

# SITTING BLOOD PRESSURE FORM

ID NUMBER:         CONTACT YEAR:  0  1 FORM CODE:  S  B  P VERSION: A 11/1/

LAST NAME:              INITIALS:

**INSTRUCTIONS:**  
This form should be completed during the participant's visit. ID Number and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

SITTING BLOOD PRESSURE FORM (SBPA screen 1 of 4)

<p><b>A. TEMPERATURE</b></p> <p>1. Room Temperature (degrees centigrade): ... <input type="text"/> <input type="text"/></p> <p><b>B. TOBACCO AND CAFFEINE USE</b></p> <p>"Smoking can change the results of the exams and laboratory tests we will do today. Because of this we would like to ask you ..."</p> <p>2. Have you smoked or used chewing tobacco or snuff within the last 4 hours? ..... Yes Y No N</p> <p><input type="text"/> Go to Item 4</p>	<p>3. How long ago did you last smoke or last use chewing tobacco or snuff? ... <input type="text"/> hours, <input type="text"/> <input type="text"/> minutes</p> <p>"We are going to ask you not to smoke until you have completed your visit with us today. We do this so that your test results are not affected by smoking. If you must smoke, please tell us that you did before you leave."</p> <p>4. Have you had any coffee, tea, or chocolate within the last 4 hours? ..... Yes Y No N</p> <p><input type="text"/> Go to Item 6, Screen 2</p>
--	---

SITTING BLOOD PRESSURE FORM (SBPA screen 2 of 4)

<p>5. How long ago did you last have any coffee, tea, or chocolate? ...</p> <p style="text-align: center;"> <input type="text"/> hours,    <input type="text"/><input type="text"/> minutes         </p> <p>C. PRELIMINARY MEASUREMENTS</p> <p>6. Right Arm Circumference (cm) ..... <input type="text"/><input type="text"/></p>	<p>7. Cuff Size: ..... Pediatric {under 24 cm}    P</p> <p style="padding-left: 20px;">{arm circumference in brackets}</p> <p style="padding-left: 40px;">Regular Arm {24-32 cm}    R</p> <p style="padding-left: 40px;">Large Arm {33-41 cm}    L</p> <p style="padding-left: 40px;">Other    O</p>
---	--

SITTING BLOOD PRESSURE FORM (SBPA screen 3 of 4)

<p>8. a. Time of Day: ..... <input type="text"/><input type="text"/> : <input type="text"/><input type="text"/></p> <p>8. b. AM or PM: ..... AM    A</p> <p style="padding-left: 150px;">PM    P</p> <p>9. Pulse Obliteration Pressure: ..... <input type="text"/><input type="text"/><input type="text"/></p> <p>10. Maximum Zero: ..... <input type="text"/><input type="text"/></p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">+ 30</p> <p>11. Peak Inflation Level          {Computation--          Item #9 + Item #10 + 30}: ..... <u>      </u></p>	<p>D. FIRST BLOOD PRESSURE MEASUREMENT</p> <p>12. Systolic: ..... <input type="text"/><input type="text"/><input type="text"/></p> <p>13. Diastolic: ..... <input type="text"/><input type="text"/><input type="text"/></p> <p>14. Zero Reading: ..... <input type="text"/><input type="text"/></p>
--	---

SITTING BLOOD PRESSURE FORM (SBPA screen 4 of 4)

<p><b>E. SECOND BLOOD PRESSURE MEASUREMENT</b></p> <p>15. Systolic: ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>16. Diastolic: ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>17. Zero Reading: ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p><b>F. THIRD BLOOD PRESSURE MEASUREMENT</b></p> <p>18. Systolic: ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>19. Diastolic: ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>20. Zero Reading: ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>	<p><b>G. COMPUTED NET AVERAGE OF SECOND AND THIRD BLOOD PRESSURE MEASUREMENTS</b></p> <p>21. Systolic: ..... _____</p> <p>22. Diastolic: ..... _____</p> <p><b>H. ADMINISTRATIVE INFORMATION</b></p> <p>23. Date of data collection: ... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p style="text-align: center; margin-left: 100px;">Month                      Day                      Year</p> <p>24. Method of Data Collection: ..... Computer      C  <span style="margin-left: 150px;">Paper Form      P</span></p> <p>25. Code number of person completing this form: ... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>
--	--

