

**H. PBHCI  
PHYSICAL HEALTH ITEMS**

OMB No. 0930-0340  
Expiration Date XX/XX/XXXX

**[IF STAFF PREVIOUSLY INDICATED “NO DATA” WOULD BE SUBMITTED, GO TO SECTION I IF THIS IS A REASSESSMENT OR SECTION J IF THIS IS A DISCHARGE.]**

1. Health measurements:

- |                                   |                      |      |                      |
|-----------------------------------|----------------------|------|----------------------|
| a. Systolic blood pressure        | <input type="text"/> | mmHg | <input type="text"/> |
| b. Diastolic blood pressure       | <input type="text"/> | mmHg | <input type="text"/> |
| c. Weight                         | <input type="text"/> | kg   | <input type="text"/> |
| d. Height                         | <input type="text"/> | cm   | <input type="text"/> |
| e. Waist circumference            | <input type="text"/> | cm   | <input type="text"/> |
| f. Breath CO - for smoking status | <input type="text"/> | ppm  | <input type="text"/> |

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

3. Blood test results (required only once a year):

a. Date of blood draw:  /  /   
MONTH DAY YEAR

**[FOR 3b AND 3c: ENTER ONE OR THE OTHER, NOT BOTH.]**

- |                           |                      |       |                      |
|---------------------------|----------------------|-------|----------------------|
| b. Fasting plasma glucose | <input type="text"/> | mg/dL | <input type="text"/> |
| c. HgBA1c                 | <input type="text"/> | %     | <input type="text"/> |
| d. Total Cholesterol      | <input type="text"/> | mg/dL | <input type="text"/> |
| e. HDL Cholesterol        | <input type="text"/> | mg/dL | <input type="text"/> |
| f. LDL Cholesterol        | <input type="text"/> | mg/dL | <input type="text"/> |
| g. Triglycerides          | <input type="text"/> | mg/dL | <input type="text"/> |

**[IF THIS IS A BASELINE, STOP HERE.]**

**[IF THIS IS A REASSESSMENT, GO TO SECTION I.]**

**[IF THIS IS A CLINICAL DISCHARGE, GO TO SECTION J.]**

---

Public Burden Statement: 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. The OMB control number for this project is 0930-0340. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.