



EXAMINER SPECIMEN COLLECTION AND MEASUREMENT FORM - V3

TO BE COMPLETED BY EXAMINER DURING VISIT.

Instructions:

- Please use a **DARK BLUE OR BLACK BALLPOINT PEN** to fill out this form.
- Mark only one answer for each question unless otherwise indicated.
- Do not write comments on the form. Put all comments on the Sister Study Checklist.
- Please keep this questionnaire clean, flat, and dry.
- Do not fold or tear any of the pages.

Fill in the bubbles **COMPLETELY** for each of the questions in this form.

Like this: ●

Not like this: ⊗ ⊙

If you must change an answer, please mark a single horizontal line through it and bubble in the correct answer completely.

Like this: ● ~~YES~~

Not like this: ⊗ ~~YES~~

Please write responses in all capital letters and numbers without touching the sides of the boxes.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

When writing dates, please follow this example.

EXAMPLE: June 7, 2004 =

0	6
---	---

 /

0	7
---	---

 /

2	0	0	4
---	---	---	---

(month) (day) (year)

PLEASE RECORD WOMAN'S MEASUREMENTS AND COMPLETE BLOOD DRAW.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0522). Do not return the completed form to this address.



1. Date of visit:

		/			/	2	0		
(month)			(day)			(year)			

2. Place of visit:

- PARTICIPANT'S HOME
- PARTICIPANT'S OFFICE
- EXAMINER'S OFFICE
- PHYSICIAN'S OFFICE
- OTHER

3. Did participant use the cup from the Sister Study Kit to collect urine sample?

- YES
- NO

TAKE MEASUREMENTS AND RECORD

Blood Pressure:

4. Was blood pressure taken?

- YES
- NO → [SKIP SHADED AREA, GO TO Q6]

[IF BLOOD PRESSURE TAKEN:]

5. Sitting blood pressure (take THREE readings 1-2 minutes apart, from Left/Right/Left arms). If diastolic reading is less than 100, please record a leading zero. For example, if the diastolic reading is 85, record it as

0	8	5
---	---	---

READING 1 (LEFT): systolic:

--	--	--

 mm/Hg

diastolic:

--	--	--

 mm/Hg

READING 2 (RIGHT): systolic:

--	--	--

 mm/Hg

diastolic:

--	--	--

 mm/Hg

READING 3 (LEFT): systolic:

--	--	--

 mm/Hg

diastolic:

--	--	--

 mm/Hg

5a. Did you use the Left-Right-Left protocol?

- YES
- NO, USED LEFT ARM ONLY
- NO, USED RIGHT ARM ONLY

[IF NOT TAKEN:]

6. Why wasn't blood pressure taken?
(Choose the ONE most appropriate reason.)

- REFUSED
- PHYSICAL CONDITION OF RESPONDENT
- PROBLEM WITH EQUIPMENT

Pulse Rate:

7. Was pulse rate taken?

YES

NO → [SKIP SHADED AREA, GO TO Q9]

[IF PULSE RATE TAKEN:]

8. Instruct woman to rest for 5 minutes. Take pulse rate for one full minute. If pulse rate is less than 100, please record a leading zero. For example, if the pulse rate is 74, record it as .

PULSE RATE: per minute

[IF NOT TAKEN:]

9. Why wasn't pulse rate taken?
(Choose the ONE most appropriate reason.)

REFUSED

PHYSICAL CONDITION OF RESPONDENT

PROBLEM WITH EQUIPMENT

Weight in Pounds:

10. Was weight measured?

YES

NO → [SKIP SHADED AREA, GO TO Q12]

SELF-REPORT

[IF SELF-REPORT IS GIVEN, ENTER IN 1ST LINE ONLY.]

11. Measure woman THREE times without shoes. Record whole number of pounds. If respondent's weight is 145.5, for example, round it up to the next whole number and record as 146 pounds.

Example: 145.5 = lbs.

1ST: lbs.

2ND: lbs.

3RD: lbs.

[IF NOT MEASURED:]

12. Why wasn't weight measured?
(Choose the ONE most appropriate reason.)

REFUSED

PHYSICALLY IMPAIRED

PROBLEM WITH EQUIPMENT

SCALE ONLY GOES TO 300 LBS

Height in Inches:

13. Was height measured?

- YES
- NO → [SKIP SHADED AREA, GO TO Q15]
- SELF-REPORT

[IF SELF-REPORT IS GIVEN, ENTER IN 1ST LINE ONLY.]

14. Measure woman's standing height THREE times without shoes (by using metal tape measure). Record height in inches to the nearest quarter inch.

Examples: 65" = .

65 ¼" = .

65 ½" = .

65 ¾" = .

