|  |  |
| --- | --- |
| **SECTION A ADMINISTRATIVE** | |
| Was vital signs completed? | No (Complete protocol deviation form)  Yes |
| Date of assessment: | \_\_|\_\_|\_\_\_\_|\_\_\_\_| DD-MMM-YYYY |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Variable** | **Label / Question** | **Type** | **Controlled Terminology** | **Data Entry** | **Instructions** |
| VSPOS | Position | text | SITTING;STANDING | SITTING STANDING | *Record position* |
| VSORRES | Result | text |  |  | *Record result* |