WORKSHEET FOR COMPUTING AVERAGE OF 2ND AND 3RD READINGS (ITEMS 21 AND 22)

	SYSTOLIC	DIASTOLIC
Second Measurement	_____ (#15)	_____ (#16)
2nd Zero Reading	- _____ (#17)	- _____ (#17)
Second Corrected	_____	_____
Third Measurement	_____ (#18)	_____ (#19)
3rd Zero Reading	- _____ (#20)	- _____ (#20)
Third Corrected	_____	_____
Average Corrected	_____ (#21)	_____ (#22)

SITTING BLOOD PRESSURE FORM INSTRUCTIONS

I. GENERAL INSTRUCTIONS

The Sitting Blood Pressure Form should be completed during the participant's clinic visit. The technician must be certified and should have a working knowledge of the ARIC Blood Pressure Manual of Procedures. He/she should also be familiar with and understand the document titled "General Instructions For Completing Paper Forms" prior to completing this form. ID Number, Contact Year, and Name should be completed as described in that document.

There should be no exertion, eating, smoking, or exposure to cold for half an hour before recording blood pressure. It is also important that the subject have no change of posture for five minutes before recording blood pressure.

Blood pressure is measured three times using a random zero sphygmomanometer. The detailed instructions below should be reviewed in combination with the Blood Pressure Manual of Procedures.

II. DETAILED INSTRUCTIONS FOR VARIOUS QUESTIONS

A. Temperature

1. Record the room temperature in degrees centigrade. A thermometer need not be read each time the procedure is initiated, but should be consulted two or three times during the day to note fluctuations.

B. Tobacco and Caffeine Use

2. Ask the question as stated. Any type of smoking, chewing tobacco, snuff, nicotine gum, etc. should be noted if within the last 4 hours. If there was none, skip to item 4.

3. Ask about the most recent time. The question is phrased "How long ago..." instead of "At what time..." in order to make it easier for the participant to answer. Record the answer in the same way, noting it must be 4 hours or less. If unknown, mark through the boxes with two horizontal lines.

4-5. Ask the questions as stated, following the same procedures given for items 2 and 3 above.

A. TEMPERATURE

1. Room Temperature (degrees centigrade): ...

B. TOBACCO AND CAFFEINE USE

"Smoking can change the results of the exams and laboratory tests we will do today. Because of this we would like to ask you ...

2. Have you smoked or used chewing tobacco or snuff within the last 4 hours? ..... Yes Y

No N  
     
 Go to Item 4

3. How long ago did you last smoke or last use chewing tobacco or snuff? ...  
 hours,   minutes

"We are going to ask you not to smoke until you have completed your visit with us today. We do this so that your test results are not affected by smoking. If you must smoke, please tell us that you did before you leave."

4. Have you had any coffee, tea, or chocolate within the last 4 hours? ..... Yes Y

No N  
     
 Go to Item 6, Screen 2

5. How long ago did you last have any coffee, tea, or chocolate? ...  
 hours,   minutes

C. PRELIMINARY MEASUREMENTS

6. Right Arm Circumference (cm) .....

7. Cuff Size: ..... Pediatric {under 24 cm} P  
 {arm circum- Regular Arm {24-32 cm} R  
 ference in brackets} Large Arm {33-41 cm} L  
 Other O

8. a. Time of Day: .....   :

