

**TODAY Form BASELINE, Clinical Baseline Inventory**

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Release Participant ID

1. Days since randomization:

   

DAYS

*Instructions: This form is completed for all participants at the baseline visit.*

**Physical Exam Measurements**

2. Seated arm blood pressure

a. Systolic Blood Pressure

   mmHg

SBP

b. Diastolic Blood Pressure

   mmHg

DBP

c. Was TODAY BP cuff CAS 740-1 MAXNIBP used?

<sub>1</sub> Yes <sub>0</sub> No

BPCUFF

3. Anthropometrics

a. BMI

<sub>1</sub> ≤32.0000      .     <sub>3</sub> ≥38.0000

BMI

b. BMI Percentile

<sub>1</sub> <98.5    <sub>2</sub> ≥98.5

BMIPCT

c. BMI Z-score

<sub>1</sub> ≤2.2000      .     <sub>3</sub> ≥2.3500

BMIZ

i. Was TODAY Seca Scale 882 used to collect weight?

<sub>1</sub> Yes <sub>0</sub> No

SECA

d. Waist circumference

<sub>1</sub> ≤100.0 cm       .  cm    <sub>3</sub> ≥110.0 cm

WASTCIRC

e. Abdominal height

<sub>1</sub> ≤22.0 cm       .  cm    <sub>3</sub> ≥25.0 cm

ABDHGHT

**Concomitant Medications**

4. Is the participant currently prescribed any of the following medications?

<sub>1</sub> Yes <sub>0</sub> No

MEDS

***If YES, continue. If NO, form is complete.***

a. Other antihypertensives (non-study drug)?

<sub>1</sub> Yes <sub>0</sub> No

ANTIHYP

b. Other lipid lowering medications?

<sub>1</sub> Yes <sub>0</sub> No

LIPLow

c. Steroids?

<sub>1</sub> Yes <sub>0</sub> No

STER

d. Weight loss supplements?

<sub>1</sub> Yes <sub>0</sub> No

WHTSUP

e. Other prescription medications?

<sub>1</sub> Yes <sub>0</sub> No

OTHERRX