

Return to [Canadian Heart Health Database](#) | [Main Page](#)

# ONTARIO HEART HEALTH SURVEY Questionnaire



Confidential When Completed

**FIRST BLOOD PRESSURE READING**

\_\_\_\_ / \_\_\_\_  
systolic diastolic

First, I would like to ask you a few general questions about heart disease.

1. Can you tell me the major causes of heart disease or heart problems?  
*Circle all that apply. DO NOT READ LIST.*

- 01 POOR DIET
- 02 OVERWEIGHT
- 03 EXCESS FATS
- 04 EXCESS SALTS
- 05 HIGH BLOOD CHOLESTEROL
- 06 FOODS WITH HIGH CHOLESTEROL
- 07 EXCESS STRESS, WORRY OR TENSION
- 08 OVERWORK OR FATIGUE
- 09 LACK OF EXERCISE
- 10 SMOKING
- 11 HEREDITY
- 12 HIGH BLOOD PRESSURE/ HYPERTENSION
- 13 ARTERIOSCLEROSIS OR HARDENING OF THE ARTERIES
- 14 DON'T KNOW
- 15 OTHER (specify) \_\_\_\_\_

2. Based upon what you have heard or read, do you believe that heart disease can be prevented?

- 1 YES
- 2 NO
- 8 DON'T KNOW

**BLOOD PRESSURE**

3. Before this interview, have you ever had your blood pressure checked?

- 1 YES
- 2 NO → go to #8

4. How long ago did you last have your blood pressure checked?

- 1 LESS THAN 6 MONTHS
- 2 6-12 MONTHS
- 3 OVER A YEAR
- 8 DON'T KNOW

5. Who checked your blood pressure at that time?

- 1 DOCTOR
- 2 NURSE
- 3 FAMILY MEMBER OR FRIEND
- 4 COIN OPERATED MACHINE
- 5 CHECK SELF
- 6 OTHER (specify) \_\_\_\_\_
- 8 DON'T KNOW

6. Which of the following describes the information you were given? Was it:

- 1 DESCRIBED IN NUMBERS
- 2 DESCRIBED IN NUMBERS AND IN WORDS LIKE HIGH, LOW, NORMAL
- 3 DESCRIBED IN WORDS ONLY → go to #8
- 4 NOT DESCRIBED → go to #8
- 5 DON'T KNOW → go to #8

7. What was your blood pressure reading in numbers when it was last taken?

\_\_\_\_ / \_\_\_\_  
systolic diastolic

998 DON'T REMEMBER

8. Were you ever told by a doctor, nurse, or some other health professional that you had high blood pressure?

1 YES

2 NO → go to #15

8 DON'T KNOW → go to #15

9. Was any treatment or program prescribed for your high blood pressure?

1 YES

2 NO → go to #15

8 DON'T KNOW → go to #15

10. What were you told to do? **Circle all that apply. DO NOT READ LIST.**

01 TAKE MEDICINE ONLY

02 TAKE MEDICINE AND SOME OTHER TREATMENT.

03 GO ON A SALT FREE DIET

04 WATCH WEIGHT

05 AVOID STRESS, SLOW DOWN AND RELAX

06 CUT DOWN OR STOP SMOKING

07 CUT DOWN ALCOHOL INTAKE

08 START EXERCISE PROGRAM

09 USE BIOFEEDBACK

10 OTHER TREATMENT (specify)

\_\_\_\_\_

11. Are you still following that program or are you doing something different?

1 DIFFERENT PROGRAM NOW

2 SAME PROGRAM → go to #13

3 NO PROGRAM NOW → go to #13

8 DON'T KNOW → go to #13

12. What program are you now following? **Circle all that apply. DO NOT READ LIST.**

01 TAKE MEDICINE ONLY

02 TAKE MEDICINE AND SOME OTHER TREATMENT

03 GO ON A SALT FREE DIET

04 WATCH WEIGHT

05 AVOID STRESS, SLOW DOWN AND RELAX

06 CUT DOWN OR STOP SMOKING

07 CUT DOWN ALCOHOL INTAKE

08 START EXERCISE PROGRAM

09 USE BIOFEEDBACK

10 OTHER TREATMENT (specify)

13. Are you now-taking medication for your high blood pressure?

1 YES → go to #15

2 NO

8 DON'T KNOW

14. Have you ever taken medication for your high blood pressure?

1 YES

2 NO

8 DON'T KNOW

15. As far as you know, is your blood pressure normal now?

1 YES  
2 NO  
8 DON'T KNOW

16. Do you think that high blood pressure can affect a person's health?

1 YES  
2 NO → go to #18  
8 DON'T KNOW → go to #18

17. How do you think that blood pressure can affect your health?  
**Record up to 3 answers. (PROBE)**

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18. Do you know what things can give you high blood pressure.  
**Record up to 3 answers.. (PROBE)**

