



Draft

Height & Weight

Office Use Only--
MrOS ID#

Acrostic

Staff ID#

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HWHEIGHT

① Was STANDING HEIGHT measured? Yes No → Explain: _____

a. Is the participant standing sideways due to kyphosis? Yes No *HWKYPH*

Measurement 1 *HWMEAS1* mm Measurement 2 *HWMEAS2* mm

b. Do Measurement 1 and Measurement 2 differ by 4 or more mm? Yes No *HWGT4*

HWHGT
HW1SHT
HWDSHT

Complete Measurements 3 & 4

Measurement 3 *HWMEAS3* mm Measurement 4 *HWMEAS4* mm

HWWEIGHT

② Was WEIGHT measured? Yes No → Explain: _____

HWBMI
HW1SBMI
HWDSBMI

HWWT . kg

HW1SWT
HWDSWT
HWWTLS25

HW1SWTPC
HWDSWTPC

HWCIRCUM

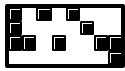
③ Were the circumference measurements taken? Yes No → Explain: _____

Round up to the nearest 0.1cm.

	1st Reading	2nd Reading	3rd Reading
<i>HWNECK</i>			
a. Neck	<i>HWNECK1</i> cm	<i>HWNECK2</i> cm	<i>HWNECK3</i> cm
<i>HWWAIS</i>			
b. Waist	<i>HWWAIS1</i> cm	<i>HWWAIS2</i> cm	<i>HWWAIS3</i> cm
<i>HWHIP</i>			
c. Hip	<i>HWHIP1</i> cm	<i>HWHIP2</i> cm	<i>HWHIP3</i> cm

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Blood Pressure & ECG

BPSTAFF

Office Use Only--
MrOS ID#

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Acrostic

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BP Staff ID#

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BLOOD PRESSURE

① Was first sitting blood pressure obtained? Yes No **BPBP**



SITTING MEASUREMENT 1							
Systolic <i>BPBPSYS</i> <table border="1"><tr><td></td><td></td><td></td></tr></table> mmHg				Diastolic <i>BPBPDIA</i> <table border="1"><tr><td></td><td></td><td></td></tr></table> mmHg			

② Was second sitting blood pressure obtained? Yes No **BPBP2**

**BPBPSYSM
BPBPDIAM**



SITTING MEASUREMENT 2							
Systolic <i>BPBPSYS2</i> <table border="1"><tr><td></td><td></td><td></td></tr></table> mmHg				Diastolic <i>BPBPDIA2</i> <table border="1"><tr><td></td><td></td><td></td></tr></table> mmHg			

③ Cuff Size: Small Regular Large Thigh **BPCUFF**

④ Arm Used: Right Left **BPARM** → Why wasn't right arm used: _____

⑤ Was an alert noted? Yes No



Complete the Blood Pressure section on the Medical Alert Form

ECG

ECG Staff ID#

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① Was an ECG obtained? Yes No **ECNOECG**

Why not?
<input type="radio"/> Equipment failure
<input type="radio"/> Participant unable to understand instructions
<input type="radio"/> Participant unable to physically cooperate
<input type="radio"/> Participant refused
<input type="radio"/> Other _____

② Was an alert noted? Yes No



Complete the ECG section on the Medical Alert Form

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