

NHLBI GROWTH AND HEALTH STUDY

NGHS Form 07  
Rev. 0 3/87

INITIAL EXAMINATION FORM - A

This form is to be completed by a clinical examiner for each NGHS parent/guardian enrolled in the study at the time of the baseline examination.

ID number of parent/guardian: ..... - - - - -

Name code of parent/guardian: ..... - - - - -

Visit number: ..... 0 0

Please PRINT the full name of the parent/guardian:

First Name	Middle Initial	Last Name
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Date of examination: .....      -      -       
Month Day Year

Is the parent/guardian male or female? ..... MALFEM.    
Male Female

ID						
NC						
VN	0	0				

R1D

FTYPE NGHS Form 07  
FREX Rev. 0 3/87  
5 Pages

VISIT

NHLBI GROWTH AND HEALTH STUDY  
INITIAL EXAMINATION FORM - A

1. Has the participant smoked one or more cigarettes within the last day? .....  YES  NO  
SMKZDY

Blood Pressure Measurements

2. Is the blood pressure being taken in the right arm? RTARM  
Yes .....  1  
No, it is necessary to use the left arm .....  2  
No, it is not possible to use either arm .....  3

If NO, explain: NREMK

If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Question 11 on page 3.

3. Cuff size used:

CUFF

- Infant (10 - 18 cm) .....  1
- Child (> 18 - 25 cm) .....  2
- Adult (> 25 - 34 cm) .....  3
- Large arm (> 34 - 47 cm) .....  4
- Thigh (> 47 - 66 cm) .....  5
- No proper fit (< 10 cm or > 66 cm) .....  6

If NO PROPER FIT, skip to Question 11 on page 3.

4. Pressure required to obliterate pulse (enter **PULSPRES** largest value if two attempts were made): ..... mmHg

5. Maximum inflation level **MAXINFLT** (MIL: Value in Question 4 plus 30): ..... mmHg

6. Is MIL (Question 5) 260 or higher, or did participant **MIL260** have pain when MIL was being determined, or were attempts to determine MIL unsatisfactory? .....  YES  NO

If YES, skip to Question 10.

ID									
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VN			
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	Systolic, mmHg	Diastolic (5th phase), mmHg
7. Blood pressure, first reading .....	_____	_____

Measure pulse on same arm as blood pressure. Answer Questions 11 and 12 before second and third blood pressure readings.

8. Blood pressure, second reading .....	_____	_____
	SYSAV	DIA5AV
9. Blood pressure, third reading .....	_____	_____

10. Were there any problems or special occurrences while determining the MIL or taking blood pressures? ..... **PROB**    
 YES NO

If YES, specify PREMK

11. Site of pulse measurement:

SITEPUL	Radial .....	<input type="checkbox"/>	1
	Brachial .....	<input type="checkbox"/>	2
	Chest .....	<input type="checkbox"/>	3
	Not possible to measure pulse ...	<input type="checkbox"/>	4

If NOT POSSIBLE TO MEASURE PULSE, skip to Question 13.

12. Pulse reading (number of beats counted in 30 seconds), to be measured on same arm as blood pressure between first and second blood pressure readings: ..... **PULSE** \_\_\_\_\_

13. Signature of blood pressure and pulse observer: SIGNI

14. ID of blood pressure and pulse observer: ..... BPIDNI BPIDNZ

ID							
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VN		
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Anthropometric Measurements

	A <u>First Measurement</u>	B <u>Second Measurement</u>	C <u>Third (if necessary)</u>
15. Height, cm .....	HTAV _____ . _____	_____ . _____	_____ . _____
16. Weight, kg .....	WTAV _____ . _____	_____ . _____	_____ . _____
17. Triceps skinfold (right), mm .....	TRICAV _____	_____	_____
18. Signature of taker of anthropometric measurement:	<u>SIGNZ</u>		
19. ID of taker of anthropometric measurements: .....	_____ - _____ ANTIDN1 ANTIDN2		