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**If respondent answers "Food" or "Beverages" to Question 18, go to Question 20.**

19. Have you heard anything about high blood pressure being related to things people eat or drink?

1 YES  
2 NO → go to "DIABETES"

20. What things that people eat or drink, do you think are related to high blood pressure. **Circle all that apply. DO NOT READ LIST.**

01 SALT/SALTY FOODS  
02 SODIUM  
03 ALCOHOL  
04 FATS  
05 SATURATED FATS  
06 **CHOLESTEROL**  
07 CALORIES/EATING TOO MUCH  
08 ADDITIVES/PRESERVATIVES /FOOD COLOURING  
09 CAFFEINE/COFFEE  
10 SUGAR/SWEET FOODS  
11 STARCH/STARCHY FOODS  
12 PORK  
13 SPECIFIC MEAT OTHER THAN PORK  
14 MEATS GENERALLY  
15 FRIED/GREASY/OILY FOODS  
16 CALCIUM  
17 DON'T KNOW  
18 OTHER (specify)

## DIABETES

**Next, I would like to ask you some questions about diabetes**

21. Have you ever been told by a doctor that you have diabetes?

1 YES  
2 NO → go to "ALCOHOL"

22. How old were you when you were first told you had diabetes?

[ ] YEARS OLD  
98 CAN'T REMEMBER

23. Are you now on any treatment for your diabetes?

- 1 NO CURRENT TREATMENT
- 2 INSULIN
- 3 PILLS TO CONTROL BLOOD SUGAR
- 4 DIET
- 5 WEIGHT LOSS
- 6 OTHER (specify) \_\_\_\_\_  
\_\_\_\_\_

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## ALCOHOL

The following questions are about your alcohol consumption

*When a question refers to a drink it means...*

- ☐ 1 bottle of beer 112 oz. or 360 mL)
- ☒ 1 glass of wine (4-5 oz. or 120-150 mL)
- ☐ 1 small shot of liquor or spirits with or without mix (1- 1 1/2 oz.)

24. Have you ever taken a drink of beer, wine, liquor or other alcoholic beverage?

- 1 YES
- 2 NO → go to "WEIGHT"
- 9 REFUSED → go to "WEIGHT"

25. Not counting small sips, at what age did you start drinking alcoholic beverages?

[ ] AGE

26. In the past 12 months, have you taken a drink of beer, wine, liquor or other alcoholic beverage?

- 1 YES
- 2 NO → go to "WEIGHT"
- 9 REFUSED → go to "WEIGHT"

27a How often, on the average, did you have an alcoholic beverage in the past 12 months?

\_\_\_\_\_ number of times per week

OR

\_\_\_\_\_ number of times per month

- 95 LESS THAN ONCE A MONTH
- 99 REFUSED

27b On the days that you drink, how many drinks do you have per day on the average?

