



(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: anthexcd\_phef

<span style="color: red;">htcmfirst_phef</span> <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.	<span style="color: red;">htcmscnd_phef</span> <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.	<span style="color: red;">htcmthrd_phef</span> <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:

<span style="color: red;">wtkgfrst_phef</span> <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.	<span style="color: red;">wtkgscnd_phef</span> <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.	<span style="color: red;">wtkgthrd_phef</span> <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. → nonremsp\_phef

3. Waist Circumference:

3a. NHANES waist circumference:

<span style="color: red;">nhanfrst_phef</span> <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.	<span style="color: red;">nhanscnd_phef</span> <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.	<span style="color: red;">nhanthrd_phef</span> <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:

<span style="color: red;">natufrst_phef</span> <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.	<span style="color: red;">natuscnd_phef</span> <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.	<span style="color: red;">natuthrd_phef</span> <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 180 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"/>						
bpreexced_phef								
4. Extremity: <i>(check one)</i> bparmsid_phef	1 <input type="checkbox"/> Right arm (preferred)	2 <input type="checkbox"/> Left arm						
5. Cuff size: <i>(check one)</i> bpcuffsz_phef	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			
6. Pulse Disappearance Pressure: pulsdisp_phef	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> mm. Hg <div style="text-align: center; margin: 5px 0;">+ 3 0</div> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> mm. Hg							
7. Maximum inflation level (MIL): maxinfl_phef	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> mm. Hg							
8. Blood Pressures:								
	Systolic systobp1_phef	Diastolic diastbp1_phef						
1 <sup>st</sup> BP	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> /				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> mm. Hg.			
2 <sup>nd</sup> BP	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> /				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> mm. Hg.			
3 <sup>rd</sup> BP	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> /				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> mm. Hg.			
8a. If unable to measure blood pressure, check reason:								
1 <input type="checkbox"/> Patient refused nobprefu_phef	1 <input type="checkbox"/> Unable to determine MIL nobpmil_phef							
1 <input type="checkbox"/> Patient unable to sit nobpunab_phef	1 <input type="checkbox"/> Unable to hear blood pressure sounds nobphhear_phef							
1 <input type="checkbox"/> Radial pulse not felt in either arm nobppuls_phef	1 <input type="checkbox"/> Equipment malfunction nobpeqpm_phef							
1 <input type="checkbox"/> No cuff appropriate size nobpcuff_phef								

<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"/>	
acanexcede_phef			
9. Is Acanthosis Nigricans: <i>(check one)</i> acannigr_phef			
	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Maybe

FOR STUDY USE ONLY																
Date Completed compldat	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					Completed by complby	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
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