



PVDOMICS STUDY

Study Visit Vital Signs - Form #120

Instructions: This form is completed at the beginning of every PVDOMICS study visit to collect vital signs.

--	--	--	--	--	--

1. Identification Number

--	--

2. Alphacode

--	--	--	--	--	--	--	--

3. Date of study visit: mm/dd/yyyy

4. Reason for this visit

1=Initial visit for PVDOMICS Study

2=Complete PVDOMICS Study tests

5. Did participant refrain from caffeine, smoking and exercise at least 30 minutes prior to measurements? (0=No, 1=Yes)

If no, then wait 30 minutes before taking vitals.

PULSE AND BP MEASUREMENTS-TAKEN ON BARE, UPPER ARM ONLY

Using a timer, wait 15 minutes while the patient is sitting quietly in a chair without talking, eating or drinking. The participant should be sitting upright with their back supported and their feet flat on the floor. If their feet do not touch the floor, then their feet should hang without crossing or moving.

6. Pulse (beats per minute).....

7. Respiratory rate (breaths per minute)(at rest).....

8. Resting blood pressure (systolic/diastolic) (mmHg) /

9. Temperature taken sublingually (°F)

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

201. Username of person completing/reviewing completeness of this form.....

Clinical Center Use Only

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

Username of person entering this form _____