BIRTH TO TEN: SEVEN/EIGHT YEAR QUESTIONNAIRE - 1999

BTT ID NUMBER:

MOTHER'S NAME AND SURNAME:

_____

NAME OF CHILD:

_____ _____

BLOOD PRESSURE AND HEART RATE:

IGNORE FIRST BP READINGS

IGNORE FIRST HEART RATE READING

SECOND BP READINGS:

Systolic BP 2 _____ _____

Diastolic BP 2 _____

SECOND HEART RATE READING: _____ _____

THIRD BP READINGS:

Systolic BP 3 _____

Diastolic BP 3 _____ _____

THIRD HEART RATE READING: _____

MEASUREMENT TAKEN BY: _____

Date of interview: _____/_____1999
day month