



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.

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
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 /

0	7
---	---

 /

2	0	0	4
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(month) (day) (year)

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:

		/			/	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
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.

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

Blood Draw:

10. How complete was the blood draw?

FULL SAMPLE → [GO TO Q12]

PARTIAL 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?
(Choose the ONE most appropriate reason.)

REFUSED

FAINTED OR ILL

UNSUCCESSFUL PHLEBOTOMY

OTHER REASON



PLEASE RECORD OTHER REASON IN THIS BOX:

[FULL OR PARTIAL SAMPLE, GO TO Q12→]

[NO BLOOD DRAWN, GO TO Q18.]

Blood Draw (continued):

[IF ANY BLOOD COLLECTED:]

12. Time blood draw started:

(mark one)

	:	
(hr)		(min)

AM
 PM

13. Was blood drawn by:

- EXAMINER
 HEALTH CARE PROVIDER
 OTHER

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?

- YES
 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
 JUICE OR MILK
 REGULAR SODA
 SNACK
 FULL MEAL (EX., BREAKFAST)

[ASK Q16 ONLY IF Q14 = YES:]

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

(mark one)

	:	
(hr)		(min)

AM
 PM

Centrifuge:

[IF ANY BLOOD COLLECTED:]

17. Please record centrifuge start time.

(mark one)

	:	
(hr)		(min)

AM
 PM

18. Please record your EMSI Examiner ID number.

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