



**SLEEP HEART HEALTH STUDY**

**PHYSICAL MEASUREMENTS,  
BLOOD PRESSURE, ANKLE-ARM INDEX,  
ECG**

Field Site ID: CLINIC  
 Participant ID#: PPTID  
 Alpha Code: SHHS  
 Date form initiated: FORMDATE - 2 / 0 / 0  
 Visit ID Code: F / 0 / 2 <sup>month</sup> <sup>day</sup> <sup>year</sup> **VISIT**  
 Form & revision: P / M / 2 **FORMREV**  
 Form sequence #: FORMSEQ

Refer to data collection windows for each procedure to determine whether a measurement is to be done at this time.

### A. Weight measurement

1. Weight measurement within the data collection window? **pm201**

1 Yes     0 No

If No, specify reason why and **skip to item 6:**  
**pm201s** \_\_\_\_\_  
**pm201t** \_\_\_\_\_  
**pm201u** \_\_\_\_\_

2. Weight: **pm202** \_\_\_\_\_ . \_\_\_\_\_ (kg)

3. Date of measurement:  
**pm203** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
 month    day    year

4. Place of measurement: **pm204**

1 Home  
 2 Clinic  
 3 Other, (specify):  
**pm204s** \_\_\_\_\_

5. Technician taking measurement  
 (code as "n\_\_" if not completed by  
 SHHS certified personnel:  
**pm205** \_\_\_\_\_

### B. Height measurement

6. Height measurement within the data collection window? **pm206**

1 Yes     0 No

If No, specify reason why and **skip to item 11:**  
**pm206s** \_\_\_\_\_  
**pm206t** \_\_\_\_\_  
**pm206u** \_\_\_\_\_

7. Height: **pm207** \_\_\_\_\_ . \_\_\_\_\_ (cm)

8. Date of measurement:  
**pm208** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
 month    day    year

9. Place of measurement: **pm209**

1 Home  
 2 Clinic  
 3 Other, (specify):  
**pm209s** \_\_\_\_\_

10. Technician taking measurement  
 (code as "n\_\_" if not completed by  
 SHHS certified personnel:  
**pm210** \_\_\_\_\_

**C. Neck circumference measurement**

**11.** Neck circumference measurement within the data collection window?  
<sub>1</sub> Yes    <sub>0</sub> No    **pm211**  
*If No, specify reason why and skip to item 16:*  
pm211s  
pm211t  
pm211u

**12.** Neck circumference (Round up to nearest 1/2 cm, i.e, measurement should end with .0 or .5)  
**pm212a** a. First reading:    \_\_\_ \_\_\_ . \_\_\_ (cm)  
**pm212b** b. Second reading: \_\_\_ \_\_\_ . \_\_\_ (cm)  
**pm212c** c. Third reading:    \_\_\_ \_\_\_ . \_\_\_ (cm)

**13.** Date of measurement:  
**pm213.**    \_\_\_ - \_\_\_ - \_\_\_  
month      day      year

**14.** Place of measurement:    **pm214**  
<sub>1</sub> Home  
<sub>2</sub> Clinic  
<sub>3</sub> Other, (specify):  
pm214s

**15.** Technician taking measurement (code as "n\_\_" if not completed by SHHS certified personnel):  
pm215

**D. Seated Blood Pressure**

**16.** Seated blood pressure measurement within the data collection window?  
<sub>1</sub> Yes    <sub>0</sub> No    **pm216**  
*If No, specify reason why and skip to item 24:*  
pm216s  
pm216t  
pm216u

**17.** Arm BP site:    **pm217**  
<sub>1</sub> Arm BP taken on right  
<sub>2</sub> Arm BP taken on left arm  
 Explain why taken on left arm:  
pm217s  
pm217t  
pm217u

**18.** Cuff Size:    **pm218**

Regular <input type="checkbox"/> <sub>1</sub>	Pediatric <input type="checkbox"/> <sub>3</sub>
Large arm <input type="checkbox"/> <sub>2</sub>	Thigh <input type="checkbox"/> <sub>4</sub>
	Don't know <input type="checkbox"/> <sub>5</sub>

<i>Arm Circumference</i>	<i>Cuff Size</i>
16.0 - 22.5 cm	Pediatric
22.6 - 30.0 cm	Regular (adult)
30.1 - 37.5 cm	Large arm
37.6 - 43.7 cm	Thigh

**D. Seated Blood Pressure (cont'd)**

**19. Pulse Obliteration Pressure**

a. Palpated Systolic: pm219a \_\_\_\_\_

Add 30:            +     3 0

b. Max inflation level: pm219b \_\_\_\_\_  
(palpated + 30)

**20. Seated Blood Pressure:**

	systolic	diastolic
a. First reading:	<u>pm220a1</u>	<u>pm220a2</u>
b. Second reading:†	<u>pm220b1</u>	<u>pm220b2</u>
c. Third reading:†	<u>pm220c1</u>	<u>pm220c2</u>

† Alert Values\*:

	<u>Systolic</u>	or	<u>Diastolic</u>
Immediate	≥180		≥110
Urgent	171-179		101-109

\* If an alert value is recorded fill in forms AE and AA.