\_\_\_\_\_ number of drinks

- 99 REFUSED

28. Beginning with yesterday, how many drinks did you have on each of the last 7 days?

- [ ] MONDAY
- [ ] TUESDAY
- [ ] WEDNESDAY
- [ ] THURSDAY
- [ ] FRIDAY
- [ ] SATURDAY
- [ ] SUNDAY

29. In the past 12 months, how many times did you drink 10 or more drinks on one occasion?

- [ ] TIMES
  - 88 NEVER
-

30. In the past 12 months, how many times did you drink 5 or more drinks on one occasion?

[       ] TIMES

88 NEVER

## WEIGHT AND HEIGHT

I would also like to ask you some questions about your height and weight

31. Have you ever tried to lose weight?
- 1 YES
- 2 NO
32. Are you presently trying to lose weight, gain weight or neither?
- 1 LOSE WEIGHT
- 2 GAIN WEIGHT → go to #35
- 3 NEITHER → go to #35
33. Which of the following are you doing to lose weight? *Circle all that apply. READ LIST FROM 1 TO 5.*
- 1 DIETING
- 2 EXERCISING
- 3 SKIPPING MEALS
- 4 TAKING DIET PILLS
- 5 ATTENDING WEIGHT CONTROL PROGRAMS
- 6 OTHER (specify) \_\_\_\_\_
34. Why would you like to lose weight? *Circle all that apply. DO NOT READ LIST.*
- 1 TO BECOME MORE ATTRACTIVE
- 2 TO IMPROVE GENERAL HEALTH
- 3 TO DECREASE THE RISK OF HEART ATTACK
- 4 TO MAINTAIN AN ACCEPTABLE LEVEL OF BLOOD PRESSURE
- 5 TO MAINTAIN AN ACCEPTABLE LEVEL OF BLOOD CHOLESTEROL
- 6 TO SLOW DOWN THE HARDENING OF THE ARTERIES
- 7 TO DECREASE THE RISK OF GETTING DIABETES
- 8 OTHER (specify) \_\_\_\_\_

35. How much do you weigh?

[       ] pounds or [       ] kgs

36. How much would you like to weigh?

[       ] pounds or [       ] kgs

37. How tall are you without your shoes?

[       ] ft [       ] inch or [       ] cent.

## EATING HABITS

Now I would like to ask you some questions about your eating habits

38. How often would you say salt is added to your food during cooking?
- 1 OFTEN/ALWAYS
- 2 SOMETIMES
- 3 OCCASIONALLY
- 4 ALMOST NEVER/NEVER
- 8 DON'T KNOW

CONTINUED IN NEXT COLUMN

39. How often would you say salt is added to your food at the table?
- 1 OFTEN/ALWAYS
  - 2 SOMETIMES
  - 3 OCCASIONALLY
  - 4 ALMOST NEVER/NEVER
40. Do you think the amount of salt people eat can affect their health?
- 1 YES
  - 2 NO → go to "FATS"
  - 3 DON'T KNOW → go to "FATS"
41. How do you think your health would be affected if you ate too much salt? **Circle all that apply. DO NOT READ LIST.**
- 01 BLOOD PRESSURE WOULD INCREASE
  - 02 WEIGHT WOULD INCREASE
  - 03 ANKLES MAY BECOME SWOLLEN
  - 04 INCREASE THE RISK OF HEART ATTACK
  - 05 INCREASE THE RISK OF STROKE
  - 06 INCREASE THE RISK OF KIDNEY PROBLEMS
  - 07 NEED TO TAKE BLOOD PRESSURE PILLS/MEDICATION
  - 08 SPEEDS UP THE HARDENING OF THE ARTERIES
  - 09 DON'T KNOW
  - 10 OTHER (specify) \_\_\_\_\_

## FATS

I would like to ask you some questions about fats

42. Another thing found in many foods is fat. Do you think the amount of fat a person eats can affect their health?
- 1 YES
  - 2 NO → go to "CHOLESTEROL"
43. What health problems do you think might be related to the amount of fat a person eats? **Circle all that apply. DO NOT READ LIST.**
- 1 OVERWEIGHT/OBESITY
  - 2 HEART DISEASE/CORONARY DISEASE/HEART PROBLEMS/HEART ATTACK
  - 3 HIGH BLOOD CHOLESTEROL
  - 4 HIGH BLOOD PRESSURE
  - 5 ARTERIOSCLEROSIS/HARDENING OF THE ARTERIES/FAT BUILD-UP
  - 6 DON'T KNOW
  - 7 OTHER (specify) \_\_\_\_\_

## CHOLESTEROL

The next set of questions are about cholesterol

44. Have you heard about cholesterol?
- 1 YES
  - 2 NO → go to "SMOKING"

45. What have you heard about cholesterol?

**Record up to 3 answers. (PROBE)**

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46. Do you think that cholesterol is found in foods?

