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Patient ID Number	2					
	Site	Sub-site		Seq	uential ID	

(offic label bara)

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

Anthropometric Measures	Examiner Code					
1. Height:						
First Cm. Second	cm. Third cm.					
*Third measurement required if first two measurement required if first two measurement required if first two measurements are the second secon	urements differ by >0.5 cm.					
2. Weight:						
First kg. Second	kg. kg. kg.					
*Third measurement required if first two measurements differ by >0.3 kg.						
If PATIENT is wearing a non-removable appliance, please specify the type of appliance.						
3. Waist Circumference:						
3a. NHANES waist circumference:						
First Cm. Second	cm. rhird cm.					
*Third measurement required if first two measurements differ by >1.0 cm.						
3b. Natural waist circumference:						
First Cm. Second	cm. Third cm.					
*Third measurement required if first two measurements differ by >1.0 cm.						

SEARCH 3 Registry and Cohort Studies – Physical Exam form – 11-01-10

Page 1 of 2

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx)

Blood Pressure		Examiner Code				
 Extremity: (ch Cuff size: (che 		2 Left arm				
1 🗖 Infant	2 Child/Small Adult 3 Adult	4 Lg. Arm 5 Thigh				
6. Pulse Disappea	arance Pressure:	mm. Hg				
 7. Maximum infla 8. Blood Pressure 		mm. Hg				
0. 0000 11033010	Systolic Diastolic					
1 st BP	mm. Hg.					
2 nd BP / mm. Hg.						
3 rd BP	/ mm. Hg.					
 8a. If unable to measure blood pressure, check reason: 1 Patient refused 1 Unable to determine MIL 						
1 Patient unable to sit 1 Unable to hear blood pressure sounds						
1 Radial pulse not felt in either arm 1 Equipment malfunction						
1 No cuff appropriate size						
Acanthosis Nigric	ans	Examiner Code				
9. IS Acanthosis N	Jigricans: (check one) $1 \square Y$	es 2 No 3 Maybe				
Date Completed		Completed by				
Date Reviewed	Month Day Year	Reviewer Code				
Date Entered	Month Day Year	Data Entry Code				