

PATIENT INITIALS: _____

Center: _____

Form completed by: _____

[illegible]**Comments:**[illegible]

FORM 04: STUDY VITAL SIGNS (continued)

PATIENT ID#:

PATIENT INITIALS:

Center:

Form completed by:

Assesment	Day #8	Day #9	Day #10	Day #11	Day #12	Day #13	Day #14
Date of Visit	___/___/_____	___/___/_____	___/___/_____	___/___/_____	___/___/_____	___/___/_____	___/___/_____
1. Weight (kgs)	_____	_____	_____	_____	_____	_____	_____
2. Temp F°	_____.__	_____.__	_____.__	_____.__	_____.__	_____.__	_____.__
3. Heart Rate	_____	_____	_____	_____	_____	_____	_____
4. Blood Pressure	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____
5. Resp. Rate	_____	_____	_____	_____	_____	_____	_____

* If vitals not taken on that day, code = 9.

Comments:

FORM 04: STUDY VITAL SIGNS (continued)

PATIENT ID#:

PATIENT INITIALS:

Center:

Form completed by:

Assesment	Day #15	Day #16	Day #17	Day #18	Day #19	Day #20	Day #21
Date of Visit	___/___/_____	___/___/_____	___/___/_____	___/___/_____	___/___/_____	___/___/_____	___/___/_____
1. Weight (kgs)	_____	_____	_____	_____	_____	_____	_____
2. Temp F°	_____.__	_____.__	_____.__	_____.__	_____.__	_____.__	_____.__
3. Heart Rate	_____	_____	_____	_____	_____	_____	_____
4. Blood Pressure	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____
5. Resp. Rate	_____	_____	_____	_____	_____	_____	_____

* If vitals not taken on that day, code = 9.

Comments:

FORM 04: STUDY VITAL SIGNS (continued)

PATIENT ID#:

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Assesment	Day #22	Day #23	Day #24	Day #25	Day #26	Day #27	Day #28
Date of Visit	___/___/_____	___/___/_____	___/___/_____	___/___/_____	___/___/_____	___/___/_____	___/___/_____
1. Weight (kgs)	_____	_____	_____	_____	_____	_____	_____
2. Temp F°	_____.__	_____.__	_____.__	_____.__	_____.__	_____.__	_____.__
3. Heart Rate	_____	_____	_____	_____	_____	_____	_____
4. Blood Pressure	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____
5. Resp. Rate	_____	_____	_____	_____	_____	_____	_____

* If vitals not taken on that day, code = 9.

Comments:

