



L-PVDOMICS STUDY

Height and Weight - Form #532

Instructions:

This form for the L-PVDOMICS Study is used only to record height/weight (preferably measured) for **all** Levels of participation.

- *Bioelectrical Impedance Assessment (BIA) **will not** be obtained in the L-PVDOMICS Study.*

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1. Participant ID #

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2. Alpha
Code

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3. Date of Ht/Wt measure/review: mm/dd/yyyy

Height and Weight (Expected for all participants)

4. Were height and weight measurements obtained?
0=No, 1=Yes, measured (Level 1), 2=Yes, self-reported, 3=Yes, EHR review
5. Standing height (cm)
6. Current weight (kg)
(If measured locally for Level 1 participants, ask participant to remove shoes, bulky clothing and other items such as coins, phones, etc.)

200. Date this form completed (mm/dd/yyyy)...../...../.....

201. Username of person who completed this form.....

Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) ____/____/____

Username of person entering this form _____