

Vital Signs

Today's Date: _____ First and Last Name: _____ Age in Years: _____

GENERAL INSTRUCTIONS

Vital signs are likely to be captured at study visits to help monitor the health of study participants/subjects and possibly to assess the safety of the intervention. Depending on the study population and study intervention it may be appropriate to repeat vital signs for those that are worthwhile repeating at the end of the clinic visit.

SPECIFIC INSTRUCTIONS

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

- **Temperature** – Record the temperature of the participant/subject while sitting.
- **Respiratory Rate** – Record the respiratory rate of the participant/subject while sitting in breaths per minute.
- **Pulse** – Record the pulse of the participant/subject while sitting in beats per minute.
- **Blood Pressure** – Record the systolic and diastolic blood pressure (systolic / diastolic) in the left arm of the participant/subject while sitting.
- **Weight** – Record the weight of the participant/subject. To be collected at the visit, not self-reported. If the participant/subject is in a wheelchair, measure the weight of the participant/subject plus the wheelchair, then the weight of the wheelchair alone to get the weight of the individual.
- **Height/Length** – Record the height of the participant/subject. To be collected at the visit, not self-reported.
- **Body Mass Index (BMI)** – This is a derived field that can be calculated from Weight and Height

Temperature (sitting) in degrees:	_____ <input type="checkbox"/> F <input type="checkbox"/> C
Temperature Method:	<input type="checkbox"/> Oral <input type="checkbox"/> Rectal <input type="checkbox"/> Axillary <input type="checkbox"/> Tympanic
Respiratory Rate (sitting):	_____ breaths per minute
Pulse (sitting):	_____ beats per minute
Blood Pressure (sitting) in left arm:	_____/____ mmHg (systolic/diastolic)
Pulse oximetry:	_____ %
Weight:	_____ kg
Weight method:	If unable to stand: wheelchair and participant/subject weight: _____ kg wheelchair weight: _____ kg
Ulna length in left arm:	_____ cm If unable to obtain in left arm, specify reason: _____
Height: (to be measured only if no scoliosis, no knee or hip contractures)	_____ cm
Head Circumference:	_____ cm
Body Mass Index (BMI):	_____ kg/m ²
Was standing height or ulna length used to calculate BMI?	<input type="checkbox"/> Standing Height <input type="checkbox"/> Ulna length
Waist Circumference:	_____ cm
Pregnancy test results:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A – male <input type="checkbox"/> N/A – female pre-menarche