



START # 167

CRF # 023: Baseline Phys Msmt Pg1 Mother - Baseline Visit #011

Participant ID        
Centre # Participant #

For Office Use Only

Initials     
F M L

**PHYSICAL MEASUREMENTS**

a) Right arm blood pressure 1.       Systolic Diastolic 2.       Systolic Diastolic

b) Heart Rate    beats/minute

(All measurements on RIGHT ARM)  
c) Mid Upper Arm Circumference (cm) Reading 1   .  cm Reading 2   .  cm Reading 3   .  cm  
d) Biceps Skin Fold (mm)   .  mm   .  mm   .  mm  
e) Triceps Skin Fold (mm)   .  mm   .  mm   .  mm  
f) Subscapular Skin Fold (mm)   .  mm   .  mm   .  mm

g) Hip    .  cm →  no/minimal clothing

full clothing

h) Weight    .  kg →  no/minimal clothing

full clothing

i) Height    .  cm

Blood sample obtained?  No  Yes

**Were all of the following samples collected:**

Fasting →  Red 10mL  Lavender 6mL  Lavender 4mL  Paxgene

1 hour →  Red 4mL

2 hour →  Red 4mL

Please print Blood Kit # to confirm label:

Place Blood label here

Form completed by: \_\_\_\_\_  
(please print) Last Name First Initial

Date of completion: 20     
year month day