



(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Date Form Filled Out:

□ □ □ □ □ □ □ □ □ □

d d M M M y y y y
(e.g., 10JUN2005)

Interviewer Code: □ □ □

Circle Field Center Location:

BU CU DK UP

Circle Visit: ¹Visit 1 ³Visit 2 ⁴Visit 2 (New Participant)

Form Version Date: 08/01/2015

Blood Pressure, Heart Rate, Height, Weight and Waist Circumference Visit 2

Interviewer: Set equipment at 1 minute intervals, allowing for a 1 minute break between measurements.

MEASURE: Blood Pressure

Q1a. Record Omron HBP-1300 machine serial number: _____

Q1b. Arm Circumference: _____ . _____ cm

Q1c. Cuff Size:

- ¹Child/Extra-Small (12-17.9 cm)
- ²Small (18-21.9 cm)
- ³Regular (22-31.9 cm)
- ⁴Large (32-41.9cm)
- ⁵X-Large (Thigh) (42-50 cm)

Q2a. Which arm was used?

- ¹Right
- ²Left

Q2b. Cuff Placement:

- ¹Upper Arm
- ²Forearm

Q2c. **Interviewer:** If right arm was not used, please explain why the right arm was not used for this measurement: _____

Participant ID: _____

Participant Name Code: _____

Sitting Blood Pressure Measurement #1:

Q3a. **Systolic:** ___ ___ ___ mmHg

Q3c. **Pulse Rate:** ___ ___ ___

Q3b. **Diastolic:** ___ ___ ___ mmHg

Q3d. Comments required for missing or unusual values: _____

Sitting Blood Pressure Measurement #2:

Q4a. **Systolic:** ___ ___ ___ mmHg

Q4c. **Pulse Rate:** ___ ___ ___

Q4b. **Diastolic:** ___ ___ ___ mmHg

Q4d. Comments required for missing or unusual values: _____

Sitting Blood Pressure Measurement #3:

Q5a. **Systolic:** ___ ___ ___ mmHg

Q5c. **Pulse Rate:** ___ ___ ___

Q5b. **Diastolic:** ___ ___ ___ mmHg

Q5d. Comments required for missing or unusual values: _____

If returning participant or Denmark GO TO Q11, standing height

MEASURE: Ankle-Arm Blood Pressure

Q6a. Blood Pressure: Right Arm: _____ (from 1st Sitting Systolic Blood Pressure Reading)

Left Arm: _____ (take 1 Reading)

If greater than 10mmHg difference, use the arm with the higher Blood Pressure.

Q6b. Which arm was used?

¹Right

²Left

Participant ID: _____

Participant Name Code: _____

Systolic Measurement #1:

Q7a. Brachial (Arm): ___ ___ ___ mmHg

Q7b. Right Posterior Tibial: ___ ___ ___ mmHg

Q7c. Left Posterior Tibial: ___ ___ ___ mmHg

Systolic Measurement #2:

Q8a. Left Posterior Tibial: ___ ___ ___ mmHg

Q8b. Right Posterior Tibial: ___ ___ ___ mmHg

Q8c. Brachial (Arm): ___ ___ ___ mmHg

Q9a. Was the dorsalis pedis pulse used?

- ¹Yes
- ⁰No

Go to Q9b

Go to Q10a

Q9b. If yes, in which leg?

- ¹Right
- ²Left
- ³Both

Q10a. Was the ankle-arm blood pressure measurement completed successfully?

- ¹Yes
- ⁰No

Go to 10b

Go to Q10g

Q10b. Average Brachial Systolic Pressure:

$$\text{Brachial-1: } \underline{\quad} \underline{\quad} \underline{\quad} + \text{Brachial-2 } \underline{\quad} \underline{\quad} \underline{\quad} = \underline{\quad} \underline{\quad} \underline{\quad} / 2 = \underline{\quad} \underline{\quad} \underline{\quad}$$

Q10c. Average Right Posterior Tibial Systolic Blood Pressure:

$$\text{R_Posterior Tibial-1 } \underline{\quad} \underline{\quad} \underline{\quad} + \text{R_Posterior Tibial-2 } \underline{\quad} \underline{\quad} \underline{\quad} = \underline{\quad} \underline{\quad} \underline{\quad} / 2$$

Q10d. Average Left Posterior Tibial Systolic Blood Pressure:

$$\text{L_Posterior Tibial-1 } \underline{\quad} \underline{\quad} \underline{\quad} + \text{L_Posterior Tibial-2 } \underline{\quad} \underline{\quad} \underline{\quad} = \underline{\quad} \underline{\quad} \underline{\quad} / 2$$

Participant ID: _____

Participant Name Code: _____

Q10e. Ankle-Arm Blood Pressure Ratio for Right Side:

Average R_Posterior Tibial / Average Brachial = ____ ____ ____

Q10f. Ankle-Arm Blood Pressure Ratio for Left Side:

Average L_Posterior Tibial / Average Brachial = ____ ____ ____

Q10g. If No, why wasn't the procedure completed? (Please "X" all that apply)

Left Leg:

- ¹Unable to Occlude
- ¹Ulceration
- ¹Amputation
- ¹Unable to Locate Distal Pulse
- ¹Too Painful
- ¹Unable to Lie in Semi-Recumbent Position
- ¹Participant Refused
- ¹Unable to Follow Instructions
- ¹Other, Please Specify: _____

Right Leg:

- ¹Unable to Occlude
- ¹Ulceration
- ¹Amputation
- ¹Unable to Locate Distal Pulse
- ¹Too Painful
- ¹Unable to Lie in Semi-Recumbent Position
- ¹Participant Refused
- ¹Unable to Follow Instructions
- ¹Other, Please Specify: _____

MEASURE: Anthropometry

Examiner Script: Now I am going to measure your standing height. Please remove your shoes. Stand with your feet flat on the floor, heels together, with heels, hips, shoulders directly against the wall."

