



REPEAT: EXAMINER SPECIMEN COLLECTION AND MEASUREMENT FORM

TO BE COMPLETED BY EXAMINER ON DAY OF BLOOD DRAW.

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.

FIII in the bubbles COMPLETELY for each of the questions in this form.

Like this: lacktriangle Not like this: lacktriangle

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

Like this: Not like this: Not like this:

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

When writing dates, please follow this example.

EXAMPLE: June 7, 2004 = $\boxed{0}$ $\boxed{6}$ $\boxed{0}$ $\boxed{7}$ $\boxed{2}$ $\boxed{0}$ $\boxed{0}$ $\boxed{4}$

PLEASE RECORD WOMAN'S MEASUREMENTS AND COMPLETE BLOOD DRAW.

Public reporting burden for this collection of information is estimated to average 5 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:	(month) / (day) / (2 0 (year)	
2.	Place of visit:	O PARTICIPANT'S HOME O PARTICIPANT'S OFFICE O EXAMINER'S OFFICE O PHYSICIAN'S OFFICE O OTHER	
	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?	O YES	
		\bigcirc NO \longrightarrow [SKIP SHADED AREA, GO TO Q6]	
	[IF BLOOD PRESSURE TAKEN:]		
	5. Sitting blood pressure (take THREE readings 1-2 minutes If diastolic reading is less than 100, please record a leading 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?	O YES	
		O NO, USED LEFT ARM ONLY	
		O NO, USED RIGHT ARM ONLY	
	[IF NOT TAKEN:]	O DEFLISED	
	Why wasn't blood pressure taken? (Choose the ONE most appropriate reason.)	O REFUSED	
		O PHYSICAL CONDITION OF RESPONDENT	
		O 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 0 7 4.	PULSE RATE: per minute
[IF NOT TAKEN:]	
9. Why wasn't pulse rate taken?	○ REFUSED
(Choose the ONE most appropriate reason.)	O PHYSICAL CONDITION OF RESPONDENT
	O PROBLEM WITH EQUIPMENT
Blood Draw:	
10. How complete was the blood draw?	○ FULL SAMPLE → [GO TO Q12]
	○ PARTIAL SAMPLE → [GO TO Q11] ○ NO SAMPLE → [GO TO Q11]
	○ NO SAMPLE → [GO TO Q11]
[IF PARTIAL OR NO SAMPLE COLLECTED:]	
11. What is the primary reason blood was not collected or was only partially collected?	REFUSED FAINTED OR ILL
(Choose the ONE most appropriate reason.)	O UNSUCCESSFUL PHLEBOTOMY
	O OTHER REASON
PLEASE RECORD OTHER REA	SON IN THIS BOY.
FELASE RECORD OTHER REAL	SON IN THIS BOX.
[FULL OR PARTIAL SAMPLE [NO BLOOD DRAWN, G	·

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Blood Draw (continued):

[IF ANY BLOOD COLLECTED:] 12. Time blood draw started:	(mark one) (hr) (min)
13. Was blood drawn by:	EXAMINERHEALTH CARE PROVIDEROTHER

ASK PARTICIPANT (READ EXACTLY AS WRITTEN):

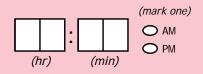
- 14. Did you eat or drink anything other than water in the 8 hours prior to your blood draw?
 - NO → [GO TO Q17]

[ASK Q15 ONLY IF Q14 = YES:]

- 15. What food or drink did you have? (Mark all that apply.)
- TEA, COFFEE, OR DIET SODA
- O JUICE OR MILK
- O REGULAR SODA
- O SNACK
- O FULL MEAL (EX., BREAKFAST)

[ASK Q16 ONLY IF Q14 = YES:]

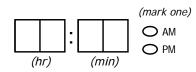
16. What time did you last have something to eat or drink besides water?



Centrifuge:

[IF ANY BLOOD COLLECTED:]

17. Please record centrifuge start time.



18. Please record your EMSI Examiner ID number.

