

Protocol ID: _____
Study Name: _____
Site: _____
Event Name: _____
Event Date: _____

Study Subject ID: _____
Interviewer Name: _____
Interview Date: _____

BLSA Resting Metabolic Rate - Ver. 1.0

Section Title: RMR

Instructions:

Date Completed

☐ Blank

Tester ID

1) Time	(hh:mm)	Bed Number	<input type="radio"/> SM528A <input type="radio"/> SM528B <input type="radio"/> SM529 <input type="radio"/> SM530A <input type="radio"/> SM530B <input type="radio"/> SM531 <input type="radio"/> SM532A <input type="radio"/> SM532B <input type="radio"/> SM534 <input type="radio"/> SM537 <input type="radio"/> Other	1b) Did the Participant stay at unit last night?	<input type="radio"/> Yes <input type="radio"/> No	Click to deselect entry
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2) Body Temperature (°F)

3) Room Temperature (°F)

3a) Humidity (%)

3b) Barometric Pressure (mBa)

INSTRUCTIONS

"In the next few minutes we will be measuring your resting metabolic rate, which is the amount of energy that you use while resting in a comfortable position. You will be asked to breathe through a small device that you will be holding in your hands. This device will keep track of the difference between the quantity of oxygen you inhale and that you exhale, and will calculate the resting metabolic rate using a mathematical formula."

Note. Plug in the device, take the single-use mouthpiece out of its bag in front of the participant, insert the mouthpiece into the flow-tube, and put the device upright on a flat surface far from vents, fans of AC.

DO NOT START THE CALIBRATION YET!!!

Before starting the measurement: *"Please answer the following questions:"*

4a) Have you been sitting or lying down in bed for at least 15 minutes?

☐ Yes ☐ No [Click to deselect entry](#)

4b) Have you been fasting for a minimum of 4 hours?

☐ Yes ☐ No [Click to deselect entry](#)

4c) Have you drunk water or other drinks in the past 4 hours?

☐ Yes ☐ No [Click to deselect entry](#)

4d) Have you strenuously exercised in the past 4 hours? (i.e. gym exercise, climbing stairs)

☐ Yes ☐ No [Click to deselect entry](#)

4e) Have you smoked in the last hour?

☐ Yes ☐ No [Click to deselect entry](#)

4f) Have you taken medications other than those you use on a regular basis in the last 12 hours?

☐ Yes ☐ No [Click to deselect entry](#)

4g) If yes to questions 4c thru 4f, please specify:

"Please put this note-clip on. As soon as I give you the device, please breathe NORMALLY through it. You may want to hold the mouthpiece tightly: It is important to keep your mouth closed tightly around the mouthpiece for accurate measurement. The measurement will take from 5 to 10 minutes. Please do not worry if you feel a sense of dryness during the procedure: this is normal. Please be sure that you do not block/obstruct the opening at the bottom of the device and avoid any communication during the test."

Note: ensure a tight seal of the nose-clip, press the start button on the top of the device to begin the calibration. The light will turn from amber to flashing green. After the device beeps, you have a few seconds (flashes) to start the measurement. When the light turns again to amber the measurement is completed. Please avoid any verbal or sign communication/stimulation during the test. Record the result below.

5) Was test done?

☐ Yes

If no why

☐ Physical problems

☐ Mental problems

☐ Physical & mental problems

☐ Refused but could do

☐ Technical problems

5a) Was the participant sitting or lying down?

☐ 1 - Bed 45° ☐ 2 - Chair ☐ 0 - Bed lying flat [Click to deselect entry](#)

6) Resting Metabolic Rate:*

If more than 2,500 please repeat
measurement

Just repeat (same number)

