BIRTH TO TEN: FIVE YEAR QUESTIONNAIRE 1995

BTT ID NUMBER:

MOTHER'S NAME AND SURNAME:

NAME OF CHILD:

BLOOD PRESSURE

SEX: Male=1 Female=2

IGNORE FIRST B/P READINGS

SECOND B/P READINGS:

Systolic BP 2

Diastolic BP 2

THIRD B/P READINGS:

Systolic BP 3

Diastolic BP 3

BLOOD TAKEN? Yes=1 No=0

CLINIC:

MEASUREMENT TAKEN BY:

Date of interview: ____/____/1995
day month

dd mm yy