1 YES  
 2 NO → go to #49  
 8 DON'T KNOW → go to #49

47. Which foods do you think contain cholesterol? **Circle all that apply. DO NOT READ LIST.**

01 EGGS/EGG YOLK  
 02 POULTRY  
 03 BEEF/RED MEATS  
 04 PORK/HAM/BACON  
 05 SEAFOODS  
 06 MILK (specify) \_\_\_\_\_  
 07 CHEESE (specify) \_\_\_\_\_  
 08 BUTTER  
 09 FAST FOOD (specify) \_\_\_\_\_  
 10 DON'T KNOW  
 11 OTHER (specify) \_\_\_\_\_  
 \_\_\_\_\_

48. Do you think that cholesterol in the foods people eat can affect their health?

1 YES  
 2 NO  
 8 DON'T KNOW

49. Do you think that cholesterol is found in people's blood?

1 YES  
 2 NO → go to #51  
 8 DON'T KNOW → go to #51

50. Do you think that too much cholesterol in people's blood can affect their health?

1 YES  
 2 NO  
 8 DON'T KNOW

51. How do you think cholesterol can affect people's health? **Circle all that apply. DO NOT READ LIST.**

1 HARDENING OR CLOGGING OF ARTERIES  
 2 INCREASE BLOOD PRESSURE  
 3 HEART ATTACK  
 4 STROKE  
 5 ANGINA (PAIN IN THE CHEST)  
 6 OTHER (specify) \_\_\_\_\_  
 8 DON'T KNOW

52. Have you ever had your blood cholesterol measured?

1 YES  
 2 NO → go to #54  
 8 DON'T KNOW → go to #54

53. Were you told what your blood cholesterol level was?

1 YES  
 2 NO  
 8 CAN'T REMEMBER

54. Were you ever told by a doctor, nurse or other health professional that your blood cholesterol was high?

1 YES  
2 NO → go to #57  
3 CAN'T REMEMBER → go to #57

55. Did the doctor, nurse or other health professional prescribe any treatment or tell you what to do to lower your blood cholesterol?

1 YES  
2 NO  
3 CAN'T REMEMBER

56. Are you presently on a special diet, which was recommended by a doctor, nurse or other health professional, to lower your blood cholesterol?

1 YES  
2 NO

57. Can you tell me what a person can do to lower his or her blood cholesterol level? **Circle all that apply. DO NOT READ LIST.**

01 EXERCISE REGULARLY  
02 CONTROL STRESS AND FATIGUE  
03 TAKE PRESCRIBED MEDICATION  
04 EAT FOOD WITH LESS CHOLESTEROL  
05 EAT LESS FATTY FOOD  
06 LOSE WEIGHT  
07 USE SKIM MILK OR LOW FAT DAIRY PRODUCTS  
08 NOTHING

CONTINUED IN NEXT COLUMN

09 DON'T KNOW

10 OTHER (specify) \_\_\_\_\_

## SMOKING

I would like to ask you some questions about smoking

58. At the present time do you smoke cigarettes daily, occasionally or not at all?

1 DAILY  
2 OCCASIONALLY → go to #61  
3 NOT AT ALL → go to #61

59. At what age did you begin to smoke daily?

[ ] AGE

60. How many cigarettes do you smoke each day now?

[ ] Number of cigarettes → go to #65

61. Have you ever smoked cigarettes daily?

1 YES  
2 NO → go to #65

62. At what age did you begin to smoke daily?

[ ] AGE

63. At what age did you stop smoking daily?

[ ] AGE

64. How many cigarettes a day did you usually smoke?

[ ] Number of cigarettes

65. Do you smoke pipes, cigars. or cigarillos daily, occasionally or not at all?

- 1 DAILY
- 2 OCCASIONALLY
- 3 NOT AT ALL

69. Does your work require strenuous physical activity?

- 1 YES
- 2 NO
- 3 NOT APPLICABLE
- 8 CAN'T REMEMBER

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## EXERCISE

The next few questions are about current physical activity or exercise.

66. Do you regularly engage in physical activity during your leisure time? By regularly we mean at least once a week during the past month.

- 1 YES  
How many times a week?  
[     ]
- 2 NO ---> go to #69
- 8 CAN'T REMEMBER --> go to #69

67. How much of this physical activity is strenuous enough to cause sweating or breathing heavily?

- 1 MOST OF IT
- 2 SOME OF IT
- 3 NONE OF IT

68. How long do you usually exercise?  
**READ THIS LIST.**

- 1 LESS THAN 15 MINUTES
- 2 15 TO 30 MINUTES
- 3 31 TO 60 MINUTES
- 4 MORE THAN 60 MINUTES
- 8 DON'T KNOW

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## HEART DISEASE

Now I would like to ask you a few questions about your health.