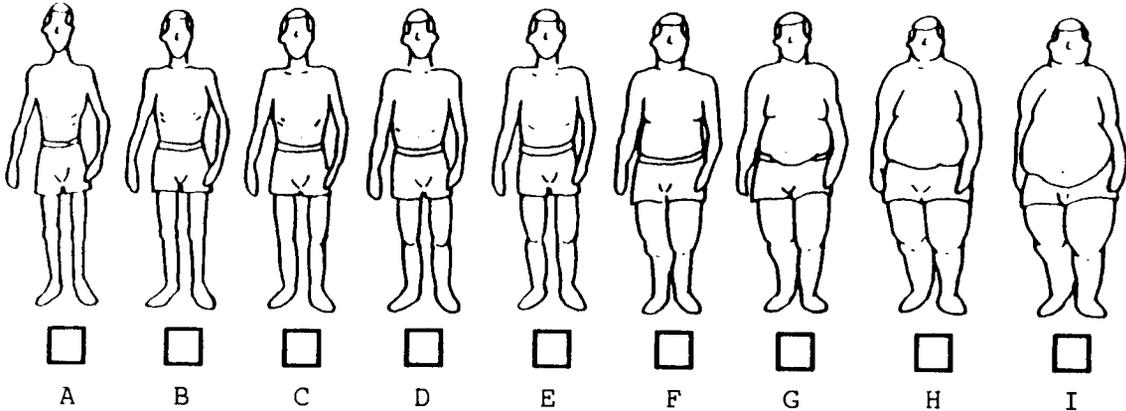
ID							
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VN		
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20. Examiner's assessment of the body shape of examinee. Please mark the box under the figure that looks most like the examinee.

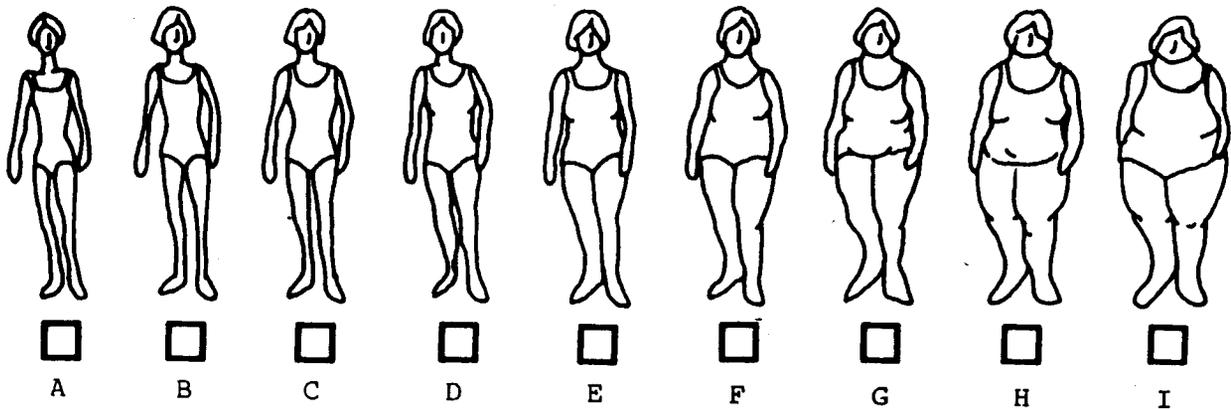
A. For men:

MIMAGA



B. For women:

WIMAGA



21. Signature of body shape examiner: 5IGN3

22. ID of body shape examiner: ..... BSEIDN1 - BSEIDN2

ID						
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VN		
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NHLBI Growth And Health Study  
Examination Form - A

0925-0294 exp. 12/89

FTYPE  
FREV

NGHS FORM 07  
Rev. 1 1/89  
5 Pages

RID	ID						
	NC						
VISIT	VN						

1. What is today's date? .....            -            -             
Month Day Year

2. Is the adult participant male or female? ..... MALFEM .....  Male  Female

3. Have you smoked one or more cigarettes within the last day? ..... SMK2DY .....  Yes  No

**BLOOD PRESSURE MEASUREMENTS**

4. Is the blood pressure being taken in the right arm? RTARM  
Yes .....  1  
No, it is necessary to use the left arm .....  2  
No, it is not possible to use either arm .....  3

If NO, explain: NREMK

If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Question 12 on page 3.

5. Cuff size used:

CUFF

- Infant (10 - 18 cm) .....  1
- Child (> 18 - 25 cm) .....  2
- Adult (> 25 - 34 cm) .....  3
- Large arm (> 34 - 47 cm) .....  4
- Thigh (> 47 - 66 cm) .....  5
- No proper fit (< 10 cm or > 66 cm) .....  6

If NO PROPER FIT, skip to Question 12 on page 3.

