



**GROWTH AND HEALTH STUDY
FOLLOW-UP EXAMINATION FORM**

NGHS Form 28
Rev. 0 4/94
9 Pages

ID							
NC							
VN							

BLOOD PRESSURE MEASUREMENTS

1. Is the blood pressure being taken in the right arm?

- RTARM**
- Yes 1
- No, necessary to use the left arm 2
- No, it is not possible to use either arm 3

If NO, explain: _____ **REMARK** _____

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

-2. Cuff size used:

- CUFF2**
- Child (> 18-25 cm) 1
- Adult (> 25-34 cm) 2
- Large arm (> 34-47 cm) 3
- Thigh (> 47-66 cm) 4
- No proper fit (< 10 cm or > 66 cm) 5

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

SMK30MN

A. Have you smoked a cigarette in the past 30 minutes? Yes No

3. Pressure required to obliterate pulse (enter largest value if two attempts were made): PULSPRES mm Hg

4. Maximum inflation level (MIL: Value in Question 3 plus 30): MAXINFLT mm Hg

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

	A. Systolic	B. Diastolic (4th phase)	C. Diastolic (5th phase)
5. Blood pressure, first reading (mmHg)	<u>SYS1</u>	<u>DIA41</u>	<u>DIA5</u>
6. Blood pressure, second reading (mmHg)	<u>SYS2</u>	<u>DIA42</u>	<u>DIA52</u>
7. Blood pressure, third reading (mmHg)	<u>SYS3</u>	<u>DIA43</u>	<u>DIA53</u>
8. Blood pressure, fourth reading (mmHg)	<u>SYS4</u>	<u>DIA44</u>	<u>DIA54</u>

Verified blood pressure VSYS VDIA4 VDIA5

9. Were there any problems or special occurrences while determining the MIL or taking blood pressures? **PROBLEMS**
 Yes No

If YES, answer Question 9A.

A. What is the problem?

	WHATPROB
1. Background noise too loud	<input type="checkbox"/> 1
2. Needed reinforcement	<input type="checkbox"/> 2
3. K4 indistinguishable from K5	<input type="checkbox"/> 3
4. Other problem (specify below)	<input type="checkbox"/> 4

PROBRMK

10. NOTIFICATION LIMITS (16 - 17 YEAR OLD)

USE MORE CONSERVATIVE FIGURE:

- > 154/98 – Check with physician today.
- > 144/92 – Check with physician within 1 week.
- > 136/86 – Check with physician within 2 months.

I have notified participant/parent of these readings.

Signature: NOTIFY

11. Site of pulse measurement:

- | | SITE | PUL |
|-------------------------------------|--------------------------|-----|
| Radial | <input type="checkbox"/> | 1 |
| Brachial | <input type="checkbox"/> | 2 |
| Not possible to measure pulse | <input type="checkbox"/> | 3 |

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

12. Pulse reading (number of beats counted in 30 seconds) is 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: SIGN1

14. ID of blood pressure and pulse observer:

ANTHROPOMETRIC MEASUREMENTS

Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

	A. First Measurement	B. Second Measurement	C. Third Measurement	Verified
15. Height, cm	<u>HT1</u>	<u>HT2</u>	<u>HT3</u>	<u>VHT</u>
16. Weight, kg	<u>WT1</u>	<u>WT2</u>	<u>WT3</u>	<u>VWT</u>
17. Arm circumference (right), cm	<u>ARMCIR1</u>	<u>ARMCIR2</u>	<u>ARMCIR3</u>	<u>VARMCIR</u>
18. Waist circumference (minimum), cm	<u>WAISTMN1</u>	<u>WAISTMN2</u>	<u>WAISTMN3</u>	<u>VWAISTMN</u>
19. Waist circumference (at level of umbilicus), cm	<u>WAIST1</u>	<u>WAIST2</u>	<u>WAIST3</u>	<u>VWAIST</u>
20. Maximum circumference below waist, cm ..	<u>MAXBLOW1</u>	<u>MAXBLOW2</u>	<u>MAXBLOW3</u>	<u>VMAXBLOW</u>
21. Triceps skinfold (right), mm	<u>TRIC1</u>	<u>TRIC2</u>	<u>TRIC3</u>	<u>VTRIC</u>
Check here if ≥ 50 mm				<u>TRIC50</u>
Check here if unable to measure				<u>TRICUN</u>
22. Subscapular skinfold (right), mm	<u>SCAP1</u>	<u>SCAP2</u>	<u>SCAP3</u>	<u>VSCAP</u>
Check here if ≥ 50 mm				<u>SCAP50</u>
Check here if unable to measure				<u>SCAPUN</u>
23. Suprailiac skinfold (right), mm	<u>ILIAC1</u>	<u>ILIAC2</u>	<u>ILIAC3</u>	<u>VILIAC</u>
Check here if ≥ 50 mm				<u>ILIAC50</u>
Check here if unable to measure				<u>ILIACUN</u>
24. ID of anthropometric measurer for column:	A. _____		B. _____	
25. Signature of anthropometric measurer: ...	A. <u>SIGN2A</u>		B. <u>SIGN2B</u>	