70. Have you ever had a heart attack?  
*(If necessary explain what a heart attack is).*

- 1 YES
- 2 NO
- 8 DON'T KNOW

71. Have you ever had a stroke? *(If necessary explain what a stroke is).*

- 1 YES
- 2 NO
- 8 DON'T KNOW

72. Based upon what you have heard or read, do you believe that strokes can be prevented?

- 1 YES
- 2 NO
- 8 DON'T KNOW

73. Do you suffer from any kind of heart disease that you have not yet told me about?

- 1 YES, What is it?

- 
- 2 NO
-

74. Are you presently taking any medicine for your heart prescribed by a doctor?

- 1 YES
- 2 NO

75. **ASK WOMEN ONLY:**

Are you presently taking.....

- 1 ORAL CONTRACEPTIVES?
- 2 HORMONAL PILLS?
- 3 NEITHER

78. How old is your father? **or** How old was your father when he died?

[     ]

998 DON'T KNOW

79. Has (Did) your father had (have) a heart attack or angina?

- 1 YES
- 2 NO → go to #81
- 8 DON'T KNOW → go to #81

80. Did this occur before he was 60?

- 1 YES
- 2 NO
- 8 DON'T KNOW

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## FAMILY HISTORY

Now I would like to ask you some questions about your family's health

76. Is your father alive?

- 1 YES → go to #78
- 2 NO
- 8 DON'T KNOW → go to #78

81. Has (Did) your father had (have) strokes or cerebral vascular disease?

- 1 YES
- 2 NO → go to #83
- 8 DON'T KNOW → go to #83

77. What was the cause of death?

- 1 AN ACCIDENT
- 2 CANCER
- 3 STROKE
- 4 HEART ATTACK
- 5 OTHER
- 8 DON'T KNOW

82. Did this occur before he was 60?

- 1 YES
- 2 NO
- 8 DON'T KNOW

83. Has (Did) your father had (have) high blood pressure or hypertension?

- 1 YES
  - 2 NO
  - 8 DON'T KNOW
-

84. Has (Did) your father had (have) high cholesterol or high blood fats?
- 1 YES
- 2 NO
- 8 DON'T KNOW
85. Is your mother alive?
- 1 YES → go to #87
- 2 NO
- 8 DON'T KNOW → go to #87
86. What was the cause of death?
- 1 AN ACCIDENT
- 2 CANCER
- 3 STROKE
- 4 HEART ATTACK
- 5 OTHER
- 8 DON'T KNOW
87. How old is your mother? or How old was your mother when she died?
- [ ]
- 998 DON'T KNOW
88. Has (Did) your mother had (have) a heart attack or angina?
- 1 YES
- 2 NO → go to #90
- 3 DON'T KNOW → go to #90
89. Did this occur before she was 60?
- 1 YES
- 2 NO
- 8 DON'T KNOW
90. Has (Did) your mother had (have) strokes or cerebral vascular disease?
- 1 YES
- 2 NO → go to #92
- 8 DON'T KNOW → go to #92
91. Did this occur before she was 60?
- 1 YES
- 2 NO
- 8 DON'T KNOW
92. Has (Did) your mother had (have) high blood pressure or hypertension?
- 1 YES
- 2 NO
- 3 DON'T KNOW
93. Has (Did) your mother had (have) high cholesterol or high blood fats?
- 1 YES
- 2 NO
- 3 DON'T KNOW
94. What is the total number of brothers, sisters, half-brothers and half-sisters you have had?
- [ ] NUMBER
- 98 DON'T KNOW
95. Of these, how many are living?
- [ ] NUMBER
- 98 DON'T KNOW

96. How many of your brothers, sisters, half-brothers and half-sisters, whether living or not, have had the following disorders? **Do not include UNCERTAIN or UNKNOWN responses.**

- [    ] Heart attack or angina before age 60
- [    ] High blood pressure or hypertension
- [    ] Strokes or cerebral vascular disease
- [    ] High cholesterol or high blood fats

- 7      HOMEMAKER    → go to #101
- 8      STUDENT       ----> go to #101

100. What is your occupation? **Circle most appropriate. DO NOT READ LIST.**

- 1      PROFESSIONAL
- 2      CLERICAL WORKER
- 3      SKILLED/FOREMAN
- 4      MANAGER, OFFICIAL PROPRIETOR
- 5      SALES WORKER
- 6      NON-SKILLED
- 7      OTHER (specify) \_\_\_\_\_

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## DEMOGRAPHIC INFORMATION

The next few questions let us look at health factors by different groups.

