0925-0294 exp. 12/89

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

Date of examination: ..... ___ ___ - ___ ___ - ___ ___
Month Day Year

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

ID						
NC						
VN	0	0				

RID

VISIT

FTYPE
FREV

NGHS Form 07
Rev. 0 3/87
5 Pages

NHLBI GROWTH AND HEALTH STUDY

INITIAL EXAMINATION FORM - A

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

SMK2DY

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 largest value if two attempts were made): ..... PULSPRES ___ ___ ___ mmHg

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

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

If YES, skip to Question 10.

	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 .... ☐ 1

Brachial .... ☐ 2

Chest .... ☐ 3

Not possible to measure pulse ... ☐ 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: SIGN1 ____________________

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

ID						

VN		

Anthropometric Measurements

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

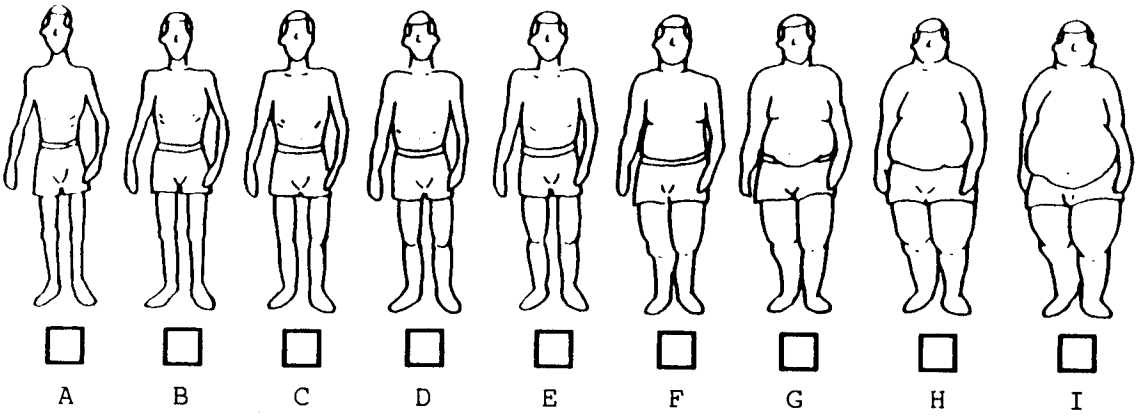
18. Signature of taker of anthropometric measurement: SIGN2 ______________

19. ID of taker of anthropometric measurements: .... ___ - ___ ___

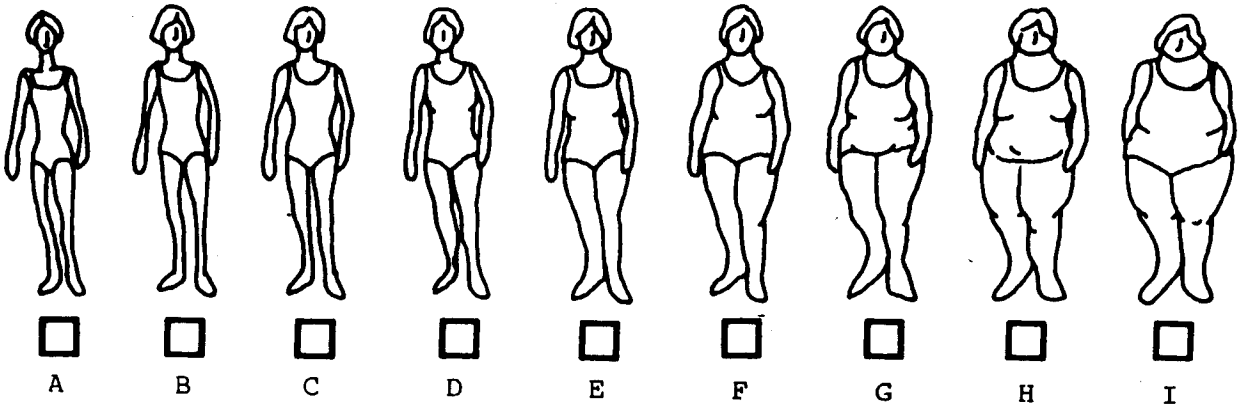
ANTIDN1 ANTIDN2

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: SIGN3

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

ID							

VN		

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FTYPE
FREV

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NHLBI Growth And Health Study
Examination Form - A

