

**H. PBHCI
PHYSICAL HEALTH ITEMS**

Questions H1-H3
OMB No. 0990-0371
Expiration Date 09/30/2014

[IF STAFF PREVIOUSLY INDICATED “NO DATA” WOULD BE SUBMITTED, GO TO SECTION I IF THIS IS A REASSESSMENT OR SECTION J IF THIS IS A DISCHARGE.]

1. Health measurements:

- | | | | |
|-----------------------------------|----------------------|------|----------------------|
| a. Systolic blood pressure | <input type="text"/> | mmHg | <input type="text"/> |
| b. Diastolic blood pressure | <input type="text"/> | mmHg | <input type="text"/> |
| c. Weight | <input type="text"/> | kg | <input type="text"/> |
| d. Height | <input type="text"/> | cm | <input type="text"/> |
| e. Waist circumference | <input type="text"/> | cm | <input type="text"/> |
| f. Breath CO - for smoking status | <input type="text"/> | ppm | <input type="text"/> |

2. Did patient successfully fast for 8 hours prior to providing the blood sample?

3. Blood test results (required only once a year):

a. Date of blood draw: / /
MONTH DAY YEAR

[FOR 3b AND 3c: ENTER ONE OR THE OTHER, NOT BOTH.]

- | | | | |
|---------------------------|----------------------|-------|----------------------|
| b. Fasting plasma glucose | <input type="text"/> | mg/dL | <input type="text"/> |
| c. HgBA1c | <input type="text"/> | % | <input type="text"/> |
| d. Total Cholesterol | <input type="text"/> | mg/dL | <input type="text"/> |
| e. HDL Cholesterol | <input type="text"/> | mg/dL | <input type="text"/> |
| f. LDL Cholesterol | <input type="text"/> | mg/dL | <input type="text"/> |
| g. Triglycerides | <input type="text"/> | mg/dL | <input type="text"/> |

[IF THIS IS A BASELINE, STOP HERE.]

[IF THIS IS A REASSESSMENT, GO TO SECTION I.]

[IF THIS IS A CLINICAL DISCHARGE, GO TO SECTION J.]

Public reporting burden for this collection of information is estimated to be approximately 5 additional minutes for the individual entering data into TRAC for an average of 200 clients per site at all 60 PBHCI sites. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1045, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0990-0371.