



(affix label here)

Patient ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Site	Sub-site	Sequential ID				

## SEARCH Physical Examination Form (to be completed for age 3 and older)

<b>Anthropometric Measures</b>	<b>Examiner Code</b> <input style="width: 40px; height: 20px;" type="text"/>																																																																																																
<p>1. Height:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">cm.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">cm.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">cm.</td> </tr> <tr> <td style="text-align: center;">First</td> <td></td> <td></td> <td></td> <td style="text-align: center;">Second</td> <td></td> <td></td> <td></td> <td style="text-align: center;">*Third</td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: center;">*Third measurement required if first two measurements differ by &gt;0.5 cm.</p> <p>2. Weight:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">kg.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">kg.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">kg.</td> </tr> <tr> <td style="text-align: center;">First</td> <td></td> <td></td> <td></td> <td style="text-align: center;">Second</td> <td></td> <td></td> <td></td> <td style="text-align: center;">*Third</td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: center;">*Third measurement required if first two measurements differ by &gt;0.3 kg.</p> <p>If PATIENT is wearing a non-removable appliance, please specify the type of appliance. <span style="font-size: 24px;">→</span> <input style="width: 250px; height: 25px;" type="text"/></p> <p>3. Waist Circumference:</p> <p>3a. NHANES waist circumference:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">cm.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">cm.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">cm.</td> </tr> <tr> <td style="text-align: center;">First</td> <td></td> <td></td> <td></td> <td style="text-align: center;">Second</td> <td></td> <td></td> <td></td> <td style="text-align: center;">*Third</td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: center;">*Third measurement required if first two measurements differ by &gt;1.0 cm.</p> <p>3b. Natural waist circumference:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">cm.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">cm.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">.</td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">cm.</td> </tr> <tr> <td style="text-align: center;">First</td> <td></td> <td></td> <td></td> <td style="text-align: center;">Second</td> <td></td> <td></td> <td></td> <td style="text-align: center;">*Third</td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: center;">*Third measurement required if first two measurements differ by &gt;1.0 cm.</p>		<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	.	<input style="width: 30px; height: 20px;" type="text"/>	cm.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	.	<input style="width: 30px; height: 20px;" type="text"/>	cm.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	.	<input style="width: 30px; height: 20px;" type="text"/>	cm.	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<b>Blood Pressure</b>		<b>Examiner Code</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																												
<p>4. Extremity: <i>(check one)</i>      1 <input type="checkbox"/> Right arm (preferred)      2 <input type="checkbox"/> Left arm</p> <p>5. Cuff size: <i>(check one)</i></p> <p>1 <input type="checkbox"/> Infant      2 <input type="checkbox"/> Child/Small Adult      3 <input type="checkbox"/> Adult      4 <input type="checkbox"/> Lg. Arm      5 <input type="checkbox"/> Thigh</p> <p>6. Pulse Disappearance Pressure:      <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> mm. Hg</p> <p style="text-align: center;">+ 30</p> <hr style="width: 10%; margin: auto;"/> <p>7. Maximum inflation level (MIL):      <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> mm. Hg</p> <p>8. Blood Pressures:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Systolic</th> <th style="text-align: center;">/</th> <th style="text-align: center;">Diastolic</th> <th></th> </tr> </thead> <tbody> <tr> <td>1<sup>st</sup> BP</td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">/</td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td>mm. Hg.</td> </tr> <tr> <td>2<sup>nd</sup> BP</td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">/</td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td>mm. Hg.</td> </tr> <tr> <td>3<sup>rd</sup> BP</td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">/</td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td>mm. Hg.</td> </tr> </tbody> </table> <p>8a. If unable to measure blood pressure, check reason:</p> <table style="width: 100%; border: none;"> <tr> <td>1 <input type="checkbox"/> Patient refused</td> <td>1 <input type="checkbox"/> Unable to determine MIL</td> </tr> <tr> <td>1 <input type="checkbox"/> Patient unable to sit</td> <td>1 <input type="checkbox"/> Unable to hear blood pressure sounds</td> </tr> <tr> <td>1 <input type="checkbox"/> Radial pulse not felt in either arm</td> <td>1 <input type="checkbox"/> Equipment malfunction</td> </tr> <tr> <td>1 <input type="checkbox"/> No cuff appropriate size</td> <td></td> </tr> </table>				Systolic	/	Diastolic		1 <sup>st</sup> BP	<input style="width: 30px; height: 20px;" type="text"/>	/	<input style="width: 30px; height: 20px;" type="text"/>	mm. Hg.	2 <sup>nd</sup> BP	<input style="width: 30px; height: 20px;" type="text"/>	/	<input style="width: 30px; height: 20px;" type="text"/>	mm. Hg.	3 <sup>rd</sup> BP	<input style="width: 30px; height: 20px;" type="text"/>	/	<input style="width: 30px; height: 20px;" type="text"/>	mm. Hg.	1 <input type="checkbox"/> Patient refused	1 <input type="checkbox"/> Unable to determine MIL	1 <input type="checkbox"/> Patient unable to sit	1 <input type="checkbox"/> Unable to hear blood pressure sounds	1 <input type="checkbox"/> Radial pulse not felt in either arm	1 <input type="checkbox"/> Equipment malfunction	1 <input type="checkbox"/> No cuff appropriate size	
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<b>Acanthosis Nigricans</b>	<b>Examiner Code</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>9. Is Acanthosis Nigricans: <i>(check one)</i>      1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No      3 <input type="checkbox"/> Maybe</p>	

<b>FOR STUDY USE ONLY</b>					
Date Completed	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	Completed by	<input style="width: 20px; height: 20px;" type="text"/>
	Month	Day	Year		Code
Date Reviewed	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	Reviewer Code	<input style="width: 20px; height: 20px;" type="text"/>
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Date Entered	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	Data Entry Code	<input style="width: 20px; height: 20px;" type="text"/>
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