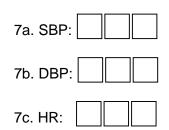
| Orthostatic Hypotension Blood Pressure Form |
|---|
| ID NUMBER: FORM CODE: O B P DATE: 1/18/2022 Version 1.0 |
| Instructions: This form is completed for all participants who agree to take part in the Orthostatic Hypotension ancillary study. The blood pressure measurements can be recorded from the OMRON onto the paper form or directly into the CDART form. Sitting Blood Pressure (SBP) should be completed prior to completing the Orthostatic Hypotension Blood Pressure (OBP) Form. |
| ADMINISTRATIVE INFORMATION |
| 0a. Completion Date: |
| 0c. Would you be interested in participating in this part of the study, as I've described? Yes |
| No N |
| 0c1. If no, why not? Save and close form |
| |
| A. Visit Details 1. Arm used: Right |
| |
| Left B |
| LeftB 2. Dominant Arm: RightA |
| 2. Dominant Arm: |
| 2. Dominant Arm: |
| 2. Dominant Arm: RightA LeftB |
| 2. Dominant Arm:A RightA LeftB 3. Cuff size: |
| 2. Dominant Arm: |
| 2. Dominant Arm: |
| 2. Dominant Arm: |

| Y=Yes |
|--|
| N=No $\square \rightarrow$ Skip to item 6 |
| 5a. When was the last time you took medication for blood pressure? |
| Тіте |
| |
| 6. Did you eat food today? |
| Y=Yes |
| N=No □ → Skip to item 7 |
| 6a. When was the last time you ate food? |
| |

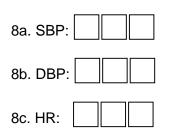
Note: must be at least 30 minutes between food consumption and this protocol

B. Supine position (after 5 minutes of rest with 30-second pause; "avg" mode):

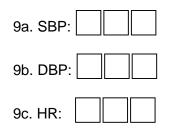
7. Measurement 1:



8. Measurement 2:



9. Measurement 3:



10. Reported Average:

| 10a. SBP: | |
|-----------|--|
| 10b. DBP: | |
| 10c. HR: | |

11. Time required to go from supine to standing position:

| 11a. Minutes: | |
|---------------|--|
| 11b. Seconds: | |

C. Standing Position ("single" mode):

Note: These measurements can be performed in the seated position, although standing is preferred. The participant is allowed to rest against the bed or lean on the table while standing. In the rare event of seated position, this should be documented.

12. Measurement 1 (immediately after standing):

| 12a. SBP: |
|---|
| 12b. DBP: |
| 12c. HR: |
| 12d. Seated (for safety only): Yes□ _Y |
| No 🔲 N |
| easurement 2 (1 minute after st |
| 13a. SBP: |
| 13b. DBP: |
| 13c. HR: |
| 13d. Seated (for safety only): |

13. Me standing):

Yes D_Y

No......

14. Measurement 3 (2 minutes after standing):

| 14a. SBP: |
|--------------------------------|
| 14b. DBP: |
| 14c. HR: |
| 14d. Seated (for safety only): |
| Yes 🗌 _Y |

No......

15. Measurement 4 (3 minutes after standing):

| 15a. SBP: |
|---|
| 15b. DBP: |
| 15c. HR: |
| 15d. Seated (for safety only): |
| Yes |
| No 🔲 N |
| 16. Measurement 5 (4 minutes after standing): |
| 16a. SBP: |
| 16b. DBP: |
| 16c. HR: |
| 16d. Seated (for safety only): |
| Yes |
| No 🔲 N |
| 17. Measurement 6 (5 minutes after standing): |

17a. SBP:

17b. DBP: _____ 17c. HR: _____ 17d. Seated (for safety only): Yes...... □_Y No □_N

18. CDART average of all 6 measures

18a. SBP (calculated): _____

18b. DBP (calculated): _____

18c. HR (calculated): _____

D. Symptom Ratings During Standing Portion

19. Did you feel dizziness, lightheadedness, faint, or like you might black out <u>in the process of</u> <u>standing up</u>? Please rate on a scale from 1 to 5, with 1 being "no symptoms" and 5 being the

"worst possible."

No symptoms1 Some.....2 Mild3 Moderate4 Worst possible.....5

20. Did you feel dizziness, lightheadedness, faint, or like you might black out <u>at any time while</u> <u>standing</u>? <u>Please</u> rate on a scale from 1 to 5, with 1 being "no symptoms" and 5 being the "worst

possible."

| No symptoms1 |
|-----------------|
| Some2 |
| Mild3 |
| Moderate4 |
| Worst possible5 |

E. Staff Observations

21. Was assistance provided during standing (e.g., help from another person/staff, wall, table, bed, cane, walker, etc.)?

| Yes |
|---|
| No $\square_{\mathbb{N}} \rightarrow$ Skip to item 22 |
| 21a. Was assistance provided because the participant felt dizziness, light-headedness, faint, or like they might black out? |
| Yes 🗋 _Y |
| No 🗔 N |
| 22. Was participant leaning for support during standing blood pressure assessment? |
| Yes |
| No 🗋 N |
| 23. Did participant use a walker for any reason during the protocol? |
| Yes |
| No 🗋 N |
| 24. Did you need to reposition cuff after participant stood due to slippage? |
| Yes |
| No 🗋 N |
| 25. Was OH assessment ended early? |
| Yes |
| No $\square_{\mathbb{N}} \rightarrow$ Skip to item 27 |
| 26. Reason(s) behind a clinical decision to end the assessment early: |
| 26a. Staff concern of participant falling Yes □ _Y |
| No |
| 26b. Symptom: Dizziness, lightheadedness, feeling faint, or like they might black out Yes 🗍 _Y |
| No 🗔 N |
| 26c. Symptom: Balance Yes □ _Y |
| No 🗔 N |

26d. Symptom: Pain with rising or standing (e.g., back, lower limb, or joint pain)

| Yes 🔲 _Y |
|---|
| No 🗔 N |
| 26e. Other |
| Yes 🗋 _Y |
| No $\square_{\mathbb{N}} \rightarrow$ Skip to item 27 |
| 26e1. If other, specify: |
| Item 27 is enabled if at least one of 12d, 13d, 14d, 15d, 16d, or 17d is Yes |
| 27. Reason(s) behind a clinical decision to sit during the "standing" assessment: |
| 27a. Staff concern of participant falling Yes□ _Y |
| No |
| 27b. Symptom: Dizziness, lightheadedness, feeling faint, or like they might black out Yes |
| No |
| 27c. Symptom: Balance Yes |
| No |
| 27d. Symptom: Pain with rising or standing (e.g., back, lower limb, or joint pain) Yes |
| No |
| 27e. Other |
| Yes |
| No $\square_{\mathbb{N}} \rightarrow$ Save and close form |
| 27e1. If other, specify: |