97. CIRCLE RESPONDENT'S SEX:

- 1      MALE
- 2      FEMALE

98. What is your date of birth?

\_\_\_\_\_  
DAY/MONTH/YEAR

999999 REFUSED

99. What is your current employment status? **READ THIS LIST.**

- 1      FULL TIME (35 hours or more a week)
- 2      **PART TIME (less than 35 hours a week)**
- 3      UNEMPLOYED
- 4      LAID OFF
- 5      **RETIRED**
- 6      OTHER (specify) \_\_\_\_\_

CONTINUED IN NEXT COLUMN

101. What is your current marital status? **READ LIST FROM 1 TO 5.**

- 1      NEVER MARRIED
- 2      DIVORCED
- 3      MARRIED/COMMON LAW
- 4      WIDOWED/WIDOWER
- 5      SEPARATED
- 9      REFUSED TO ANSWER

102. What is the highest grade or year of school you have completed?

- [    ] GRADE (elementary, secondary)
- [    ] YEARS (college, university)

**98 DON'T KNOW**

**If there is some doubt, record the response.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**103.** What language did you first speak in childhood?

- 1 ENGLISH
- 2 FRENCH
- 3 OTHER (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**104.** What language do you speak most often at home?

- 1 ENGLISH
- 2 FRENCH
- 3 OTHER (specify) \_\_\_\_\_  
\_\_\_\_\_

**105.** How many people live in this household?

[     ]

**106.** What was your approximate total household income for the year 1991 before income tax deduction?

- 01 NO INCOME
- 02 LESS THAN \$6,000
- 03 \$6,660 - \$11,999
- 04 \$12,000 - \$19,999
- 05 \$20,000 - \$24,999
- 06 \$25,000 - \$29,999
- 07 \$30,000 - \$39,999
- 08 \$40,000 - \$49,999
- 09 \$50,000 - \$59,999
- 10 \$60,000 - \$69,999
- 11 \$70,000 - \$79,999
- 12 \$80,000 AND MORE
- 13 DON'T KNOW
- 14 REFUSED

**107.** To which ethnic or cultural group(s) do you or did your ancestors belong? **Circle all that apply. DO NOT READ LIST.**

- 01 FRENCH
- 02 ENGLISH
- 03 GERMAN
- 04 SCOTTISH
- 05 IRISH
- 06 ITALIAN
- 07 UKRANIAN
- 08 DUTCH
- 09 CHINESE
- 10 JEWISH
- 11 POLISH
- 12 PORTUGUESE
- 13 NORTH AMERICAN INDIAN
- 14 METIS
- 15 INUIT
- 16 CANADIAN
- 17 OTHER (specify) \_\_\_\_\_  
\_\_\_\_\_

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**SECOND BLOOD PRESSURE  
READING**

\_\_\_\_\_

systolic    diastolic

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Home Visit or First Visit	
First Blood Pressure Readings	1A. <u>      </u> / <u>      </u> systolic      diastolic  1B. <u>      </u> / <u>      </u> systolic      diastolic
Clinic or Second Visit	
Date of Clinic Visit	1 REFUSED 2 NO SHOW <u>      </u> / <u>      </u> / <u>      </u> <u>      </u> time day      month      year
Second Blood Pressure Readings	2A. <u>      </u> / <u>      </u> systolic      diastolic  2B. <u>      </u> / <u>      </u> systolic      diastolic
Blood Sample	Sample Status: 1 TAKEN 2 REFUSED  Time sample taken: <u>      </u> a.m.  Hours since last meal: <u>      </u> hrs.
Physical Measurements	Height: <u>      </u> cm.      Waist: <u>      </u> cm.  Weight: <u>      </u> kg.      Hip: <u>      </u> cm.
Quality Control Measurements	
Blood Taken	1 YES Blood Specimen #: <u>                    </u>  2 NO
Physical Measurements	Height: <u>      </u> cm.      Waist: <u>      </u> cm.  Weight: <u>      </u> kg.      Hip: <u>      </u> cm.
Blood Pressure Readings	3A. <u>      </u> / <u>      </u> 3B. <u>      </u> / <u>      </u>