

pid

COE-CARRS: SURVEILLANCE STUDY: 4 Follow up
BLOOD PRESSURE AND ANTHROPOMETRY

FORM –2

Participant Name _____

bp_name

Interviewer ID

bp_iid

HHID

bp_hhp_id

Date

D D M M Y Y

bp_idate

I. BLOOD PRESSURE AND PULSE RATE				Instrument ID :- <input type="text"/>	
Type of Measurement	1 st Reading	2 nd Reading	Difference between 1 st and 2 nd	Tolerance	3 rd Reading (if necessary)
Systolic BP	bp_s1 <input type="text"/>	bp_s2 <input type="text"/>	<input type="text"/>	10 mm Hg	bp_s3 <input type="text"/>
Diastolic BP	bp_d1 <input type="text"/>	bp_d2 <input type="text"/>	<input type="text"/>	6 mm Hg	bp_d3 <input type="text"/>
Pulse rate	bp_p1 <input type="text"/>	bp_p2 <input type="text"/>			

II. ANTHROPOMETRIC MEASUREMENTS			
1. Height (cm)	Instrument ID <input type="text"/>	2. Weight (Kg)	Instrument ID <input type="text"/>
Standing Height (cm)	bp_ht <input type="text"/>	Weight (Kg)	bp_wt <input type="text"/>

III. BODY CIRCUMFERENCE (cm)		Tape ID :- <input type="text"/>	
1. Waist	Clothing (✓)	2. Hip	Clothing (✓)
bp_waist <input type="text"/>	None <input type="checkbox"/> bp_waist_c1 Light <input type="checkbox"/> bp_waist_c2 Heavy <input type="checkbox"/> bp_waist_c3	bp_hip <input type="text"/>	None <input type="checkbox"/> bp_hip_c1 Light <input type="checkbox"/> bp_hip_c2 Heavy <input type="checkbox"/> bp_hip_c3

Note:-If any specific comments, write down on the back of this form:-