**21. Date of measurement:**

pm221         -      -          

month            day            year

**22. Place of measurement: pm222**

<sub>1</sub> Home

<sub>2</sub> Clinic

<sub>3</sub> Other, (specify): pm222s

**23. Technician taking measurement**  
(code as "n \_ \_" if not completed by SHHS certified personnel:  
pm223 \_\_\_\_\_

**E. Ankle-Arm Index**

**24. Ankle-Arm index measurement within the data collection window? pm224**

Yes, with both legs  <sub>1</sub> → **Skip to item 26.**

Yes, with one leg  <sub>2</sub>

No  <sub>0</sub>

**25. Reason AAI not done, or not done using both legs (Check all that apply.)**

a. Unable to lie at 45 degrees or less pm225a

	Right	Left
b. Open wound	<u>pm225b1</u>	<u>pm225b2</u>
c. Rash	<u>pm225c1</u>	<u>pm225c2</u>
d. Amputation	<u>pm225d1</u>	<u>pm225d2</u>
e. Unable to reach occlusion blood pressure	<u>pm225e1</u>	<u>pm225e2</u>
f. Unable to hear sound	<u>pm225f1</u>	<u>pm225f2</u>
g. Other	<u>pm225g1</u>	<u>pm225g2</u>

Explain

pm225gs

pm225gt

pm225gu

**If AAI not done, skip to item 31.**

**E. Ankle-Arm Index (cont'd)**

**26. AAI**

Doppler Obliteration Pressure

a. Doppler Systolic: **pm226a** \_\_\_\_\_

Add 30:                    +      3     0  

b. Max inflation level: **pm226b** \_\_\_\_\_  
(palpated + 30)

First readings: Record in order shown  
(If reading for one leg not available,  
code as "n \_ \_".)

c. Right or left arm brachial systolic BP: **pm226c** \_\_\_\_\_

d. Right leg posterior tibial systolic BP: **pm226d** \_\_\_\_\_

e. Left leg posterior tibial systolic BP: **pm226e** \_\_\_\_\_

**Wait 30 seconds before second readings**

Second readings: Record in order shown  
(If no second reading, code as "n \_ \_".)

f. Left leg posterior tibial systolic BP: **pm226f** \_\_\_\_\_

g. Right leg posterior tibial systolic BP: **pm226g** \_\_\_\_\_

h. Right or left arm brachial systolic BP: **pm226h** \_\_\_\_\_

**27. Arm BP site for AAI: pm227**

1 Arm BP taken on right

2 Arm BP taken on left

Explain why taken on left:

**pm227s** \_\_\_\_\_

**pm227t** \_\_\_\_\_

**pm227u** \_\_\_\_\_

**28. Date of measurement:**

**pm228**  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 month            day            year

**E. Ankle-Arm Index (cont'd)**

**29. Place of measurement: pm229**

1 Home

2 Clinic

3 Other, (specify): **pm229s** \_\_\_\_\_

**30. Technician taking measurement  
(code as "n \_ \_" if not completed by  
SHHS certified personnel:**

**pm230** \_\_\_\_\_

**F. ECG**

**31. ECG measurement within the data  
collection window? pm231**

1 Yes → **Skip to item 32.**     0 No

**a. ECG measurement scheduled to  
occur within the data collection  
window? pm231a**

1 Yes     0 No → **Skip to item 31c.**

**b. Date for which scheduled:  
pm231b**    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ → **Skip to item 36.**  
 month            day            year

**c. Reason ECG not scheduled:  
pm223cs** \_\_\_\_\_  
**pm223ct** \_\_\_\_\_

**Skip to item 36.**

**32. ECG done in: pm232**

1 Supine position

2 Semi-supine position

8 Don't know

## F. ECG (cont'd)

33. Date of measurement:

pm233  
month      day      year

34. Place of measurement: pm234

<sub>1</sub> Home

<sub>2</sub> Clinic

<sub>3</sub> Other, (specify):

pm234s

35. Technician taking measurement  
(code as "n \_ \_" if not completed by  
SHHS certified personnel:

pm235

## G. General comments

36. General comments:

pm236s

pm236t

pm236u

## H. Administrative information

### Field Site Use Only

37. Reviewer: pm237

38. Date: pm238  
month      day      year