26. Are you currently taking any pills or medicines, not including vitamins?

CURMEDS

Yes No

A. If YES, specify:

MREMK

27. Do you have a health or medical condition?

HLTHPROB

Yes No

If YES, answer Questions A and B.

A. What is this health or medical condition?

PREMK

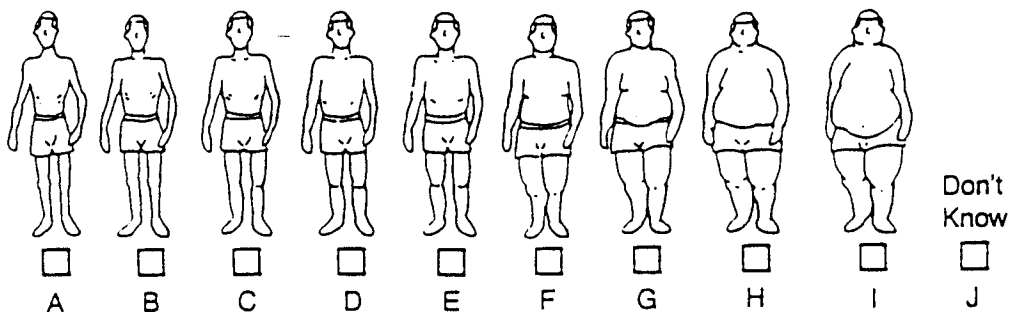
B. Do you see a doctor or go to a clinic regularly for this health or medical condition?

DOCTOR

Yes No

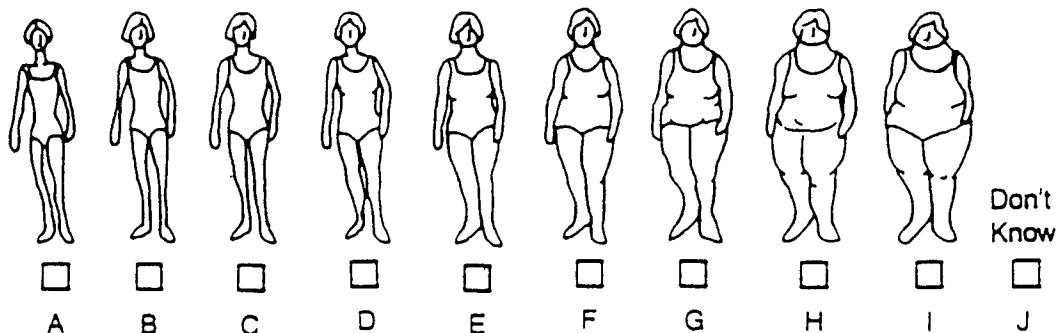
Remember that all the information you give us is **confidential** and will **not** be shared with parents, teachers, or friends.

28. Please check the box under the figure that looks most like your natural (or real) father.



MALIMAGE

29. Please check the box under the figure that looks most like your natural (or real) mother.



FEMIMAGE

30. Have you started having your periods?
 Yes No

PERIODS

If NO, skip to Question 44.

31. When did you start having your periods? DO_START
 Month Year

32. When did your last period begin? DO_LASTP
 Month Day Year

33. Are you taking birth control pills now or have you taken them in the last 4 months? BIRTHPIL

A. Are you taking depo-Provera (the shot) or Norplant? NORPLANT

34. Have you ever been pregnant? PREGEVER

If NO, go to Question 44.
 If YES, please continue.

35. How many times have you been pregnant? **NPREG**

36. Have you ever given birth to a baby? **GBIRTH**
Yes No

If **NO**, go to Question 43.
If **YES**, please continue.

37. How many times have you given birth to a baby? **NGBIRTH**

38. Was the delivery of each baby within the period of two weeks before or after the due date?

A. First Child
 Yes No
C2WK1

B. Second Child
 Yes No
C2WK2

C. Third Child
 Yes No
C2WK3

39. What was the birthweight of each child?

A. First Child
C1WTLB **C1WTOZ**
lbs oz

B. Second Child
C2WTLB **C2WTOZ**
lbs oz

C. Third Child
C3WTLB **C3WTOZ**
lbs oz

40. Please list the birthdate(s) of your child(ren).

A. First Child
C_BDAT1
____ - ____ - ____
Month Day Year

B. Second Child
C_BDAT2
____ - ____ - ____
Month Day Year

C. Third Child
C_BDAT3
____ - ____ - ____
Month Day Year

41. Are you currently nursing or breast feeding your baby? **NURSING**
Yes No

42. How much weight did you gain during your last pregnancy? GWTPREG
Pounds

A. What was your maximum weight during your last pregnancy MAXWTPRG
Pounds

43. Are you pregnant now? PREGNOW

Yes No

If **YES**, do NOT measure BIA. Form is completed.
If **NO**, go to Question 44.

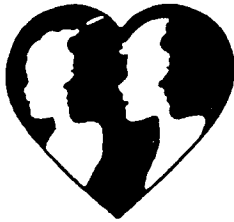
BIOELECTRICAL IMPEDANCE MEASUREMENTS

44. A. Resistance RESIST

B. Reactance REACT

45. Signature of impedance measurer: SIGN3

46. ID of impedance measurer:



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ID							
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BLOOD PRESSURE MEASUREMENTS

1. Is the blood pressure being taken in the right arm?

- RTARM**
- Yes 1
- No, necessary to use the left arm 2
- No, it is not possible to use either arm 3

If NO, explain: _____ **REMARK** _____

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

2. Cuff size used:

- CUFF2**
- Child (> 18-25 cm) 1
- Adult (> 25-34 cm) 2
- Large arm (> 34-47 cm) 3
- Thigh (> 47-66 cm) 4
- No proper fit (< 10 cm or > 66 cm) 5

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

SMK30MN

A. Have you smoked a cigarette in the past 30 minutes? Yes No

3. Pressure required to obliterate pulse (enter largest value if two attempts were made): PULSPRES mm Hg
4. Maximum inflation level (MIL: Value in Question 3 plus 30): MAXINFLT mm Hg

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

- | | A. Systolic | B. Diastolic
(4th phase) | C. Diastolic
(5th phase) |
|--|-------------------------|-----------------------------|-----------------------------|
| 5. Blood pressure, first reading (mmHg) | <u> SYS1 </u> | <u> DIA41 </u> | <u> DIA51 </u> |
| 6. Blood pressure, second reading (mmHg) | <u> SYS2 </u> | <u> DIA42 </u> | <u> DIA52 </u> |
| 7. Blood pressure, third reading (mmHg) | <u> SYS3 </u> | <u> DIA43 </u> | <u> DIA53 </u> |
| 8. Blood pressure, fourth reading (mmHg) | <u> SYS4 </u> | <u> DIA44 </u> | <u> DIA54 </u> |
| Verified blood pressure | <u> VSYS </u> | <u> VDIA4 </u> | <u> VDIA5 </u> |

9. Were there any problems or special occurrences while determining the MIL or taking blood pressures?
- | | |
|------------------------------|-----------------------------|
| PROBLEMS | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If YES, answer Question 9A.

A. What is the problem?

- | | | | | |
|--|--------------------------|--|---|----------|
| 1. Background noise too loud | <input type="checkbox"/> | | 1 | TOLOUD |
| 2. Needed reinforcement | <input type="checkbox"/> | | 1 | REINFORC |
| 3. K4 indistinguishable from K5 | <input type="checkbox"/> | | 1 | INDIST |
| 4. Other problem (specify below) | <input type="checkbox"/> | | 1 | OTHPRB |

PROBRMK

10. If Notification Limits are exceeded, notify the participant or parent and have the participant sign on front page:

I have notified participant/parent of these readings.