6. Pressure required to obliterate pulse (enter largest value if two attempts were made): ..... PULSPRES ..... mmHg

7. Maximum inflation level (MIL: Value in Question 6 plus 30): ..... MAXINFLT ..... mmHg

Systolic, mmHg      Diastolic (5th phase), mmHg

8. Blood pressure, first reading ..... \_\_\_\_\_

Measure pulse on same arm as blood pressure. Answer Questions 12 and 13 before second and third blood pressure readings.

9. Blood pressure, second reading ..... \_\_\_\_\_

SYSAV < \_\_\_\_\_ > DIASAV

10. Blood pressure, third reading ..... \_\_\_\_\_

11. Were there any problems or special occurrences while determining the MIL or taking blood pressures? ..... PROB .....  Yes  No

If YES, specify PREMK

12. Site of pulse measurement:  
Radial ..... SITEPUL .....  1  
Brachial .....  2  
Not possible to measure pulse .....  3

If NOT POSSIBLE TO MEASURE PULSE, skip to Question 14.

13. Pulse reading (number of beats counted in 30 seconds), to be measured on same arm as blood pressure between first and second blood pressure readings: ..... PULSE .....

14. NOTIFICATION LEVELS  
> 150/100 - Check with physician within 2 weeks.  
> 140/90 - Check with physician within 3 months.  
NOTIFY  
I have notified participant of these readings and (s)he has received such notification.  
Signature: \_\_\_\_\_

15. Signature of blood pressure and pulse observer: SIGNI

16. ID of blood pressure and pulse observer: BPIDN1 - BPIDN2

ANTHROPOMETRIC MEASUREMENTS

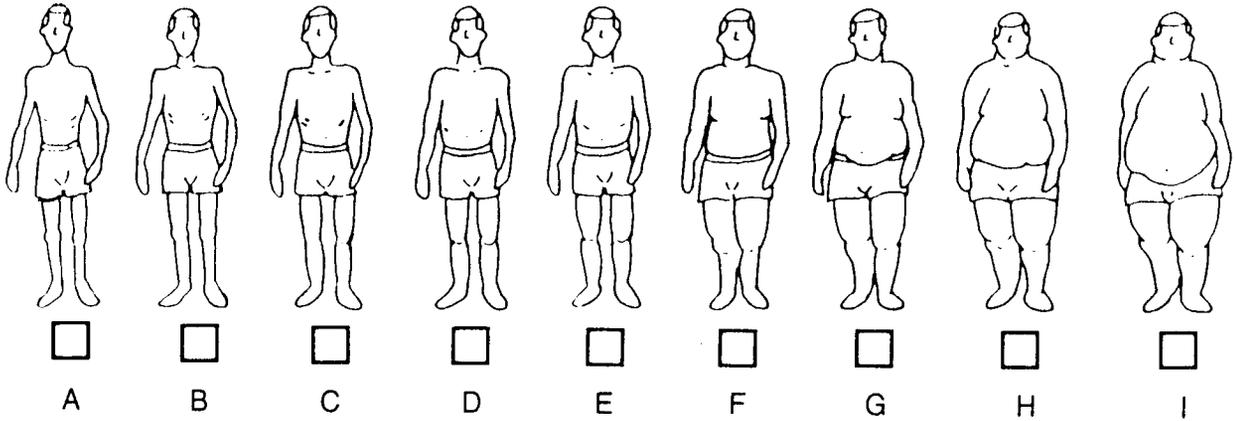
	A First Measurement	B Second Measurement	C Third (if necessary)
17. Height, cm	HTAV		
18. Weight, kg	WTAV		
19. Triceps skinfold (right), mm	TRICAV		
Check here if $\geq 50$ mm		TRIC50	<input type="checkbox"/>
20. Signature of taker of anthropometric measurement:	SIGNZ		
21. ID of taker of anthropometric measurements:	ANTIDN1		

ANTIDN2

22. Examiner's assessment of the body shape of examinee. Please mark the box under the figure that looks *MOST* like the examinee.

