



(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)

Anthropometric Measures	Examiner Code
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm.	<input type="text"/> <input type="text"/> <input type="text"/>
First	
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm.	
Second	
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm.	
*Third	
*Third measurement required if first two measurements differ by >0.5 cm.	
1. Height:	
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg.	
First	
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg.	
Second	
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg.	
*Third	
*Third measurement required if first two measurements differ by >0.3 kg.	
2. Weight:	
If PATIENT is wearing a non-removable appliance, please specify the type of appliance. → <input type="text"/>	
3. Waist Circumference:	
3a. NHANES waist circumference:	
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm.	
First	
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm.	
Second	
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm.	
*Third	
*Third measurement required if first two measurements differ by >1.0 cm.	
3b. Natural waist circumference:	
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm.	
First	
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm.	
Second	
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm.	
*Third	
*Third measurement required if first two measurements differ by >1.0 cm.	

Public reporting burden of this collection of information is estimated to average 180 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 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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4. Extremity: *(check one)* 1 Right arm (preferred) 2 Left arm
5. Cuff size: *(check one)*
- 1 Infant 2 Child/Small Adult 3 Adult 4 Lg. Arm 5 Thigh

6. Pulse Disappearance Pressure: mm. Hg

+ 30

mm. Hg

7. Maximum inflation level (MIL): mm. Hg

8. Blood Pressures:

	Systolic	/	Diastolic	
1 st BP	<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"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	mm. Hg.
2 nd BP	<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"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	mm. Hg.
3 rd BP	<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"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	mm. Hg.

8a. If unable to measure blood pressure, check reason:

- | | |
|----------------------------------------------------------------|-----------------------------------------------------------------|
| 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 | |

Acanthosis Nigricans	Examiner Code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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9. Is Acanthosis Nigricans: *(check one)* 1 Yes 2 No 3 Maybe

FOR STUDY USE ONLY

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