8. b. AM or PM: ..... AM A  
 PM P

9. Pulse Obliteration Pressure: .....

10. Maximum Zero: .....

+ 30

11. Peak Inflation Level  
 {Computation--  
 Item #9 + Item #10 + 30}: ..... \_\_\_\_\_

D. FIRST BLOOD PRESSURE MEASUREMENT

12. Systolic: .....

13. Diastolic: .....

14. Zero Reading: .....

E. SECOND BLOOD PRESSURE MEASUREMENT

15. Systolic: .....

16. Diastolic: .....

17. Zero Reading: .....

C. Preliminary Measurements

6. Measure right arm circumference once according to the Manual of Procedures. Record to the nearest centimeter.

7. Cuff size should be determined by the arm circumference measurement in item 6. The appropriate size for a given arm circumference is given below, and also appears on the form itself.

<u>Arm Circumference</u>	<u>Cuff Size</u>
under 24 cm	Pediatric
24-32 cm	Regular Arm
33-41 cm	Large Arm
over 41 cm	Thigh (record as "other")

8. Record the time. A five minute wait with no change of posture must precede the first blood pressure measurement.

9-10. Record as described in the Manual of Procedures.

11. Calculate peak inflation level as "pulse obliteration pressure" + "maximum zero" + 30. This item is calculated automatically when the form is entered on the computer. (As a way of denoting this on the paper form, lines are provided rather than boxes for recording the result.)

D. First Blood Pressure Measurement

12-13. Measure and record systolic and diastolic blood pressures as described in the Manual of Procedures. Right justify, using leading zeroes if necessary.

14. Record the zero reading.

NOTE: Do not calculate net blood pressure at this time.

E & F. Second and Third Blood Pressure Measurements

15-20. Repeat as in 12-14 above.

F. THIRD BLOOD PRESSURE MEASUREMENT

18. Systolic: .....

19. Diastolic: .....

20. Zero Reading: .....

G. COMPUTED NET AVERAGE OF SECOND AND THIRD BLOOD PRESSURE MEASUREMENTS

21. Systolic: ..... \_ \_ \_

22. Diastolic: ..... \_ \_ \_

H. ADMINISTRATIVE INFORMATION

23. Date of data collection: ...   -   -    
Month Day Year

24. Method of Data Collection: ..... Computer C  
Paper Form P

25. Code number of person completing this form: ...

G. Computed Net Average of Second and Third Blood Pressure Measurements

21-22. These items are calculated automatically when the form is entered on the computer. (As a way of denoting this on the paper form, lines are provided rather than boxes for recording the result.) When the paper form is being used, these must be calculated using a hand calculator. A worksheet is provided at the end of the form to accomplish this. Items 15-20 are transcribed onto that worksheet in the specified spaces. The "corrected" readings are calculated as the measurement itself minus the corresponding zero reading. These (second and third corrected) are then averaged for systolic and diastolic. An example is given below.

H. Administrative Information

23. Record the date on which the measurements were performed.

24. Record "C" if the form was completed on the computerized data entry system, or "P" if the paper form was used.

25. The person at the clinic who has completed the form must enter his/her code number in the boxes provided.

EXAMPLE:

WORKSHEET FOR COMPUTING AVERAGE OF 2ND AND 3RD READINGS (ITEMS 21 AND 22)

	SYSTOLIC	DIASTOLIC
Second Measurement	<u>1 4 8</u> (#15)	<u>1 1 0</u> (#16)
2nd Zero Reading	- <u>2 6</u> (#17)	- <u>2 6</u> (#17)
Second Corrected	<u>1 2 2</u>	<u>8 4</u>
Third Measurement	<u>1 4 0</u> (#18)	<u>9 8</u> (#19)
3rd Zero Reading	- <u>2 2</u> (#20)	- <u>2 2</u> (#20)
Third Corrected	<u>1 1 8</u>	<u>7 6</u>
Average Corrected	<u>1 2 0</u> (#21)	<u>8 0</u> (#22)