

**In-Patient Measurements** (TABLE: Measurements)ID# \_\_\_\_\_  
subj\_id visit\_number**Body Habitus**

Date: \_\_\_\_\_

1. Height (without shoes): \_\_ (height) \_\_\_ cm. not entered
2. Weight (without shoes & in light clothing only, to nearest 0.5 kg.): \_\_ (weight) \_ kg.
3. Head circumference (to nearest 1 cm.) \_ (head) \_\_\_\_\_

**Measure all girths in nearest 0.5 cm.**

4. Neck girth 1: \_ (neck\_girth1) \_\_\_ Neck girth 2: \_ (neck\_girth2) \_\_\_
5. Waist girth 1: \_\_ (waist\_girth1) \_\_\_ Waist girth 2: \_\_ (waist\_girth2) \_\_\_
6. Hip girth 1: \_ (hip\_girth1) \_\_\_\_\_ Hip girth 2: \_ (hip\_girth2) \_\_\_

**Measure all skinfolds to the nearest 1 mm. No skinfolds after 11/3/2011**

7. Triceps 1: \_ (triceps1) \_\_\_ Triceps 2: \_\_\_ (triceps2) \_\_\_
8. Biceps 1: \_\_ (biceps1) \_\_\_ Biceps 2: \_\_\_ (biceps2) \_\_\_
9. Subscap 1: \_\_ (subscap1) \_\_\_\_\_ Subscap 2: \_\_\_ (subscap2) \_\_\_
10. Suprailiac 1: \_\_ (suprailiac1) \_\_\_ Suprailiac 2: \_\_\_ (suprailiac2) \_\_\_\_\_

**PM Blood Pressure**

After 5 minutes of quiet sitting, take 2 reading 2 minutes apart.

Seated Left Arm 1 \_ (sit\_sys1) / \_\_ (sit\_sys2) Seated Left Arm 2 \_ (sit\_dia1) / \_\_ (sit\_dia2)

Seated Left Arm 1 sit\_sys1 / sit\_dia1 Seated Left Arm 2 sit\_sys2 / sit\_dia2

If the difference between sit\_sys1 and sit\_sys2 is > 10 or  
the difference between sit\_dia1 and sit\_dia2 > 5 then the technicians repeat the  
readings: sit\_sys\_repeat / sit\_dia\_repeat

Discontinued 4/7/2008

Arm/Ankle Blood Pressure (Use appropriate cuff to fit arms &amp; ankles.)

After 5 minutes in supine position, take reading 2 minutes apart.

ARM (Brachial systolic pressure by doppler):

Left 1 \_ (arm\_left1) \_\_\_ Left 2 \_\_\_ (arm\_left2) \_\_\_

Right 1 \_\_ (arm\_right1) \_\_\_ Right 2 \_\_\_ (arm\_right2) \_\_\_

ANKLE (Posterior tibial systolic pressure by doppler):

Left 1 \_\_ (ankle\_left1) \_\_\_ Left 2 \_\_\_ (ankle\_left2) \_\_\_

Right 1 \_ (ankle\_right1) \_\_\_\_\_ Right 2 \_\_ (ankle\_right2) \_\_

Sleep technician: \_\_ (not entered) \_\_\_\_\_

ID# \_\_\_\_\_ not entered again \_\_\_\_\_

Date: \_\_\_\_\_ not entered again \_\_\_\_\_

**PM Sleep Evaluation**

This question refers to how sleepy or alert you feel at a particular time. We would like you to read the scale below and then rate how sleepy you feel right now. The scale ranges from 1 to 7, with 7 being the most sleepy.

Please read the entire scale, and then check the level that *best describes your current state of sleepiness*.

- 1 \_\_\_ feeling active and vital; alert; wide awake  
 2 \_\_\_ could function at a high level; but not quite at peak, able to concentrate  
 3 \_\_\_ relaxed; awake; responsive; but not at full alertness  
 4 \_\_\_ a little foggy; not a peak; let down  
 5 \_\_\_ fogginess; beginning to lose interest in staying awake; slowed down  
 6 \_\_\_ sleepiness; prefer to be lying down; fighting sleep; woozy  
 7 \_\_\_ almost in reverie; sleep onset soon; losing struggle to remain awake

p\_eval\_sleep (1 - 7)

Sleep technician: \_\_\_ not entered \_\_\_\_\_

AM Review:

Questionnaires reviewed and completed: \_\_\_\_\_ NO \_\_\_\_\_ YES not entered

Blood draw completed: \_\_\_\_\_ NO \_\_\_\_\_ YES not entered

Check issued to volunteer: \_\_\_\_\_ NO \_\_\_\_\_ YES not entered

Sleep technician: \_\_\_\_\_ not entered

Tech Comments: not entered

ID# \_\_\_\_\_ not entered again \_\_\_\_\_

Date: \_\_\_\_\_ not entered again \_\_\_\_\_

**AM Sleep Evaluation**

1. How well did you sleep last night? (Please check one)

- \_\_\_ 1 \_\_\_ much worse than usual  
 \_\_\_ 2 \_\_\_ somewhat worse than usual  
 \_\_\_ 3 \_\_\_ as well as usual  
 \_\_\_ 4 \_\_\_ a little better than usual  
 \_\_\_ 5 \_\_\_ much better than usual

a\_eval\_slept (1 - 5)

**NEW 7/18/2012**2a. About how many **total** hours of sleep do you feel you got last night? **total\_hours\_sleep** hours

2b. About how many hours of restful sleep do you feel you got last night? **a\_eval\_hour** hours

3. Finally, we would like you to rate how sleepy you feel right now, just as you did last night before sleep. The scale ranges from 1 to 7, with 7 being the most sleepy.

Please read the entire scale below and then check the level that *best describes your current state of sleepiness*.

- 1 \_\_\_ feeling active and vital; alert; wide awake
- 2 \_\_\_ could function at a high level; but not quite at peak, able to concentrate
- 3 \_\_\_ relaxed; awake; responsive; but not at full alertness
- 4 \_\_\_ a little foggy; not a peak; let down
- 5 \_\_\_ fogginess; beginning to lose interest in staying awake; slowed down
- 6 \_\_\_ sleepiness; prefer to be lying down; fighting sleep; woozy
- 7 \_\_\_ almost in reverie; sleep onset soon; losing struggle to remain awake

**a\_eval\_sleep (1 - 7)**

Sleep technician: \_\_\_\_\_not entered\_\_\_\_\_