Signature: **NOTIFY** _____

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) is 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: **SIGN1** _____

14. ID of blood pressure and pulse observer: _____

ANTHROPOMETRIC MEASUREMENTS

Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

	A. First Measurement	B. Second Measurement	C. Third Measurement	Verified
15. Height, cm	<u>HT1</u>	<u>HT2</u>	<u>HT3</u>	<u>VHT</u>
16. Weight, kg	<u>WT1</u>	<u>WT2</u>	<u>WT3</u>	<u>VWT</u>
17. Arm circumference (right), cm	<u>ARMCIR1</u>	<u>ARMCIR2</u>	<u>ARMCIR3</u>	<u>VARMCIR</u>
18. Waist circumference (minimum), cm	<u>WAISTMN1</u>	<u>WAISTMN2</u>	<u>WAISTMN3</u>	<u>VWAISTMN</u>
19. Waist circumference (at level of umbilicus), cm	<u>WAIST1</u>	<u>WAIST2</u>	<u>WAIST3</u>	<u>VWAIST</u>
20. Maximum circumference below waist, cm	<u>MAXBLOW1</u>	<u>MAXBLOW2</u>	<u>MAXBLOW3</u>	<u>VMAXBLOW</u>
21. Triceps skinfold (right), mm	<u>TRIC1</u>	<u>TRIC2</u>	<u>TRIC3</u>	<u>VTRIC</u>
Check here if ≥ 50 mm				<u>TRIC50</u>
Check here if unable to measure				<u>TRICUN</u>
22. Subscapular skinfold (right), mm	<u>SCAP1</u>	<u>SCAP2</u>	<u>SCAP3</u>	<u>VSCAP</u>
Check here if ≥ 50 mm				<u>SCAP50</u>
Check here if unable to measure				<u>SCAPUN</u>
23. Suprailiac skinfold (right), mm	<u>ILIAC1</u>	<u>ILIAC2</u>	<u>ILIAC3</u>	<u>VILIAC</u>
Check here if ≥ 50 mm				<u>ILIAC50</u>
Check here if unable to measure				<u>ILIACUN</u>
24. ID of anthropometric measurer for column:	A. _____	B. _____		
25. Signature of anthropometric measurer: ...	A. <u>SIGN2A</u>	B. <u>SIGN2B</u>		

CURMEDS

26. Are you currently taking any pills or medicines, not including vitamins? Yes No

A. If YES, specify:

MREMK

HLTHPROB

27. Do you have a health or medical condition? Yes No

If YES, answer Questions A and B.

A. What is this health or medical condition?

PREMK

DOCTOR

B. Do you see a doctor or go to a clinic regularly for this health or medical condition? Yes No

Remember that all the information you give us is **confidential** and will **not** be shared with parents, teachers, or friends.

PERIODS

28. Have you started having your periods? Yes No

If NO, skip to Question 45.

DO_STARP

29. When did you start having your periods? -
Month Year

DO_LASTP

30. When did your last period begin? - -
Month Day Year

- | | Yes | No | |
|---|--------------------------|--------------------------|-----------------|
| 31. Are you taking birth control pills now or have you taken them in the last 4 months? | <input type="checkbox"/> | <input type="checkbox"/> | BIRTHPIL |
| 32. Are you taking depo-Provera (the shot)? | <input type="checkbox"/> | <input type="checkbox"/> | DPROV |
| 33. Do you have a Norplant implant? | <input type="checkbox"/> | <input type="checkbox"/> | NORPLNT2 |
| 34. Are you pregnant now? | <input type="checkbox"/> | <input type="checkbox"/> | PREGNOW |
| 35. Have you ever been pregnant? | <input type="checkbox"/> | <input type="checkbox"/> | PREGEVER |

If **NO**, go to Question 45.
If **YES**, please continue.

36. How many times have you been pregnant? **NPREG**

37. Have you ever given birth to a baby? **GBIRTH**

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

If **NO**, go to Question 45.
If **YES**, please continue.

