



11821

# The Tomorrow Project

Albertans Studying the Connection Between Lifestyle and Cancer

In partnership with:

The Canadian Partnership for Tomorrow Project

## Physical Measures Recording Booklet

Tester ID

Temperature .  °C Humidity .  %

Date (DD/MM/YYYY)  /  /

Time  24 hour clock

SOP Version:



Office Use Only  
    
L V QA





Comments:

## Blood Pressure and Resting Heart Rate

### Contraindications

- Prior arm, chest or breast surgery     No     Yes     → If both left and right NO blood pressure
- Arteriovenous shunt     No     Yes     → If both left and right NO blood pressure
- Lymphadenectomy     No     Yes     → If both left and right NO blood pressure

Arm used for measurement     left     right

### TEST PROCEDURE

5 minutes sitting and resting    2 minutes sitting and resting    2 minutes sitting and resting

#### **Systolic Blood Pressure**

Trial 1:    mmHg    Trial 2:    mmHg    Trial 3:    mmHg

#### **Diastolic Blood**

Trial 1:    mmHg    Trial 2:    mmHg    Trial 3:    mmHg

#### **Heart Rate**

Trial 1:    BPM    Trial 2:    BPM    Trial 3:    BPM

Equipment serial number



# Sitting Height

**CONTRAINDICATIONS**

Wheelchair  No  Yes  $\Rightarrow$  Arm span ONLY

Trial 1: .  cm    Trial 2: .  cm    Trial 3: .  cm

Take a 3rd measurement if the first two measurements differ by more than 1cm.

Equipment serial number

# Standing Height and Arm Span

**CONTRAINDICATIONS**

Wheelchair  No  Yes  $\Rightarrow$  Arm span ONLY

## TEST PROCEDURE

### *Standing Height*

Trial 1: .  cm    Trial 2: .  cm    Trial 3: .  cm

### *Arm Span (ONLY if in wheelchair)*

Trial 1: .  cm    Trial 2: .  cm    Trial 3: .  cm

Take a 3rd measurement if the first two measurements differ by more than 1cm.

Equipment serial number



## Waist and Hip Circumference

Wheelchair	<b>CONTRAINDICATIONS</b> <input type="radio"/> No <input type="radio"/> Yes $\Rightarrow$	NO hip measurement
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### TEST PROCEDURE

#### **Waist Circumference**

Trial 1:  .  cm      Trial 2:  .  cm      Trial 3:  .  cm

#### **Hip Circumference**

Trial 1:  .  cm      Trial 2:  .  cm      Trial 3:  .  cm

Take a 3rd measurement if the first two measurements differ by more than 1cm.

Equipment serial number

## Grip Strength

Arthritis, tendinitis or carpal tunnel syndrome or prior hand surgery	<b>CONTRAINDICATIONS</b> <input type="radio"/> No <input type="radio"/> Yes $\Rightarrow$	NO grip strength
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### TEST PROCEDURE

**Right Hand**      Trial 1:  .  Kg      Trial 2:  .  Kg

**Left Hand**      Trial 1:  .  Kg      Trial 2:  .  Kg

Equipment serial number



# Weight and Percentage Body Fat

### CONTRAINDICATIONS

- |                        |                                                    |   |                         |
|------------------------|----------------------------------------------------|---|-------------------------|
| Pregnant               | <input type="radio"/> No <input type="radio"/> Yes | ⇒ | Weight ONLY, SECA scale |
| Pacemaker              | <input type="radio"/> No <input type="radio"/> Yes | ⇒ | Weight ONLY, SECA scale |
| Defibrillator or stent | <input type="radio"/> No <input type="radio"/> Yes | ⇒ | Weight ONLY, SECA scale |

### TEST PROCEDURE

#### Weight

Trial 1: .  Kg      Trial 2: .  Kg      Trial 3: .  Kg

Take a 3rd measurement if the first two measurements differ by more than 0.2Kg.

Equipment serial number

#### BMR-Basal Metabolic Rate

Trial 1:  KJ      Trial 2:  KJ      Trial 3:  KJ

#### Impedance

Trial 1:  Ω      Trial 2:  Ω      Trial 3:  Ω

#### Fat %

Trial 1: .  %      Trial 2: .  %      Trial 3: .  %

#### TBW - Total body water

Trial 1: .  Kg      Trial 2: .  Kg      Trial 3: .  Kg

Take a 3rd measurement if the first two body fat measurements differ by more than 0.2%.

Equipment serial number



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# Heel Bone Ultrasound

## CONTRAINDICATIONS

- ~Allergic to rubbing alcohol       No     Yes         NO ultrasound
- ~Previous fracture in leg, foot, heel       No     Yes          left     right
- ~Previous injury to leg, foot, heel that prevented use for at least a month       No     Yes          left     right
- ~Metal implant (pin) in heel       No     Yes          left     right

Dominant Hand

left     right

Indicate which foot used for this measurement

left     right

## TEST PROCEDURE

### Stiffness index

Trial 1:

Trial 2:

Trial 3:

Take a 3rd measurement if the first two stiffness index measurements differ by more than 5.

### Percentage Young Adult

Trial 1:    %

Trial 2:    %

Trial 3:    %

### T SCORE

Trial 1:   .

Trial 2:   .

Trial 3:   .

### Percentage Age Matched

Trial 1:    %

Trial 2:    %

Trial 3:    %

### Z SCORE

Trial 1:

Trial 2:   .

Trial 3:   .

### BUA

Trial 1:

Trial 2:

Trial 3:

### SOS

Trial 1:

Trial 2:

Trial 3:

Equipment serial number

Time Completed

24 hour clock