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**- Affix label here-**

Clinical Center/ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name \_\_\_\_\_

1. Date of Exam: \_\_\_\_\_ (M/D/Y)

2. Performed By: \_\_\_\_\_

3. Contact Type:

Home Visit

Other

4. Visit Type:

Non-routine

5. Resting pulse in 30 sec.: \_\_\_\_\_ x 2 = \_\_\_\_\_/min

6. Blood pressure: 6.1. \_\_\_\_\_/\_\_\_\_\_ Systolic/Diastolic

6.2. \_\_\_\_\_/\_\_\_\_\_ Systolic/Diastolic

Cuff used: \_\_\_S \_\_\_Reg \_\_\_L \_\_\_Th

Side: \_\_\_L \_\_\_R

**Anthropometric Measures**

7. Height: \_\_\_\_\_ cm

8. Weight: \_\_\_\_\_ kg BMI \_\_\_\_\_

9. Waist circumference: (to nearest 0.5 cm) \_\_\_\_\_ cm

10. Hip circumference: (to nearest 0.5 cm) \_\_\_\_\_ cm

Spanish translation not required; interviewer administered form

Instructions to WHI staff under development.