

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"/>	
Spirometry	<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:

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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:

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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/letters			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)

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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:

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**RESTING 12 LEAD ECG**

COMMENTS:

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

COMMENTS:

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

COMMENTS:

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	Reading 1	Reading 2	Reading 3 (if >1cm diff)
<b>WAIST CIRCUMFERENCE (cm)</b>	<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"/>
<b>HIP CIRCUMFERENCE (cm)</b>	<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:

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<b>SPIROMETRY</b>	<b>Bronchodilator</b>		
	Taken before test (0 = no 1 = yes)	Time taken	Time elapsed since taken
	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Hr <input type="text"/> Min <input type="text"/> <input type="text"/>

(Contraindications to performing spirometry (6-12 weeks): pneumothorax, haemoptysis, unstable cardiovascular status, thoracic/abdominal or cerebral aneurysm, recent eye surgery or surgery of thorax or abdomen, acute chest infection, recent CVA or TIA, ruptured tympanic membrane).

*If in doubt, check with GP*

COMMENTS:

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

COMMENTS:

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