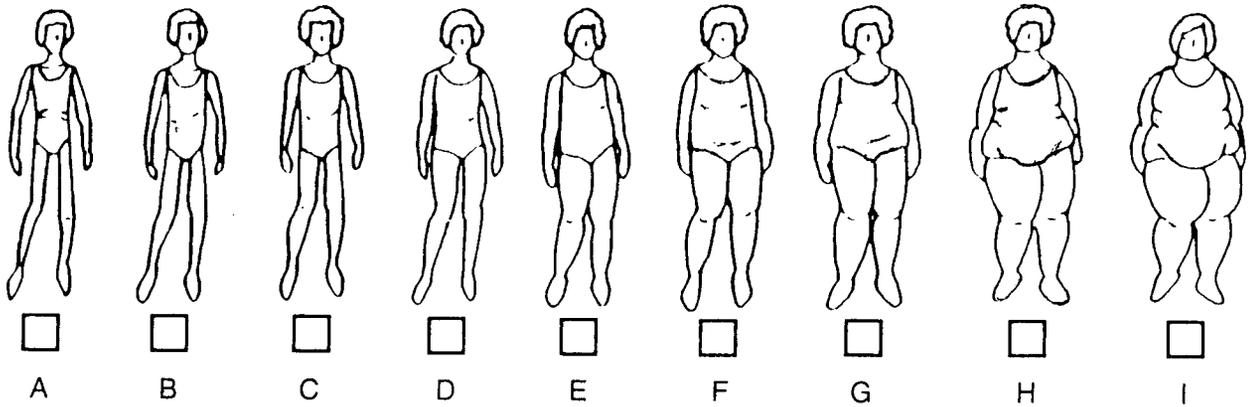
A. FOR MEN:

MIMAGA



B. FOR WOMEN:

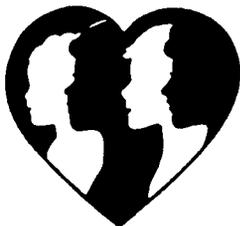
WIMAGA



23. Signature of body shape examiner: SIGN3

24. ID of body shape examiner: .....

BSEIDN1 BSEIDN2



NHLBI GROWTH AND HEALTH STUDY  
EXAMINATION FORM

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5 Pages

RID	ID							
	NC							
VISIT	VN							

1. Is the adult participant male or female? MALFEM    
Male Female
2. Have you smoked one or more cigarettes within the last day? SMK2DY    
Yes No

BLOOD PRESSURE MEASUREMENTS

3. Is the blood pressure being taken in the right arm? RTARM
- Yes .....  1
- No, it is necessary to use the left arm .....  2
- No, it is not possible to use either arm .....  3

If No, explain NREMK

IF NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Question 11 on page 3.



11. Site of pulse measurement:

SITEPUL

- Radial .....  <sub>1</sub>
- Brachial .....  <sub>2</sub>
- Not possible to measure pulse .....  <sub>3</sub>

IF NOT POSSIBLE TO MEASURE PULSE, skip to Question 13.

12. Pulse reading (number of beats counted in 30 seconds), to be measured on same arm as blood pressure between first and second blood pressure readings: .....

PULSE \_ \_

13. NOTIFICATION LEVELS

- > 180/116 - Check with physician today.
- > 150/100 - Check with physician within two weeks.
- > 140/90 - Check with physician within three months.

NOTIFY \_\_\_\_\_

I have notified participant of these readings and (s)he has received such notification.

Signature: \_\_\_\_\_

14. Signature of blood pressure and pulse observer:

SIGN1

15. ID of blood pressure and pulse observer ..... - \_ \_ \_

BPIDN1      BPIDN2

ANTHROPOMETRIC MEASURES

	A First Measurement	B Second Measurement	C Third (if necessary)
16. Height, cm	..... HTAV .....	.....	.....
17. Weight, kg	..... WTAV .....	.....	.....
18. Triceps skinfold (right), mm	..... TRICAV .....	.....	.....

Check here if  $\geq 50$  mm ..... TRIC50 .....

