



(Affix Label Here)

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Date Form Filled Out:

Grid of 10 boxes for date entry

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

Interviewer Code: [ ] [ ] [ ]

Circle Field Center Location:

BU CU DK UP

Circle Visit: 6Visit 3 7Visit 3 (New Participant)

Form Version Date: 13/10/2019

Blood Pressure, Ankle-Arm Index, Heart Rate, Height, Weight, and Waist Circumference (Sitting Height, Knee Height, and Armspan for New Participants) Visit 3

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:

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

Q2a. Which arm was used?

- 1 Right
2 Left

Q2b. Cuff Placement:

- 1 Upper Arm
2 Forearm

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: \_\_\_\_\_  
\_\_\_\_\_

***US Field Sites Only. Denmark GO TO Q11a, standing height***

---

**MEASURE: Ankle-Arm Blood Pressure**

Q6a. Blood Pressure: Right Arm: \_\_\_\_\_ (from 1<sup>st</sup> 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?

- <sup>1</sup> .....Right
- <sup>2</sup> .....Left

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?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No

**Go to Q9b**

**Go to Q10a**

Q9b. If yes, in which leg?

- <sup>1</sup> .....Right
- <sup>2</sup> .....Left
- <sup>3</sup> .....Both

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

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No

**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:

- <sup>1</sup> .....Unable to Occlude
- <sup>1</sup> .....Ulceration
- <sup>1</sup> .....Amputation
- <sup>1</sup> .....Unable to Locate Distal Pulse
- <sup>1</sup> .....Too Painful
- <sup>1</sup> .....Unable to Lie in Semi-Recumbent Position
- <sup>1</sup> .....Participant Refused
- <sup>1</sup> .....Unable to Follow Instructions
- <sup>1</sup> .....Other, Please Specify: \_\_\_\_\_

Right Leg:

- <sup>1</sup> .....Unable to Occlude
- <sup>1</sup> .....Ulceration
- <sup>1</sup> .....Amputation
- <sup>1</sup> .....Unable to Locate Distal Pulse
- <sup>1</sup> .....Too Painful
- <sup>1</sup> .....Unable to Lie in Semi-Recumbent Position
- <sup>1</sup> .....Participant Refused
- <sup>1</sup> .....Unable to Follow Instructions
- <sup>1</sup> .....Other, 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  $\geq 0.4$  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)?

1 .....Yes

0 .....No

## ***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  $\geq 0.4$  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)?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No

Q13g. Was the designated seat used?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No

**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. <sup>1</sup> .....Right Knee      **Test Right Knee if able. If not, test Left Knee**
- <sup>2</sup> .....Left Knee
- <sup>3</sup> .....Unable to bend either Knee
- <sup>4</sup> .....Other (Please Specify) \_\_\_\_\_
- <sup>R</sup> .....Refused

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: \_\_\_\_\_  
\_\_\_\_\_