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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.