Standing Height:

If participant is unable to sufficiently follow instructions to complete this measurement, please enter "U" for measurement 1.

Q11a. Measurement #1: ____ ____ ____ . ____ cm

Q11b. Measurement #2: ____ ____ ____ . ____ cm

Q11c. Please calculate the difference between Q11a and Q11b: ____ ____ ____ . ____ cm

If difference between Measurement #1 and #2 is ≥ 0.4 cm, proceed with Measurements #3 and #4.

Participant ID: _____

Participant Name Code: _____

Q11d. Measurement #3: _____ . ____cm

Q11e. Measurement #4: _____ . ____cm

Q11f. Is Participant standing sideways due to kyphosis (stooped posture)?

¹Yes

⁰No

If Returning Participant, GO TO Q15, Body Weight

Arm Span:

Examiner Script: In this test I will measure the length of your arm span from fingertip to fingertip. Please stand with your back to the wall and fully extend your right/left arm at shoulder height, just until your fingertip touches the corner of the wall. Now extend your other arm also at shoulder height. I will place a piece of tape at the outstretched fingertip and mark the tape.

If participant is unable to sufficiently follow instructions to complete this measurement, please enter “U” for measurement 1 and proceed to question 13a.

Q12a. Measurement: _____ . ____cm

Q12b. How tall were you as a young adult, that is, in your mid-twenties?

_____ feet _____ inches or _____ . ____cm

Sitting Height:

Examiner Script: Please sit on this seat with your knees facing forward. Place your hand on your thighs in a cross-handed position. Sit up as straight as possible with your buttocks and back touching the backboard. Do not support your body weight on your feet. All your weight should be on the buttocks. Relax the muscles of your legs and buttocks.

If participant is unable to sufficiently follow instructions to complete this measurement, please enter “U” for measurement 1 and proceed to question 13g.

Q13a. Measurement #1: _____ . ____cm

Q13b. Measurement #2: _____ . ____cm

Q13c. Please calculate the difference between Q13a and Q13b: _____ . ____cm

If difference between Measurement #1 and #2 is ≥ 0.4 cm, proceed with Measurements #3 and #4.

Participant ID: _____

Participant Name Code: _____

Q13d. Measurement #3: ____ . ____ cm

Q13e. Measurement #4: ____ . ____ cm

Q13f. Is participant sitting sideways due to kyphosis (stooped posture)?

- ¹Yes
- ⁰No

Q13g. Was the designated seat used?

- ¹Yes
- ⁰No

Go to Q14a below

Go to Q13h below

Q13h. Seat Height? ____ . ____ cm

Knee Height:

Examiner Script: Please remove your shoes and socks from your right foot and roll up your pant leg past your knee. In this test, we will measure the length of your leg from heel to knee. Place the heel of your right foot on this measuring caliper and this other arm will rest on your knee.

If participant is unable to sufficiently follow instructions to complete this measurement, please enter “U” for measurement 1 and proceed to question 15.

- Q14a. ¹Right Knee **Test Right Knee if able. If not, test Left Knee**
- ²Left Knee
- ³Unable to bend either Knee
- ⁴Other (Please Specify) _____
- ^RRefused

Q14b. Measurement #1: ____ . ____ cm

Q14c. Measurement #2: ____ . ____ cm

Body Weight

Examiner Script: In order to measure your weight, please remove your shoes and heavy jewelry, and empty your pockets. Please step forward onto the center of the scale.

If participant is unable to sufficiently follow instructions to complete this measurement, please enter “U” for weight.

Q15. Weight: ____ . ____ kg

Participant ID: _____

Participant Name Code: _____

Abdominal Circumference:

Examiner Script: *I'd like to take a measurement around your middle at your bellybutton. I may need to move some of your clothing out of the way. Breathe normally. Don't hold your stomach in, just relax.*

If participant is unable to sufficiently follow instructions to complete this measurement, please enter "C" for measurement 1 and exit the form.

Q16a. Measurement #1: _____ . ____cm

Q16b. Measurement #2: _____ . ____cm

Q16c. Please calculate the difference between Q16a and Q16b: _____ . ____cm

If difference between Measurement #1 and #2 is > 1cm, proceed with Measurements #3 and #4.

Q16d. Measurement #3: _____ . ____cm

Q16e. Measurement #4: _____ . ____cm

Q16f. Was circumference at the umbilicus obstructed?

- 1 Yes
- 0 No

Q16g. If Yes, please explain: _____

END