H. **PBHCI** PHYSICAL HEALTH ITEMS

Questions H1-H3 OMB No. 0930-0285 Expiration Date xx/xx/xxxx

					Expiration Date AN AN ANNA
	1.	Hea	alth measurements:		
a. b. c. d. e. f.	Systolic blood pressure Diastolic blood pressure Weight Height Waist circumference Breath CO - for smoking status			mmHg mmHg kg cm cm ppm	
	2.	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:	<u> </u> / <u> </u>	_ / Y YEAR
ΓO	R 3b A	N D 3	c: ENTER ONE OR THE OTH	ER, NOT BOTH.]	
		b.c.d.e.f.g.	Fasting plasma glucose HgBA1c Total Cholesterol HDL Cholesterol LDL Cholesterol Triglycerides	mg/dL % mg/dL mg/dL mg/dL mg/dL	
			BASELINE, STOP HERE.]		
			REASSESSMENT, GO TO SEC CLINICAL DISCHARGE, GO T		

Public reporting burden for this collection of information is estimated to be approximately 5 additional minutes for the individual entering data into SPARS for an average of bmarcogliese all 60 PBHCI sites. Send comments regarding this burden estimate or any other 2016-11-29 16:42:48 Rockville, MD 20857. An agency may not conduct or sponsor, and a person is Accepted set by bmarcogliese to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0285.