19. Signature of taker of anthropometric measurements:

SIGNZ

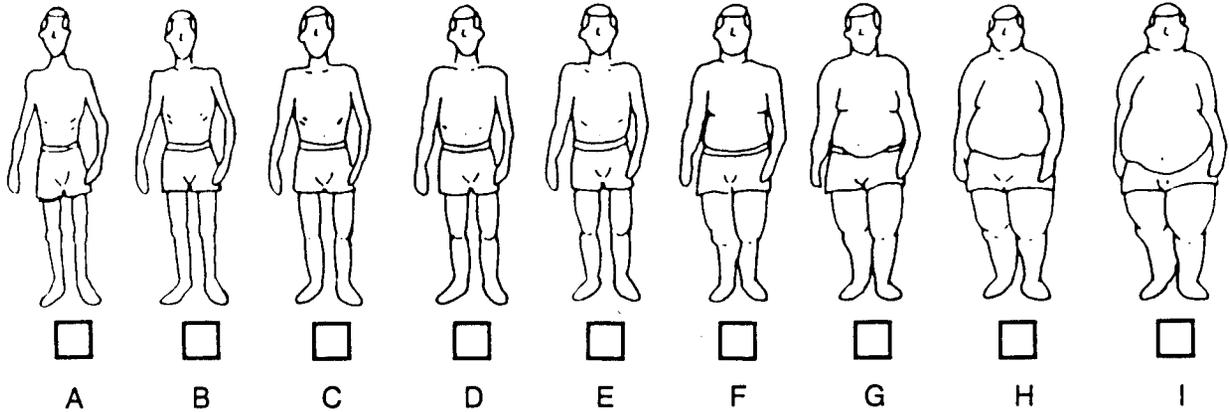
20. ID of taker of anthropometric measurements: ..... - .....

ANTIDN1 ANTIDN2

21. Examiner's assessment of the body shape of examinee. Please mark the box under the figure that looks MOST like the examinee.

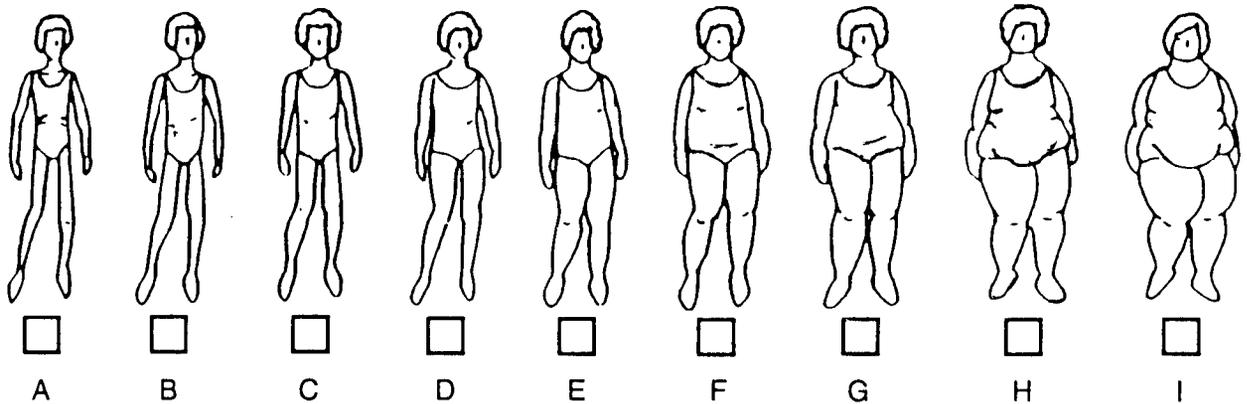
A. FOR MEN:

MIMAGA



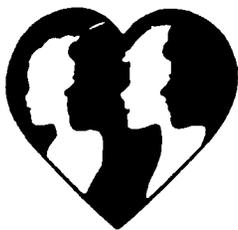
B. FOR WOMEN:

WIMAGA



22. Signature of body shape examiner: \_\_\_\_\_

23. ID of body shape examiner: ..... - - - - -



**GROWTH AND HEALTH STUDY  
EXAMINATION FORM**

RID

ID							
NC							
VN							

VISIT

1. Is the adult participant male or female? ..... MALFEM .....  Male  Female
2. Have you smoked one or more cigarettes within the last day? ..... SMK2DY .....  Yes  No

**BLOOD PRESSURE MEASUREMENTS**

3. Is the blood pressure being taken in the right arm? ..... RTARM .....  1  
 Yes .....  1  
 No, it is necessary to use the left arm .....  2  
 No, it is not possible to use either arm .....  3

If NO, explain NREMK

If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Question 11, on page 2.

4. Cuff size used: ..... CUFF .....
- Infant (10 - 18 cm) .....  1  
 Child ( > 18 - 25 cm) .....  2  
 Adult ( > 25 - 34 cm) .....  3  
 Large arm ( > 34 - 47 cm) .....  4  
 Thigh (> 47 - 66 cm) .....  5  
 No proper fit ( < 10 cm or > 66 cm) .....  6

If NO PROPER FIT, skip to Question 11 on page 2.

