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?
   - Yes
   - No
   
   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:
   - Home
   - Clinic
   - 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?
   - Yes
   - No
   
   If No, specify reason why and skip to item 24:
   - pm216s
   - pm216t
   - pm216u

17. Arm BP site:
   - pm217
   - 1 Arm BP taken on right
   - 2 Arm BP taken on left arm
   - Explain why taken on left arm:
     - pm217s
     - pm217t
     - pm217u

18. Cuff Size:
   - pm218
   - Regular
   - Pediatric
   - Large arm
   - Thigh
   - Don't know
   - Arm Circumference
   - Cuff Size
     - 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: \[ \text{pm219a} \]
     Add 30: \[ + \quad 3 \quad 0 \]
   b. Max inflation level: \[ \text{pm219b} \]

20. Seated Blood Pressure:
   a. First reading: \[ \text{pm220a1} \quad \text{pm220a2} \]
   b. Second reading: \[ \text{pm220b1} \quad \text{pm220b2} \]
   c. Third reading: \[ \text{pm220c1} \quad \text{pm220c2} \]

† Alert Values*:
   Systolic or Diastolic
   Immediate \[ \geq 180 \]
   Urgent \[ 171-179 \]

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

21. Date of measurement:
    \[ \text{pm221} \]
    \[ \quad \text{month} \quad \text{day} \quad \text{year} \]

22. Place of measurement:
    \[ \text{pm222} \]
    \[ \quad \text{Home} \]
    \[ \quad \text{Clinic} \]
    \[ \quad \text{Other, (specify)}: \text{pm222s} \]

23. Technician taking measurement
    (code as "n__ __ " if not completed by SHHS certified personnel):
    \[ \text{pm223} \]

E. Ankle-Arm Index

24. Ankle-Arm index measurement within the data collection window? \[ \text{pm224} \]
    Yes, with both legs \[ 1 \]
    Yes, with one leg \[ 2 \]
    No \[ 0 \]

Skip to item 26.

25. Reason AAI not done, or not done using both legs (Check all that apply.)
   a. Unable to lie at 45 degrees or less \[ \text{pm225a} \]
   b. Open wound \[ \text{pm225b1} \quad \text{pm225b2} \]
   c. Rash \[ \text{pm225c1} \quad \text{pm225c2} \]
   d. Amputation \[ \text{pm225d1} \quad \text{pm225d2} \]
   e. Unable to reach occlusion \[ \text{pm225e1} \quad \text{pm225e2} \]
   f. Unable to hear sound \[ \text{pm225f1} \quad \text{pm225f2} \]
   g. Other \[ \text{pm225g1} \quad \text{pm225g2} \]

   Explain \[ \text{pm225gs} \quad \text{pm225gt} \quad \text{pm225gu} \]

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 ______

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

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

month ______

day ______

year ______

Skip to item 36.

c. Reason ECG not scheduled:

pm233cs

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:
   \[ \text{pm233} \]
   \[ \underline{\text{month}} \underline{\text{day}} \underline{\text{year}} \]

34. Place of measurement: pm234
   - [ ] 1  Home
   - [ ] 2  Clinic
   - [x] 3  Other, (specify):
     \[ \text{pm234s} \]

35. Technician taking measurement
   \( \text{(code as "n_ _ _" if not completed by SHHS certified personnel:)} \)
   \[ \text{pm235} \underline{\text{___}} \]

G. General comments

36. General comments:
   \[ \text{pm236s} \]
   \[ \text{pm236t} \]
   \[ \text{pm236u} \]

H. Administrative information

Field Site Use Only

37. Reviewer: \[ \text{pm237} \underline{\text{___}} \underline{\text{___}} \]

38. Date:
   \[ \text{pm238} \]
   \[ \underline{\text{month}} \underline{\text{day}} \underline{\text{year}} \]
   \[ 2 \ 0 \ 0 \]