Form Approved
OMB No. 0990-0371
Exp. Date XX/XX/20XX

Attachment 9
Additions to TRAC

Patient TRAC ID _____

H. PBHCI: PHYSICAL HEALTH ITEMS

1. Health measurements:

   a. Systolic blood pressure [ ] mmHg
   b. Diastolic blood pressure [ ] mmHg
   c. Weight [ ] kg
   d. Height [ ] cm
   e. Waist circumference[1] [ ] cm
   f. Breath CO[1] [ ] ppm

2. Did patient successfully fast for 8 hours prior to providing the blood sample? [ ]

3. Blood test results:

   Date of blood draw: |__|__| / |__|__| /|__|__|__|__|
   MONTH DAY YEAR

   FOR 3a AND b: ENTER ONE OR THE OTHER, NOT BOTH:

   a. Fasting plasma glucose [ ] mg/dL
   b. HgBA1c [ ] %

   c. Total Cholesterol [ ] mg/dL
   d. HDL Cholesterol [ ] mg/dL
   e. LDL Cholesterol [ ] mg/dL
   f. Triglycerides [ ] mg/dL

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[1] Optional

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0371. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer