# Vital Signs

**STUDY NAME**

**Site Number:**

**Pt\_ID:**

**Visit Date:**

/ /    .

d d m m m y y y y

**Visit Type:** Checkbox **Screening** Checkbox **Baseline** Checkbox **Visit 1**

Checkbox **Visit 2** Checkbox **Visit 3** Checkbox **Visit 4**

Checkbox **Visit 5** Checkbox **Completion Visit**

1. Time: **:** Checkbox am Checkbox pm
2. Heart Rate:  bpm Checkbox Not done
3. Blood Pressure:  / mmHg (systolic/diastolic) Checkbox Not done
4. BP Position: Checkbox Sitting

Checkbox Supine

Checkbox Standing

1. Temperature:   Checkbox °F Checkbox °C Checkbox Not done
2. Respiratory Rate:  /Min Checkbox Not done
3. Weight:  Checkbox Pounds Checkbox Kilograms Checkbox Estimated? Checkbox Not done
4. Height:  Checkbox Inches Checkbox Centimeters Checkbox Estimated? Checkbox Not done