RID

VISIT

ID						
NC						
VN						

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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: SITEPUL

Radial ☐ 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: SIGN1

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 ≥ 50 mm		TRIC50	☐

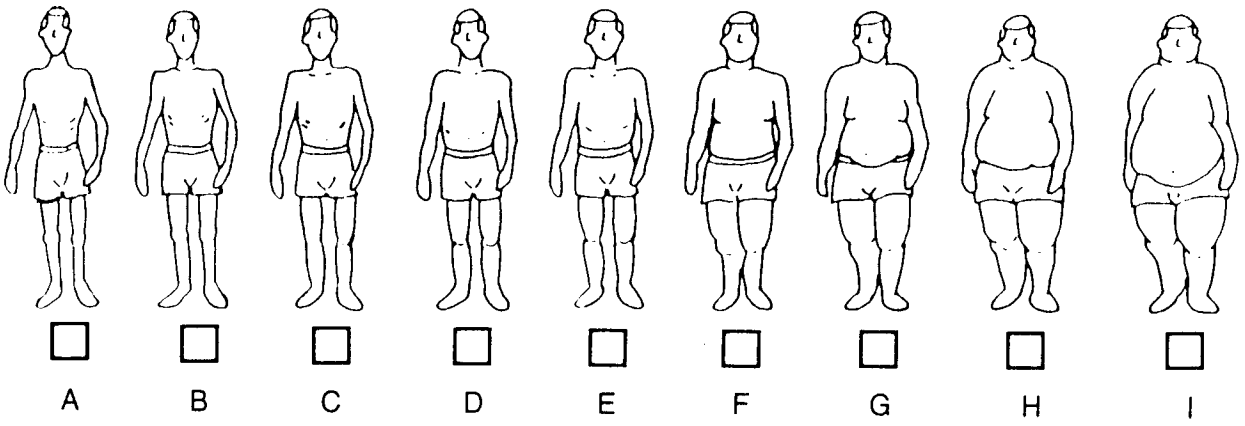
20. Signature of taker of anthropometric measurement: SIGN2

21. ID of taker of anthropometric measurements: ___-___ ___ ___

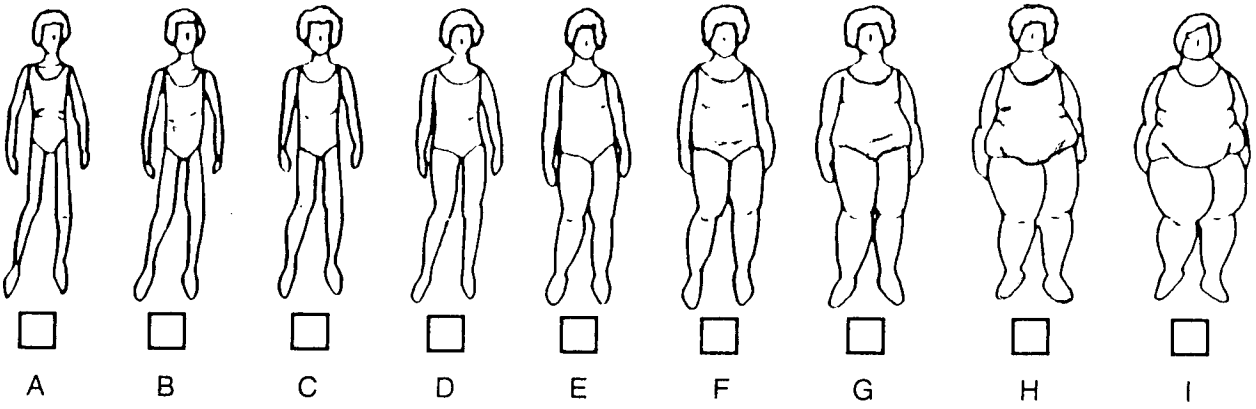
ANTIDN1 ANTIDN2

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

0925-0294
exp. 9/92

NHLBI GROWTH AND HEALTH STUDY

EXAMINATION FORM

FTYPE FREV NGHS Form 07
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5 Pages

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

   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.

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 3.