1ST: . inches

2ND: . inches

3RD: . inches

[IF NOT MEASURED:]

15. Why wasn't height measured?
(Choose the ONE most appropriate reason.)

- REFUSED
- PHYSICALLY IMPAIRED
- PROBLEM WITH EQUIPMENT

Waist Circumference in Inches:

16. Was waist measured?

- YES
- NO → [SKIP SHADED AREA, GO TO Q18]

[IF WAIST MEASURED:]

17. Using cloth tape measure, measure waist over skin or light clothing. Do not take measurements over belts or bulky clothing. Please follow these directions when taking this measurement:

- a. POSITION yourself to the right of the standing woman.
- b. FIND the lowest rib on her right side and the top of the iliac crest (top of the hip bone).
- c. Measure the distance between these two points. PLACE the center of the end of the measuring tape at the MIDPOINT of this measurement.
- d. PLACE measuring tape in a horizontal plane around the abdomen starting at the MIDPOINT. The plane of the tape measure should be parallel to the floor and the tape should be snug, without compressing the skin. The measurement should be made at a normal minimal respiration.

Measure THREE times to the nearest quarter inch.

Examples: 42" = .

42 ¼" = .

42 ½" = .

42 ¾" = .

1ST: . inches

2ND: . inches

3RD: . inches

[IF NOT MEASURED:]

18. Why wasn't waist measured?
(Choose the ONE most appropriate reason.)

- REFUSED
- PHYSICALLY IMPAIRED
- PROBLEM WITH EQUIPMENT

Hip Circumference in Inches:

19. Was hip circumference measured?

YES

NO → [SKIP SHADED AREA, GO TO Q21]

[IF HIPS MEASURED:]

20. Using **cloth** tape measure, measure hips over skin or light clothing. Do not take measurements over belts or bulky clothing. Please follow these directions when taking this measurement:

- a. PLACE tape horizontally level around the hips at the maximal protrusion of the buttocks.
- b. VERIFY the position by passing the tape measure above and below the observed maximum.
- c. BEWARE: the most common source of error in measurement is when the tape is NOT HORIZONTAL and when the maximum width is NOT VERIFIED. The position of the tape should be checked from both front and back!

Measure THREE times to the nearest quarter inch.

Examples: 48" =

4	8
---	---

 .

0	0
---	---

48 ¼" =

4	8
---	---

 .

2	5
---	---

48 ½" =

4	8
---	---

 .

5	0
---	---

48 ¾" =

4	8
---	---

 .

7	5
---	---

1ST:

--	--

 .

--	--

 inches

2ND:

--	--

 .

--	--

 inches

3RD:

--	--

 .

--	--

 inches

[IF NOT MEASURED:]

21. Why wasn't hip circumference measured?
(Choose the ONE most appropriate reason.)

REFUSED

PHYSICALLY IMPAIRED

PROBLEM WITH EQUIPMENT

Blood Draw:

22. How complete was the blood draw?

FULL SAMPLE → [GO TO Q24]

PARTIAL SAMPLE → [GO TO Q23]

NO SAMPLE → [GO TO Q23]

[IF PARTIAL OR NO SAMPLE COLLECTED:]

23. What is the primary reason blood was not collected or was only partially collected?
(Choose the ONE most appropriate reason.)

REFUSED

FAINTED OR ILL

UNSUCCESSFUL PHLEBOTOMY

OTHER REASON



PLEASE RECORD IN THIS BOX ONLY IF "OTHER REASON" IS CHOSEN:

[FULL OR PARTIAL SAMPLE, GO TO Q24 →]

[NO BLOOD DRAWN, GO TO Q30.]

Blood Draw (continued):

[IF ANY BLOOD COLLECTED:]

24. Time blood draw started:

(mark one)

		:		
(hr)			(min)	

AM
 PM

25. Was blood drawn by:

- EXAMINER
- HEALTH CARE PROVIDER
- OTHER

ASK PARTICIPANT (READ EXACTLY AS WRITTEN):

26. Did you eat or drink anything other than water in the 8 hours prior to your blood draw?

- YES
- NO → [GO TO Q29]

[ASK Q27 ONLY IF Q26 = YES:]

27. What food or drink did you have?
(Mark all that apply.)

- TEA, COFFEE, OR DIET SODA
- JUICE OR MILK
- REGULAR SODA
- SNACK
- FULL MEAL (EX., BREAKFAST)

[ASK Q28 ONLY IF Q26 = YES:]

28. What time did you last have something to eat or drink besides water?

(mark one)

		:		
(hr)			(min)	

AM
 PM

Centrifuge:

29. Please record centrifuge start time.

(mark one)

		:		
(hr)			(min)	

AM
 PM

30. Please record your EMSI Examiner ID number.

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