# VITAL SIGNS FORM

## Study Name

|  |  |
| --- | --- |
| **Site ID:** **Participant ID:**  | **Date (dd/mmm/yyyy):** **Study Visit:**  |

1. **Height:** ☐ **inches** ☐ **centimeters** ☐ **Not Done**
2. **Weight:** ☐ **pounds** ☐ **kilograms** ☐ **Not Done**
3. **Temperature:** ☐○**F** ☐○**C** ☐ **Not Done**
4. **Heart Rate: beats per minute** ☐ **Not Done**
5. **Pulse Rate: beats per minute** ☐ **Not Done**
6. **Blood Pressure Position:**

☐ **Sitting**

☐ **Supine**

☐ **Standing**

1. **Blood Pressure** (mmHg) **Systolic:** /**Diastolic:** ☐ **Not Done**

**Completed by** (Signature):

**Date** (dd/mmm/yyyy):

*Version\_November 2020*

### Vital Signs Form Completion Instructions

* **Height:** Record participant Height. Select whether height is measured in inches or centimeters. If height is not recorded, select **Not Done.**
* **Weight:** Record participant Weight. Select whether weight is measured in pounds or kilograms. If weight is not recorded, select **Not Done.**
* **Temperature:** Record participant Temperature, to one decimal place (###.#**○**F/C). Select whether temperature is measured in Fahrenheit or Celsius. If not done, select **Not Done**.
* **Heart Rate**: Record participant Heart Rate beats per minute. If not done, select **Not Done**.
* **Pulse Rate**: Record participant Heart Rate beats per minute. If not done, select **Not Done**.
* **Blood Pressure Position:** Select the position the participant is in when recording the blood pressure measurement.
* **Blood Pressure:** Record participant blood pressure reading (mm HG), systolic value (upper value, up to ###) followed by diastolic value (lower value, up to ###). If not done, select **Not Done**.
* **Completed by**: Person who completes form signs it and records the date of his/her signature in dd-mmm-yyyy format.