38. How many times have you given birth to a baby? **NGBIRTH**

39. Was the delivery of each baby early (that is, more than 14 days before the due date)?
- | | | | |
|---|---|---|---|
| A. First Child | B. Second Child | C. Third Child | D. Fourth Child |
| CERLY1 | CERLY2 | CERLY3 | CERLY4 |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Yes No | Yes No | Yes No | Yes No |

40. What was the birthweight of each child?

A. First Child	B. Second Child	C. Third Child	D. Fourth Child
<u>C1WTLB</u> <u>C1WTOZ</u>	<u>C2WTLB</u> <u>C2WTOZ</u>	<u>C3WTLB</u> <u>C3WTOZ</u>	<u>C4WTLB</u> <u>C4WTOZ</u>
lbs oz	lbs oz	lbs oz	lbs oz

41. Please list the birthdate(s) of your child(ren).

A. First Child	B. Second Child	C. Third Child	D. Fourth Child
<u>C_BDAT1</u>	<u>C_BDAT2</u>	<u>C_BDAT3</u>	<u>C_BDAT4</u>
____-____-____	____-____-____	____-____-____	____-____-____
Month Day Year	Month Day Year	Month Day Year	Month Day Year

42. Are you currently nursing or breast feeding your baby?

NURSING
 Yes No

43. How much weight did you gain during your last pregnancy?

GWTPREG
 Pounds

A. What was your maximum weight during your last pregnancy

MAXWTPRG
 Pounds

44. Did your doctor/nurse/clinic recommend a weight gain during your last pregnancy?

RECGAIN
 Yes No

If YES, answer Questions A and B.

A. How much weight did they recommend that you gain?

GAINWTLB
 Pounds

B. Check if they did not recommend a specific amount of weight gain

NOSPEC

BIOELECTRICAL IMPEDANCE MEASUREMENTS

Field Examiner:

If participant is not pregnant, go to Question 45.

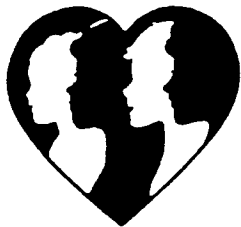
If participant is pregnant (Question 34), do NOT
measure BIA. Form is completed.

45. A. Resistance RESIST

B. Reactance REACT

46. Signature of impedance measurer: SIGN3

47. ID of impedance measurer:



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ID							
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BLOOD PRESSURE MEASUREMENTS

1. Is the blood pressure being taken in the right arm?

RTARM

- Yes 1
- No, necessary to use the left arm 2
- No, it is not possible to use either arm 3

If NO, explain: _____ **REMARK**

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

2. Cuff size used:

CUFF2

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

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

SMK30MN

A. Have you smoked a cigarette in the past 30 minutes? Yes No

10. If Notification Limits are exceeded, notify the participant or parent and have the participant sign on front page:

I have notified participant/parent of these readings.

Signature: NOTIFY

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) is 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: SIGN1

14. ID of blood pressure and pulse observer:

ANTHROPOMETRIC MEASUREMENTS

Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

	A. First Measurement	B. Second Measurement	C. Third Measurement	Verified
15. Height, cm	<u>HT1</u>	<u>HT2</u>	<u>HT3</u>	<u>VHT</u>
16. Weight, kg	<u>WT1</u>	<u>WT2</u>	<u>WT3</u>	<u>VWT</u>
17. Arm circumference (right), cm	<u>ARMCIR1</u>	<u>ARMCIR2</u>	<u>ARMCIR3</u>	<u>VARMCIR</u>
18. Waist circumference (minimum), cm	<u>WAISTMN1</u>	<u>WAISTMN2</u>	<u>WAISTMN3</u>	<u>VWAISTMN</u>
19. Waist circumference (at level of umbilicus), cm	<u>WAIST1</u>	<u>WAIST2</u>	<u>WAIST3</u>	<u>VWAIST</u>
20. Maximum circumference below waist, cm	<u>MAXBLOW1</u>	<u>MAXBLOW2</u>	<u>MAXBLOW3</u>	<u>VMAXBLOW</u>
21. Triceps skinfold (right), mm	<u>TRIC1</u>	<u>TRIC2</u>	<u>TRIC3</u>	<u>VTRIC</u>
Check here if Model II used				<u>TRICMD2</u>
Check here if ≥ 50 mm				<u>TRIC50</u>
Check here if ≥ 65 mm				<u>TRIC65</u>
Check here if unable to measure				<u>TRICUN</u>
22. Subscapular skinfold (right), mm	<u>SCAP1</u>	<u>SCAP2</u>	<u>SCAP3</u>	<u>VSCAP</u>
Check here if Model II used				<u>SCAPMD2</u>
Check here if ≥ 50 mm				<u>SCAP50</u>
Check here if ≥ 65 mm				<u>SCAP65</u>
Check here if unable to measure				<u>SCAPUN</u>
23. Suprailiac skinfold (right), mm	<u>ILIAC1</u>	<u>ILIAC2</u>	<u>ILIAC3</u>	<u>VILIAC</u>
Check here if Model II used				<u>ILIACMD2</u>
Check here if ≥ 50 mm				<u>ILIAC50</u>
Check here if ≥ 65 mm				<u>ILIAC65</u>
Check here if unable to measure				<u>ILIACUN</u>
24. ID of anthropometric measurer for column:	A. _____		B. _____	
25. Signature of anthropometric measurer: ...	A. <u>SIGN2A</u>		B. <u>SIGN2B</u>	

