

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 circumference¹ cm
- f. Breath CO¹ 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

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

