

In-Patient Measurements

ID# _____

Body Habitus

Date: _____

- 1. Height (without shoes): _____ cm.
- 2. Weight (without shoes & in light clothing only, to nearest 0.5 kg.): _____ kg.
- 3. Head circumference (to nearest 1 cm.) _____

Measure all girths in nearest 0.5 cm.

- 4. Neck girth 1: _____ Neck girth 2: _____
- 5. Waist girth 1: _____ Waist girth 2: _____
- 6. Hip girth 1: _____ Hip girth 2: _____

Measure all skinfolds to the nearest 1 mm.

- 7. Triceps 1: _____ Triceps 2: _____
- 8. Biceps 1: _____ Biceps 2: _____
- 9. Subscap 1: _____ Subscap 2: _____
- 10. Suprailiac 1: _____ Suprailiac 2: _____

PM Blood Pressure

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

Seated Left Arm 1 _____/_____ Seated Left Arm 2 _____/_____

These items were discontinued 4/7/2008

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

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

ARM (Brachial systolic pressure by doppler):

Left 1 _____ Left 2 _____

Right 1 _____ Right 2 _____

ANKLE (Posterior tibial systolic pressure by doppler):

Left 1 _____ Left 2 _____

Right 1 _____ Right 2 _____

Sleep technician: _____

ID# _____

Date: _____

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

Sleep technician: _____

AM Review:

Questionnaires reviewed and completed: ___ NO ___ YES

Blood draw completed: ___ NO ___ YES

Check issued to volunteer: ___ NO ___ YES

Sleep technician: _____

Tech Comments:

ID# _____

Date: _____

AM Sleep Evaluation

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

___ much worse than usual

___ somewhat worse than usual

___ as well as usual

___ a little better than usual

___ much better than usual

2. About how many hours of restful sleep do you feel you got last night? _____ 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

Sleep technician: _____