



Patient ID Number	<input type="text"/>							
	Site	Sub-site	Sequential ID					

## SEARCH SphygmoCor Form

### ***Ask the participant questions 1 thru 3:***

1. Have you had any caffeine this morning? **caffeine\_sphy**

- 1  No  
2  Yes

If Yes, please list: **caffeinelist\_sphy**

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2. Have you smoked or used anything with nicotine this morning? **nicotine\_sphy**

- 1  No  
2  Yes

If Yes, please list: **nicotinelist\_sphy**

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3. Have you taken any decongestants or asthma medications this morning? **asthmameds\_sphy**

- 1  No  
2  Yes

If Yes, please list: **asthmamedslist\_sphy**

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If the participant answered yes to questions 1, 2, or 3 above, you may still conduct the SphygmoCor.

### ***To be completed by study personnel:***

4. What did the participant eat/drink prior to testing other than water? **eatdrink\_sphy**

- 1  Nutrigrain bar (standard snack)  
2  Glutino bar (standard snack for celiac disease)  
3  Nothing (refused standard snack)  
4  Other

If Other, please list (indicate nutrient content for protein, carbs, and fat if available):

**eatdrinkother\_sphy**

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5. Was the examination room unusually hot or cold? **examhotcold\_sphy**

- 1  No  
2  Yes – very hot  
3  Yes – very cold

6. Were all SphygmoCor measurements obtained? **allmeasures\_sphy**

1  Yes, all measurements obtained

2  Partial measurements obtained (check all measurements obtained)

1  Heart Rate Variability **hrv\_sphy**

2  Pulse Wave Velocity – **femoral:** **pwvfemoral\_sphy**

1  1 measurement    2  2 measurements    3  3 measurements **pwvfemoralcount\_sphy**

3  Pulse Wave Velocity – **radial:** **pwvradial\_sphy**

1  1 measurement    2  2 measurements    3  3 measurements **pwvradialcount\_sphy**

4  Pulse Wave Velocity – **foot:** **pwvfoot\_sphy**

1  1 measurement    2  2 measurements    3  3 measurements **pwvfootcount\_sphy**

5  Pulse Wave Analysis **pwa\_sphy**

1  1 measurement    2  2 measurements    3  3 measurements **pwacount\_sphy**

3  No measurements obtained

7. Comments regarding difficulties with measurements or missed measurements? **diffcomment\_sphy**

1  Yes (*if Yes, describe*):

**diffcommentdetail\_sphy**

2  No comments

8. Was this participant selected for SphygmoCor QC measurements? **selectQC\_sphy**

1  No

2  Yes, all SphygmoCor QC measurements obtained

3  Yes, SphygmoCor QC measurements partially obtained

4  Yes, SphygmoCor QC measurements not obtained

Comments: **selectQCcomment\_sphy**

FOR STUDY USE ONLY						
Date Completed <b>compldat</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Completed by <b>complby</b>	<input type="text"/>
	Month	Day	Year			
Date Reviewed <b>revwdate</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reviewer Code <b>revwby</b>	<input type="text"/>
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