

Nurse:

Date:

Start Time (24hrs):

Finish Time (24hrs):

Site of assessments	Participant arrived ...	
	1 = on their own 2 = arranged transport 3 = home visit	

TEST	0 = not done 1 = done	If test not completed code reason 1 = Participant refused (did not give informed consent) 2 = Unsuitable environment 3 = Participant unable to physically cooperate 4 = Other: (specify) 5 = Test not required	Referral needed (1 = yes)
Height	<input type="checkbox"/>	<input type="checkbox"/>	
Weight	<input type="checkbox"/>	<input type="checkbox"/>	
Bioimpedence	<input type="checkbox"/>	<input type="checkbox"/>	
Vision – distance	<input type="checkbox"/>	<input type="checkbox"/>	
Vision – near	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing screen	<input type="checkbox"/>	<input type="checkbox"/>	
ECG	<input type="checkbox"/>	<input type="checkbox"/>	
Finger pulse oximetry	<input type="checkbox"/>	<input type="checkbox"/>	
BP – lying	<input type="checkbox"/>	<input type="checkbox"/>	
BP – standing	<input type="checkbox"/>	<input type="checkbox"/>	
Waist circumference	<input type="checkbox"/>	<input type="checkbox"/>	
Hip circumference	<input type="checkbox"/>	<input type="checkbox"/>	
Grip strength	<input type="checkbox"/>	<input type="checkbox"/>	

HEIGHT (cm)	Reading 1	Reading 2	Reading 3 (if > .5cm diff)	Calculated height
Standing	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
Demispan*	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
Ulna length*	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>

* Measure demispan or ulna length only if standing height cannot be obtained

COMMENTS:

.....

TANITA INNER SCAN – WEIGHT AND BODY COMPOSITION	Results
Weight 	kg
Total Body Fat (FAT) 	%
Basal Metabolic Rate (BMR) 	kcal
	kj
Metabolic Age	
Total Body Water (TBW) 	%
Visceral fat rating 	
Bone mass 	kg
Muscle mass 	kg

COMMENTS:

.....

VISION (LUX reading)	Distance	<input type="text"/> <input type="text"/> <input type="text"/>
	Near	<input type="text"/> <input type="text"/> <input type="text"/>

VISION (TEST)	Glasses worn (0 = no 1 = yes)		Smallest line read correctly			Number of additional words			Test distance
	normally	for test	R	L	B	R	L	B	
Distance Vision	<input type="checkbox"/>	<input type="checkbox"/>	N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(m)
Near Vision	<input type="checkbox"/>	<input type="checkbox"/>	N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(cm)

COMMENTS: (e.g. glasses usually worn but forgot to bring them)

.....

HEARING	Normally wears aid <i>remove for test</i> (0 = no 1 = yes)	500 Hz	1000 Hz	2000 Hz	4000 Hz
		(0 = does not hear tone 1 = does hear tone)			
Right ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

.....

RESTING 12 LEAD ECG

COMMENTS:

.....

FINGER PULSE OXIMETRY	Reading 1	Reading 2	Reading 3
SPO2 (%)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Heart rate (bpm)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

COMMENTS:

.....

BLOOD PRESSURE (mmHg)	Reading 1	Reading 2	Reading 3	Arm used
Lying	S: <input type="text"/> <input type="text"/> <input type="text"/>	S: <input type="text"/> <input type="text"/> <input type="text"/>	S: <input type="text"/> <input type="text"/> <input type="text"/>	L R
	D: <input type="text"/> <input type="text"/> <input type="text"/>	D: <input type="text"/> <input type="text"/> <input type="text"/>	D: <input type="text"/> <input type="text"/> <input type="text"/>	
Time (24hrs)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Standing	S: <input type="text"/> <input type="text"/> <input type="text"/>	S: <input type="text"/> <input type="text"/> <input type="text"/>	S: <input type="text"/> <input type="text"/> <input type="text"/>	L R
	D: <input type="text"/> <input type="text"/> <input type="text"/>	D: <input type="text"/> <input type="text"/> <input type="text"/>	D: <input type="text"/> <input type="text"/> <input type="text"/>	
Time (24hrs)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

COMMENTS:

.....

	Reading 1	Reading 2	Reading 3 (if >1cm diff)
WAIST CIRCUMFERENCE (cm)	□□□.□	□□□.□	□□□.□
HIP CIRCUMFERENCE (cm)	□□□.□	□□□.□	□□□.□

COMMENTS:

.....

Grip width (mm)	GRIP STRENGTH	Reading 1	Reading 2	Reading 3
□□.□	Right Hand	□□.□ kg	□□.□ kg	□□.□ kg
	Left Hand	□□.□ kg	□□.□ kg	□□.□ kg
Test conducted standing (1) sitting (0) <input type="checkbox"/>				

COMMENTS:

.....

