

Out-Patient Measurements

ID# subj_id, visit_number

Date: study_date

table: measurements_short

Body Habitus 1. Height (without shoes): height cm.

2. Weight (without shoes & in light clothing only, to nearest 0.5 kg.): weight kg.

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

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

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

After 5 minutes in supine position, take readings 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

If the difference between ankle_left1 and ankle_left2 is > 10
then the technicians repeat the readings: ankle_left_repeat

Right 1 ankle_right1 Right 2 ankle_right2

If the difference between ankle_right1 and ankle_right2 is > 10
then the technicians repeat the readings: ankle_right_repeat

Caffeine intake 8 hours prior ___1___ yes ___0___ no caffeine_within_8hrs_01(0 - 1)

Smoking 8 hours prior ___1___yes ___0___ no smoking_within_8hrs_01 (0 - 1)

Review

Questionnaires reviewed/completed: _____YES _____NO not entered

Check issued: _____YES _____NO not_entered
_____not_entered__

Technician:

