

## Bioimpedance Analysis Eligibility (BIA)

BIA010 (Confirm perceived height and weight obtained earlier or height and weight measurement done or will be done.)

*BIA010 FMT\_YES\_NO.*

From anthropometry module:

**Height:** cm

**Weight:** kg

**[Prefill values from Height ANT060 and Weight ANT070]**

<1> YES, CONTINUE

<2> NO, R REFUSED TO PROVIDE INFO **(SKIP TO BIA300)**

<3> NO, SKIP TO ANTHRO MODULE AND ENTER VALUES **(GO TO WHQ010)**

BIA020 (Confirm Urine Sample done and/or Subject urinated before BIA)

<1> YES

*BIA020 FMT\_YES\_NO.*

<2> NO

<r> REFUSED

BIA030 (Confirm Subject in exam scrubs or appropriate clothing)

<1> YES

<2> NO

*BIA030 FMT\_YES\_NO.*

<r> REFUSED

BIA050 (Confirm Subject has removed metal jewelry, eyeglasses, hair ornaments and other metal objects from the hair or body. Refusal to remove small objects does not exclude.)

<1> YES

*BIA050 FMT\_YES\_NO.*

<2> NO

<r> REFUSED

BIAtext This next exam will only take a few minutes and you will not feel anything during the measurement. I am going to wipe off your right hand and foot with an alcohol swab and attach these four electrodes (or patches). I will connect the electrodes to this machine and start the measurement. The machine will send a very small current through the electrodes but it is at such a low level that you will not be able to feel it. The measurement will take only a minute. The machine measures the amount of water in your body (the amount of water inside and outside of your cells). This helps scientists determine the amount of body fat. Before we begin, I am going to ask a few questions to be sure doing this test will give us valid results and also will not interfere with devices you may have in your body.

**Bioimpedance Analysis Eligibility (BIA)**

BIA070 (IS THE SUBJECT WILLING TO DO THE BIA?)

- <1> YES  
 <2> NO **(SKIP TO BIA300)**

BIA080 (SAFETY EXCLUSIONS)

Do you have a pacemaker or automatic defibrillator?

**(ASK ALL QUESTIONS EVEN IF ONE EXCLUDES)**

*BIA080 FMT\_YES\_NO.*

- <1> YES  
 <2> NO  
  
 <d> DON'T KNOW  
 <r> REFUSED

BIA090 Are you currently or possibly pregnant?

(SELF REPORT SUFFICIENT, POSTIVE PREGNANCY TEST NOT REQUIRED IF SUBJECT IS NOT SURE, EXCLUDED.)

**(ASK ALL QUESTIONS EVEN IF ONE EXCLUDES)**

- <1> YES *BIA090 FMT\_YES\_NO.*  
 <2> NO  
  
 <d> DON'T KNOW  
 <r> REFUSED

BIA100 Do you have any artificial joints, pins, plates or other types of metal objects in your body?

**(ASK ALL QUESTIONS EVEN IF ONE EXCLUDES)**

- <1> YES *BIA100 FMT\_YES\_NO.*  
 <2> NO  
  
 <d> DON'T KNOW  
 <r> REFUSED

BIA110 Do you have any coronary stents or metal suture material in your heart?

**(ASK ALL QUESTIONS EVEN IF ONE EXCLUDES)**

- <1> YES *BIA110 FMT\_YES\_NO.*  
 <2> NO  
  
 <d> DON'T KNOW

**Bioimpedance Analysis Eligibility (BIA)**

<r> REFUSED

**[IF <1> YES TO ANY BIA070-BIA110, GO TO BIA300]**  
 BIA120 (PARAMETERS THAT MAY AFFECT ACCURACY OR COMPARABILITY. WILL NOT EXCLUDE, BUT NEED TO BE NOTED)

Do you have any amputations or atrophy of your legs and feet, other than toes?

<1> YES *BIA120\_A* *FMT\_YES\_NO.*  
 <2> NO

<d> DON'T KNOW  
 <r> REFUSED

**[IF <1> YES]**

Where is the amputation or atrophy?

<1> ENTER COMMENTS *BIA120\_B* *\$FMT\_CHAR.*

<d> DON'T KNOW  
 <r> REFUSED

BIA130 Are you wearing a hearing aid?

<1> YES *BIA130* *FMT\_YES\_NO.*  
 <2> NO

<d> DON'T KNOW  
 <r> REFUSED

BIA140 Have you taken a diuretic or water pull in the last 12 hours?

<1> YES *BIA140\_A* *FMT\_YES\_NO.*  
 <2> NO

<d> DON'T KNOW  
 <r> REFUSED

**[IF <1> YES]**

How many hours ago?

<0-12> HOURS *BIA140\_B* *FMT\_NUMERIC.*

<d> DON'T KNOW  
 <r> REFUSED

BIA150 Have you strenuously exercised, done heavy physical activity or taken a sauna within the last 8 hours?

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<1> YES *BIA150\_A* *FMT\_YES\_NO.*  
 <2> NO  
 <d> DON'T KNOW  
 <r> REFUSED

**[IF <1> YES]**

How many hours ago?

<0-8> HOURS *BIA150\_B* *FMT\_NUMERIC.*  
 <d> DON'T KNOW  
 <r> REFUSED

BIA160 Have you had alcohol in the last 12 hours?

<1> YES *BIA160\_A* *FMT\_YES\_NO.*  
 <2> NO  
 <d> DON'T KNOW  
 <r> REFUSED

BIA170 Have you eaten within the last 4 hours?

<1> YES *BIA170\_A* *FMT\_YES\_NO.*  
 <2> NO  
 <d> DON'T KNOW  
 <r> REFUSED

BIA180 Do you feel thirsty or dehydrated? (Provide water)

<1> YES *BIA180* *FMT\_YES\_NO.*  
 <2> NO  
 <d> DON'T KNOW  
 <r> REFUSED

BIA190 Are you wearing clothing that has metallic fibers woven into the fabric?

<1> YES *BIA190* *FMT\_YES\_NO.*  
 <2> NO  
 <d> DON'T KNOW  
 <r> REFUSED

BIA200 (NOTATIONS TO BE DONE BY TECHNICIAN)  
 (Does subject appear to be sweating or wet?)

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<1> YES *BIA200 FMT\_YES\_NO.*  
 <2> NO

<d> DON'T KNOW  
 <r> REFUSED

BIA220 (Is subject able to refrain from moving during BIA?)

<1> YES *BIA220 FMT\_YES\_NO.*  
 <2> NO

<d> DON'T KNOW  
 <r> REFUSED

BIA260 (Resistance)

<100-2000> *BIA260 FMT\_NUMERIC.*  
 <d> Don't Know <r> Refused

Comments?  
 <1> Enter Comments  
 <2> No Comments

BIA250 (Reactance)

<10-200> *BIA250 FMT\_NUMERIC.*  
 <d> Don't Know <r> Refused

Comments?  
 <1> Enter Comments  
 <2> No Comments

BIA300 **[IF EXCLUDED]** Explain to the subject that the test is not recommended because of the answers they gave: **(list all <1> YES answers to BIA070-BIA110)**

Additional Comments about test, conditions or reason refused if they volunteered this.

(E.G. NOTE IF TEST HAD TO BE DONE ON THE LEFT SIDE AND WHY, NOT WHY REFUSED IF VOLUNTEERED.)

<1> Enter Comments *BIA300 \$FMT\_CHAR.*  
 <2> No Comments