



# 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: //

0b. Staff ID:

0c. Would you be interested in participating in this part of the study, as I've described?

Yes..... Y → **Go to item 1**

No ..... N

0c1. If no, why not? \_\_\_\_\_ **Save and close form**

### A. Visit Details

1. Arm used:

Right..... A

Left..... B

2. Dominant Arm:

Right..... A

Left..... B

3. Cuff size:

Small {17.0-22.0 cm, CS19} .....A

Adult {22.0-32.0 cm, CR19} .....B

Large {32.0-42.0 cm, CL19}..... C

X Large {42.0-50.0 cm, CX19}..... D

4. Time of assessment: : HH:MM

5. Did you take medication for blood pressure today?

Y=Yes .....

N=No .....  → **Skip to item 6**

5a. When was the last time you took medication for blood pressure?

Time.....  :  HH:MM

6. Did you eat food today?

Y=Yes .....

N=No .....  → **Skip to item 7**

6a. When was the last time you ate food?

Time.....  :  HH:MM

*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:

7a. SBP:

7b. DBP:

7c. HR:

8. Measurement 2:

8a. SBP:

8b. DBP:

8c. HR:

9. Measurement 3:

9a. SBP:

9b. DBP:

9c. HR:

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..... <sub>Y</sub>

No ..... <sub>N</sub>

13. Measurement 2 (1 minute after standing):

13a. SBP:

13b. DBP:

13c. HR:

13d. Seated (for safety only):

Yes ..... <sub>Y</sub>

No..... <sub>N</sub>

14. Measurement 3 (2 minutes after standing):

14a. SBP:

14b. DBP:

14c. HR:

14d. Seated (for safety only):

Yes ..... <sub>Y</sub>

No..... <sub>N</sub>

15. Measurement 4 (3 minutes after standing):

15a. SBP:

15b. DBP:

15c. HR:

15d. Seated (for safety only):

Yes..... <sub>Y</sub>

No ..... <sub>N</sub>

16. Measurement 5 (4 minutes after standing):

16a. SBP:

16b. DBP:

16c. HR:

16d. Seated (for safety only):

Yes..... <sub>Y</sub>

No ..... <sub>N</sub>

17. Measurement 6 (5 minutes after standing):

17a. SBP:

17b. DBP:

17c. HR:

17d. Seated (for safety only):

Yes..... <sub>Y</sub>

No ..... <sub>N</sub>

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 in the process of standing up? Please rate on a scale from 1 to 5, with 1 being “no symptoms” and 5 being the “worst possible.”

No symptoms ..... 1

Some.....2

Mild .....3

Moderate .....4

Worst possible.....5

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

No symptoms ..... 1

Some.....2

Mild .....3

Moderate .....4

Worst possible.....5

**E. Staff Observations**

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

Yes..... <sub>Y</sub>

No ..... <sub>N</sub> → **Skip to item 22**

21a. Was assistance provided because the participant felt dizziness, light-headedness, faint, or like they might black out?

Yes .... <sub>Y</sub>

No..... <sub>N</sub>

22. Was participant leaning for support during standing blood pressure assessment?

Yes..... <sub>Y</sub>

No ..... <sub>N</sub>

23. Did participant use a walker for any reason during the protocol?

Yes..... <sub>Y</sub>

No ..... <sub>N</sub>

24. Did you need to reposition cuff after participant stood due to slippage?

Yes..... <sub>Y</sub>

No ..... <sub>N</sub>

25. Was OH assessment ended early?

Yes..... <sub>Y</sub>

No ..... <sub>N</sub> → **Skip to item 27**

26. Reason(s) behind a clinical decision to end the assessment early:

26a. Staff concern of participant falling

Yes .... <sub>Y</sub>

No..... <sub>N</sub>

26b. Symptom: Dizziness, lightheadedness, feeling faint, or like they might black out

Yes .... <sub>Y</sub>

No..... <sub>N</sub>

26c. Symptom: Balance

Yes .... <sub>Y</sub>

No..... <sub>N</sub>

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

Yes .... <sub>Y</sub>

No..... <sub>N</sub>

26e. Other

Yes .... <sub>Y</sub>

No..... <sub>N</sub> → **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 ..... <sub>Y</sub>

No..... <sub>N</sub>

27b. Symptom: Dizziness, lightheadedness, feeling faint, or like they might black out

Yes ..... <sub>Y</sub>

No..... <sub>N</sub>

27c. Symptom: Balance

Yes ..... <sub>Y</sub>

No..... <sub>N</sub>

27d. Symptom: Pain with rising or standing (e.g., back, lower limb, or joint pain)

Yes ..... <sub>Y</sub>

No..... <sub>N</sub>

27e. Other

Yes ..... <sub>Y</sub>

No..... <sub>N</sub> → **Save and close form**

27e1. If other, specify: \_\_\_\_\_