;">systobp2_phef</span></td> <td></td> <td><span style="color: blue;">diastbp2_phef</span></td> <td></td> </tr> <tr> <td>2<sup>nd</sup> BP</td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td></td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td>mm. Hg.</td> </tr> <tr> <td></td> <td><span style="color: blue;">systobp3_phef</span></td> <td></td> <td><span style="color: blue;">diastbp3_phef</span></td> <td></td> </tr> <tr> <td>3<sup>rd</sup> BP</td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td></td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td>mm. Hg.</td> </tr> </table> <p>8a. If unable to measure blood pressure, check reason:</p> <p>1 <input type="checkbox"/> Patient refused    nobprefu_phef                      1 <input type="checkbox"/> Unable to determine MIL    nobpmil_phef</p> <p>1 <input type="checkbox"/> Patient unable to sit    nobpunab_phef                      1 <input type="checkbox"/> Unable to hear blood pressure sounds    nobhear_phef</p> <p>1 <input type="checkbox"/> Radial pulse not felt in either arm    nobppuls_phef                      1 <input type="checkbox"/> Equipment malfunction    nobpeqpm_phef</p> <p>1 <input type="checkbox"/> No cuff appropriate size    nobpcuff_phef</p>					Systolic <span style="color: blue;">systobp1_phef</span>	/	Diastolic <span style="color: blue;">diastbp1_phef</span>		1 <sup>st</sup> BP	<input style="width: 30px; height: 20px;" type="text"/>		<input style="width: 30px; height: 20px;" type="text"/>	mm. Hg.		<span style="color: blue;">systobp2_phef</span>		<span style="color: blue;">diastbp2_phef</span>		2 <sup>nd</sup> BP	<input style="width: 30px; height: 20px;" type="text"/>		<input style="width: 30px; height: 20px;" type="text"/>	mm. Hg.		<span style="color: blue;">systobp3_phef</span>		<span style="color: blue;">diastbp3_phef</span>		3 <sup>rd</sup> BP	<input style="width: 30px; height: 20px;" type="text"/>		<input style="width: 30px; height: 20px;" type="text"/>	mm. Hg.
	Systolic <span style="color: blue;">systobp1_phef</span>	/	Diastolic <span style="color: blue;">diastbp1_phef</span>																														
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3 <sup>rd</sup> BP	<input style="width: 30px; height: 20px;" type="text"/>		<input style="width: 30px; height: 20px;" type="text"/>	mm. Hg.																													

<b>Acanthosis Nigricans</b>		<b>Examiner Code</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>9. Is Acanthosis Nigricans: (check one)    acannigr_phef    1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      3 <input type="checkbox"/> Maybe</p>			

<b>FOR STUDY USE ONLY</b>					
<span style="color: blue;">d_phef</span>					
Date Completed	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	Completed by	<input style="width: 30px; height: 20px;" type="text"/>
	Month	Day	Year		Code
Date Reviewed	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	Reviewer Code	<input style="width: 30px; height: 20px;" type="text"/>
	Month	Day	Year		
Date Entered	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	Data Entry Code	<input style="width: 30px; height: 20px;" type="text"/>
	Month	Day	Year		