# Vital Signs

**STUDY NAME**

**Site Number:**

**Pt\_ID:**

**Visit Date:**

 / /    .

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

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

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

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

 Supine

 Standing

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