Edit Limits 5<sup>th</sup> - 95<sup>th</sup> %ile NGHS

Systolic (mm Hg)	100	-	140
Diastolic (mm Hg)	60	-	90

5. Pressure required to obliterate pulse (enter largest value if two attempts were made): ..... PULSPRES \_\_\_\_\_ mmHg

6. Maximum inflation level (MIL: value in Question 5 plus 30): ..... MAXINFLT \_\_\_\_\_ mmHg

Measure pulse on same arm as blood pressure. Answer Questions 11 and 12 before second and third blood pressure readings.

	Systolic, mmHg	Diastolic, (5th phase), mmHg
7. Blood pressure, first reading .....	_____	_____
8. Blood pressure, second reading .....	<u>SYS5AV</u> ← _____	_____ <u>&gt; DIA5AV</u>
9. Blood pressure, third reading .....	_____	_____
Verified blood pressure .....	_____	_____

10. Were there any problems or special occurrences while determining the MIL or taking blood pressures? ..... PROB  Yes  No

A. If Yes, specify PREMK

11. Site of pulse measurement: SITEPUL

Radial .....  1

Brachial .....  2

Not possible to measure pulse .....  3

IF NOT POSSIBLE TO MEASURE PULSE, skip to Question 13.

12. Pulse reading (number of beats counted in 30 seconds), to be measured on same arm as blood pressure between first and second blood pressure readings: ..... PULSE

13. NOTIFICATION LEVELS

- > 210/120 — Check with physician immediately.
- > 180/110 — Check with physician within one week.
- > 160/100 — Check with physician within one month.
- > 140/90 — Check with physician within two months.

NOTIFY

I have notified participant of these readings and (s)he has received such notification.

Signature: \_\_\_\_\_

14. Signature of blood pressure and pulse observer:

SIGNI

15. ID of blood pressure and pulse observer .....

BPIDN1 BPIDN2

Edit Limits 5<sup>th</sup> - 95<sup>th</sup> %ile NHANES II

Males:

Height (cm)	164	-	187
Weight (kg)	59	-	103
Triceps SF (mm)	5	-	26
Waist (cm)	71	-	137
Max Below Waist	71	-	137

Females:

Height (cm)	151	-	173
Weight (kg)	48	-	93
Triceps SF (mm)	11	-	43
Waist (cm)	58	-	145
Max Below Waist	74	-	145

A third measurement is required if the first two measurements differ by more than the following amounts:

Height: 0.5 cm

Weight: 0.3 kg

Skinfolds: 1.0 mm

Waist: 1.0 cm

Max Below Waist: 1.0 cm

**ANTHROPOMETRIC MEASURES**

	A First Measurement	B Second Measurement	C Third (if necessary)	Verified
16. Height, cm	HTAV			VHT
17. Weight, kg	WTAV			VWT
18. Waist circumference (minimum), cm (over clothing)	WSTMNAV			VWAISTMN
19. Maximum circumference below waist, cm (over clothing)	MAXBLOAV			VMAXBLOW
20. Triceps skinfold (right), mm	TRICAV			VTRIC
Check here if $\geq 50$ mm	TRICSO			<input type="checkbox"/>
Check here if unable to measure	TRIKUN			<input type="checkbox"/>

21. Signature of taker of anthropometric measurements: SIGNZ

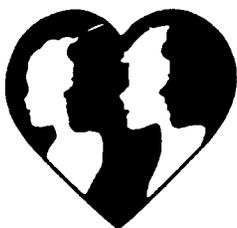
22. ID of taker of anthropometric measurements: \_\_\_\_\_  
 ANTIDNI ANTIDNZ

**BIOELECTRICAL IMPEDANCE MEASUREMENTS (OPTIONAL)**

23. A. Resistance ..... RESIST .....  
 B. Reactance ..... REACT .....

24. Signature of impedance measurer: SIGN4

25. ID of impedance measurer: \_\_\_\_\_  
 IMPEDIDI IMPEDIDZ



**GROWTH AND HEALTH STUDY  
EXAMINATION FORM**

RID

ID							
NC							
VN							

VISIT

1. Is the adult participant male or female? ..... M A L F E M .....  Male  Female
2. Have you smoked one or more cigarettes within the last day? ..... S M K 2 D Y .....  Yes  No

**BLOOD PRESSURE MEASUREMENTS**

3. Is the blood pressure being taken in the right arm? ..... R T A R M .....
- Yes .....  1
- No, it is necessary to use the left arm .....  2
- No, it is not possible to use either arm .....  3

If NO, explain ..... N R E M K .....

