BIRTH TO TEN: SEVEN YEAR QUESTIONNAIRE 1997

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: _____/_____1998
day month