

Patient ID Number							
	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: <u>caffeineList_sphy</u>
2. Have you smoked or used anything with nicotine this morning? nicotine_sphy
1 No 2 Yes If Yes, please list:
3. Have you taken any decongestants or asthma medications this morning? asthmaMeds_sphy
1 No 2 Yes If Yes, please list: <u>asthmaMedsList_sphy</u>
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
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						
 Partial measurements obtained (check all measurements obtained) <u>Heart Rate Variability</u> hrv_sphy 						
 2 Pulse Wave Velocity – femoral: pwvFemoral_sphy 1 1 measurement 2 2 measurements 3 3 measurements 3 pwvFemoralCount_sphy 3 Pulse Wave Velocity – radial: pwvRadial_sphy 1 measurement 2 2 measurements 3 3 measurements 9 pwvRadialCount_sphy 4 Pulse Wave Velocity – foot: pwvFoot_sphy 1 measurement 2 2 measurements 3 3 measurements 9 pwvFoot_sphy 1 measurement 2 2 measurements 3 3 measurements 9 pwvFoot_sphy 1 measurement 2 2 measurements 3 3 measurements 9 pwvFootCount_sphy 						
5 <u>Pulse Wave Analysis</u> pwa_sphy 1 1 measurement 2 2 2 measurements 3 3 3 measurements pwaCount_sphy						
3 No measurements obtained						
7. Comments regarding difficulties with measurements or missed measurements? diffComment_sphy						
1 Yes (<i>if Yes, describe</i>) : 2 No comments						

d_SPHY		F	FOR STUDY USE ONLY	1	
Date Completed				Completed by	
	Month	Day	Year		
Date Reviewed	Month	Day	Year	Reviewer Code	
Date Entered	Month	Day	Year	Data Entry Code	