If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Question 11, on page 2.

4. Cuff size used: ..... C U F F .....
- Infant (10 - 18 cm) .....  1
- Child ( > 18 - 25 cm) .....  2
- Adult ( > 25 - 34 cm) .....  3
- Large arm ( > 34 - 47 cm) .....  4
- Thigh (> 47 - 66 cm) .....  5
- No proper fit ( < 10 cm or > 66 cm) .....  6

If NO PROPER FIT, skip to Question 11 on page 2.

Edit Limits 5<sup>th</sup> - 95<sup>th</sup> %ile NGHS

Systolic (mm Hg)	100	-	140
Diastolic (mm Hg)	60	-	90

5. Pressure required to obliterate pulse (enter largest value if two attempts were made): ..... PULSPRES ..... mmHg

6. Maximum inflation level (MIL: value in Question 5 plus 30): ..... MAXINFLT ..... mmHg

Measure pulse on same arm as blood pressure. Answer Questions 11 and 12 before second and third blood pressure readings.

	Systolic, mmHg	Diastolic, (5th phase), mmHg
7. Blood pressure, first reading .....	_____	_____
8. Blood pressure, second reading .....	_____	_____
9. Blood pressure, third reading .....	_____	_____
Verified blood pressure .....	_____	_____

SYSAV <----- >----- DIASAV

10. Were there any problems or special occurrences while determining the MIL or taking blood pressures? ..... PROB .....  Yes  No

A. If Yes, specify PREMK

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11. Site of pulse measurement: SITEPUL

Radial .....  1

Brachial .....  2

Not possible to measure pulse .....  3

IF NOT POSSIBLE TO MEASURE PULSE, skip to Question 13.

12. Pulse reading (number of beats counted in 30 seconds), to be measured on same arm as blood pressure between first and second blood pressure readings: ..... PULSE .....

13. NOTIFICATION LEVELS

- $\geq 210/120$  – Check with physician immediately.
- $\geq 180/110$  – Check with physician within one week.
- $\geq 160/100$  – Check with physician within one month.
- $\geq 140/90$  – Check with physician within two months.

NOTIFY

I have notified participant of these readings and (s)he has received such notification.

Signature: \_\_\_\_\_

14. Signature of blood pressure and pulse observer:

SIGNI

15. ID of blood pressure and pulse observer . . . . . - - - - -

BPIDN1      BPIDN2

Edit Limits 5<sup>th</sup> - 95<sup>th</sup> %ile NHANES II

Males:

Height (cm)	164	-	187
Weight (kg)	59	-	103
Triceps SF (mm)	5	-	26
Waist (cm)	71	-	137
Max Below Waist	71	-	137

Females:

Height (cm)	151	-	173
Weight (kg)	48	-	93
Triceps SF (mm)	11	-	43
Waist (cm)	58	-	145
Max Below Waist	74	-	145

A third measurement is required if the first two measurements differ by more than the following amounts:

Height: 0.5 cm

Weight: 0.3 kg

Skinfolds: 1.0 mm

Waist: 1.0 cm

Max Below Waist: 1.0 cm

**ANTHROPOMETRIC MEASURES**

	A First Measurement	B Second Measurement	C Third (if necessary)	Verified
16. Height, cm	HTAV			VHT
17. Weight, kg	WTAV			VWT
18. Waist circumference (umbilicus), cm (over clothing)	WAISTUAV			VWAISTU
19. Maximum circumference below waist, cm (over clothing)	MAXBLOAV			VMAXBLOW
20. Triceps skinfold (right), mm	TRICAV			VTRIC
Check here if $\geq 50$ mm	TRIC50			<input type="checkbox"/>
Check here if unable to measure	TRICUN			<input type="checkbox"/>

21. Signature of taker of anthropometric measurements: SIGN2

22. ID of taker of anthropometric measurements: \_\_\_\_\_  
 ANTIDN1 ANTIDN2

**BIOELECTRICAL IMPEDANCE MEASUREMENTS (OPTIONAL)**

23. A. Resistance ..... RESIST .....  
 B. Reactance ..... REACT .....

24. Signature of impedance measurer: SIGN4

25. ID of impedance measurer: \_\_\_\_\_  
 IMPEDIDI IMPEDIDI2