

Vital Signs

STUDY NAME

Site Number: _____

Visit Date: ____/____/20____
d d m m m y y y y

Pt_ID: _____

Visit Type (circle one):	Screening	Visit 2	Visit 5
	Baseline	Visit 3	Completion Visit
	Visit 1	Visit 4	

1. Time ____:____ am pm

2. Heart Rate _____bpm Not Done

3. Blood Pressure_____/_____ (systolic/diastolic) Not Done

3.a BP Position

- Sitting
 Supine
 Standing

4. Temperature _____ °F °C Not Done

5. Respiratory Rate _____/min Not Done

6. Weight _____ pounds kilograms Estimated? Not Done

7. Height _____ inches centimeters Estimated? Not Done