



<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"/>
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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

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mm. Hg

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

8. Blood Pressures:

	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.

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            |   |

<b>Acanthosis Nigrans</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"/>
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9. Is Acanthosis Nigrans: *(check one)*    1  Yes    2  No    3  Maybe

<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		