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	___ ___ ___	___ ___ ___

SYSAV < > DIA5AV

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 ..... ☐ 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

> 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 ≥ 50 mm ..... TRIC50 ☐

19. Signature of taker of anthropometric measurements:

SIGN2 _____

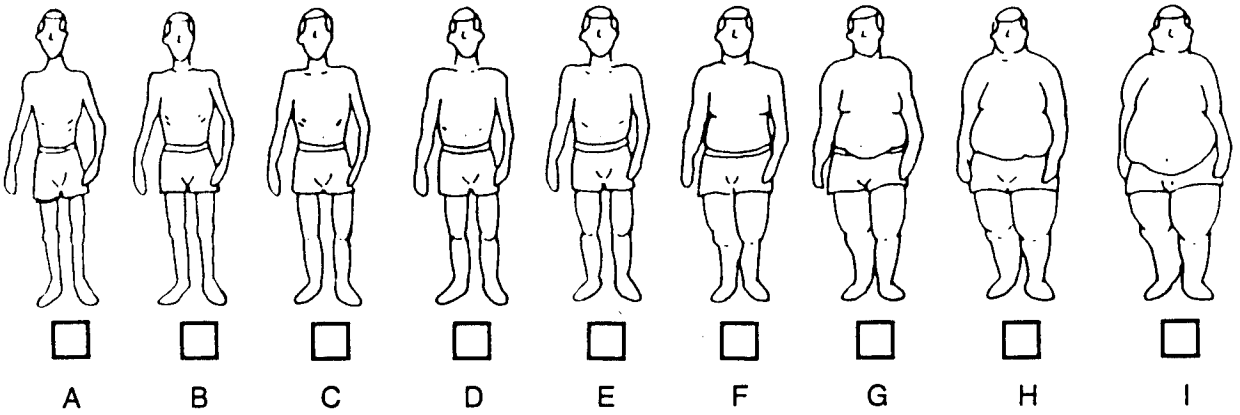
20. ID of taker of anthropometric measurements: ..... ___- ___ ___ ___

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.

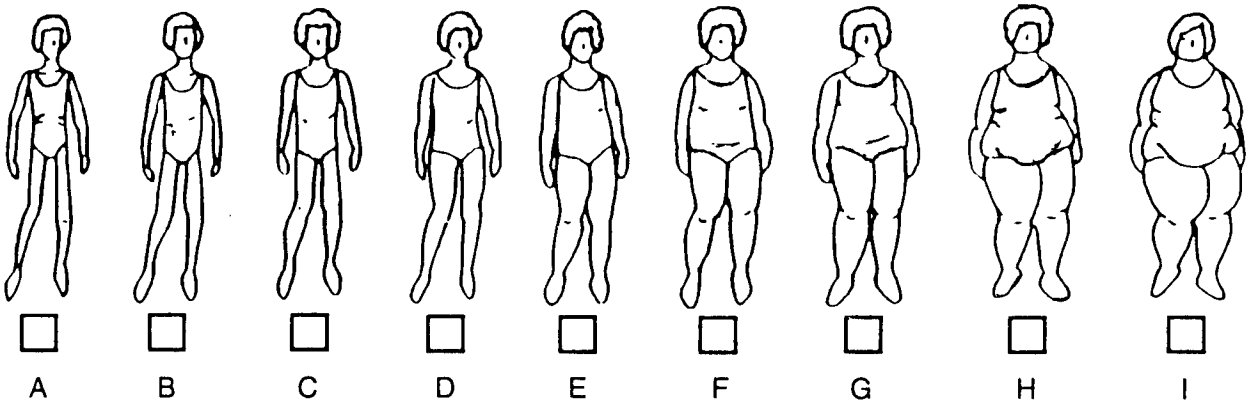
A. FOR MEN:

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

   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 5th - 95th %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 _____

_____

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:

SIGN1

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

BPIDN1 BPIDN2

Edit Limits 5th - 95th %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 ≥ 50 mm TRICSO ☐

Check here if unable to measure TRICUN ☐

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: ___-____
IMPEDID1 IMPEDID2

FTYPE
FREV

NGHS Form 07
Rev. 4 4/93
4 Pages

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

   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 5th - 95th %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	___ ___ ___ SYSAV	___ ___ ___ DIASAV
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:

SIGN1

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

BPIDN1 BPIDN2

Edit Limits 5th - 95th %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 ≥ 50 mm TRIC50 ☐

Check here if unable to measure TRICUN ☐

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: __-___
IMPEDID1 IMPEDID2