

## APPENDIX B

### Bioimpedance Analysis Eligibility, Conditions and Values

**START TIME:** \_\_\_\_\_

SUBJECT PREPARATION NOTED BY TI	YES(1)	NO (2)	RF (77)	
<b>BIA010.</b> Confirm perceived height and weight obtained earlier or height and weight measurement done or will be done. <i>FMT_YES_NO.</i>				
<b>BIA020.</b> Confirm Urine Sample done and/or Subject urinated before BIA <i>FMT_YES_NO.</i>				
<b>BIA030.</b> Confirm Subject in exam scrubs or appropriate clothing. <i>FMT_YES_NO.</i>				
<b>BIA050.</b> Confirm Subject has removed metal jewelry, eyeglasses, hair ornaments and other metal objects from the hair or body—refusal to remove small objects does not exclude. <i>FMT_YES_NO.</i>				

*This next exam will only take a few minutes and you will not feel anything during the measurement. I am going to wipe off your right hand and foot with an alcohol swab and attach these four electrodes (or patches). I will connect the electrodes to this machine and start the measurement. The machine will send a very small current through the electrodes but it is at such a low level that you will not be able to feel it. The measurement will take only a minute. The machine measures the amount of water in your body (the amount of water inside and outside of your cells). This helps scientists determine the amount of body fat. Before we begin, I'm going to ask a few questions to be sure doing this test will give us valid results and also will not interfere with devices you may have in your body*

	YES(1)	NO (2)	REF(77)	DK (99)
<b>Is the Subject willing to do the BIA?</b>		<u>          </u> Skip to 300		
<b>SAFETY EXCLUSIONS [Ask all questions below even if one excludes]:</b>				
<b>BIA080.</b> Do you have a pacemaker or automatic defibrillator? <i>FMT_YES_NO.</i>	____ Excl		____ Excl	____ Excl
<b>BIA090.</b> Are you currently or possibly pregnant? * <i>FMT_YES_NO.</i>	____ Excl		____ Excl	____ Excl
<b>BIA100.</b> Do you have any artificial joints, pins, plates or other types of metal objects in your body? <i>FMT_YES_NO.</i>	____ Excl		____ Excl	____ Excl
<b>BIA110.</b> Do you have any coronary stents or metal suture material in your heart? <i>FMT_YES_NO.</i>	____ Excl		____ Excl	____ Excl
<b>*Self report sufficient, Positive Pregnancy test Not required. If Subject not sure, excluded.</b>				

Parameters that may affect accuracy or comparability. Will not exclude, but need to be noted.	YES(1)	NO (2)	REF(77)	DK (99)
BIA120_A. Do you have any amputations or atrophy of your legs and feet, other than toes? <i>FMT_YES_NO.</i>				
BIA120_B. Where is the amputation or atrophy? <i>FMT_CHAR.</i>				
BIA130. Are you wearing a hearing aid? <i>FMT_YES_NO.</i>				
BIA140_A. Have you taken a diuretic or water pill in the last 12 hours? <i>FMT_YES_NO.</i> BIA140_B --write in number of hours ago. <i>FMT_NUMERIC.</i>				
BIA150_A. Have you strenuously exercised, done heavy physical activity or taken a sauna within the last 8 hours? <i>FMT_YES_NO.</i> BIA150_B --write in number of hours ago. <i>FMT_NUMERIC.</i>				
BIA160_A. Have you had alcohol in the last 12 hours? <i>FMT_YES_NO.</i> BIA160_B --write in number of hours ago. <i>FMT_NUMERIC.</i>				
BIA170_A. Have you eaten within the last 4 hours? <i>FMT_YES_NO.</i> BIA170_B --write in number of hours ago. <i>FMT_NUMERIC.</i>				
BIA180. Do you feel thirsty or dehydrated? (Provide water) <i>FMT_YES_NO.</i>				
BIA190. Are you wearing clothing that has metallic fibers woven into the fabric? <i>FMT_YES_NO.</i>				
<b>NOTATIONS TO BE DONE BY TECHNICIAN:</b>				
BIA200. Does subject appear to be sweating or wet? <i>FMT_YES_NO.</i>				
BIA220. Is subject able to refrain from moving during BIA? <i>FMT_YES_NO.</i>				
<b>TEST MEASUREMENTS</b>	<b>VALUE</b>		<b>COMMENT</b>	
BIA260 Resistance <i>FMT_NUMERIC.</i>				
BIA250 Reactance <i>FMT_NUMERIC.</i>				
BIA300: <b>Additional Comments</b> about test, conditions or reason refused if they volunteered this. (e.g. Note if test had to be done on the LEFT side and why, note why refused if volunteered.) <i>FMT_CHAR.</i>				

END TIME: \_\_\_\_\_