

**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: \_\_\_\_\_