



<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 style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Systolic</th> <th style="width: 10%; text-align: center;">/</th> <th style="width: 15%; text-align: center;">Diastolic</th> <th style="width: 45%;"></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 style="width: 50%;">1 <input type="checkbox"/> Patient refused</td> <td style="width: 50%;">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"/>
	Month	Day	Year		
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"/>
	Month	Day	Year		