- | | Yes | No | |
|---|--------------------------|--------------------------|-----------------|
| 29. Are you taking birth control pills now or have you taken them in the last 4 months? | <input type="checkbox"/> | <input type="checkbox"/> | BIRTHPIL |
| A. If YES, please specify brand: <u>PILBRAND</u> | | | |
| 30. Are you taking depo-Provera (the shot)? | <input type="checkbox"/> | <input type="checkbox"/> | DPROV |
| 31. Do you have a Norplant implant? | <input type="checkbox"/> | <input type="checkbox"/> | NORPLNT2 |
| 32. Are you pregnant now? | <input type="checkbox"/> | <input type="checkbox"/> | PREGNOW |
| 33. Have you ever been pregnant? | <input type="checkbox"/> | <input type="checkbox"/> | PREGEVER |

If **NO**, go to Question 43.
 If **YES**, please continue.

34. How many times have you been pregnant? **NPREG**

35. Have you ever given birth to a baby? **GBIRTH**

Yes No

If **NO**, go to Question 43.
 If **YES**, please continue.

36. How many times have you given birth to a baby? **NGBIRTH**

37. Was the delivery of each baby early (that is, more than 14 days before the due date)?

- | | | | |
|--|--|--|--|
| A. First Child | B. Second Child | C. Third Child | D. Fourth Child |
| CERLY1 | CERLY2 | CERLY3 | CERLY4 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

38. What was the birthweight of each child?

A. First Child	B. Second Child	C. Third Child	D. Fourth Child
<u>C1WTLB</u>	<u>C1WTOZ</u>	<u>C2WTLB</u>	<u>C2WTOZ</u>
lbs	oz	lbs	oz
<u>C3WTLB</u>	<u>C3WTOZ</u>	<u>C4WTLB</u>	<u>C4WTOZ</u>
lbs	oz	lbs	oz

39. Please list the birthdate(s) of your child(ren).

A. First Child	B. Second Child	C. Third Child	D. Fourth Child
<u>C_BDAT1</u>	<u>C_BDAT2</u>	<u>C_BDAT3</u>	<u>C_BDAT4</u>
____	____	____	____
Month Day Year	Month Day Year	Month Day Year	Month Day Year

40. Are you currently nursing or breast feeding your baby?

NURSING
 Yes No

41. How much weight did you gain during your last pregnancy?

GWTPREG
 Pounds

A. What was your maximum weight during your last pregnancy?

MAXWTPRG
 Pounds

42. Did your doctor/nurse/clinic recommend a weight gain during your last pregnancy?

RECGAIN
 Yes No

If YES, answer Questions A and B.

A. How much weight did they recommend that you gain?

GAINWTLB
 Pounds

B. Check if they did not recommend a specific amount of weight gain

NOSPEC

BIOELECTRICAL IMPEDANCE MEASUREMENTS

Field Examiner:

If participant is not pregnant, go to Question 43.

If participant is pregnant (Question 32), do NOT measure BIA. Form is completed.

43. A. Resistance RESIST

B. Reactance REACT

44. Signature of impedance measurer: SIGN3

45. ID of impedance measurer: