



SITTING BLOOD PRESSURE FORM

ID NUMBER:

CONTACT YEAR: 0 7

FORM CODE: S B P

VERSION: C 03/08/93

LAST NAME:

INITIALS:

Public reporting burden for this collection of information is estimated to average 12 minutes, including time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. If you have comments regarding this burden, please send them to Attention: PRA Reports Clearance Officer, PHS, 721-B Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, D.C. 20201, and to the Paperwork Reduction Project (0925-0281), Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

INSTRUCTIONS: This form should be completed during the participant's visit. ID Number, Contact Year, 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 (SBPC screen 1 of 3)

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, nicotine gum or snuff within the last 4 hours or do you wear a nicotine patch? Yes Y
No N

Go to Item 4

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

a. hours, b. 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 caffeinated beverages, such as coffee, tea, or colas, or chocolate within the last 4 hours? Yes Y
No N

Go to Item 6
Screen 2

SITTING BLOOD PRESSURE FORM (SBPC screen 2 of 3)

5. How long ago did you last have any caffeinated beverage, or chocolate?

a. hours, b. minutes

C. PRELIMINARY MEASUREMENTS

6. Right Arm Circumference (cm):

7. Cuff Size:

(arm circumference in brackets)

- Pediatric (under 24 cm) P
- Regular Arm (24-32 cm) R
- Large Arm (33-41 cm) L
- Other O

8. Heart Rate (30 seconds):

9. a. Time of Day: :
h h m m

b. AM or PM: AM A
 PM P

10. Pulse Obliteration Pressure:

11. Maximum Zero:
+ 30

12. Peak Inflation Level
(Computation--Item #10 + Item #11 + 30):

D. FIRST BLOOD PRESSURE MEASUREMENT

13. Systolic:

14. Diastolic:

15. Zero Reading:

SITTING BLOOD PRESSURE FORM (SBPC screen 3 of 3)

E. SECOND BLOOD PRESSURE MEASUREMENT

16. Systolic:

17. Diastolic:

18. Zero Reading:

F. THIRD BLOOD PRESSURE MEASUREMENT

19. Systolic:

20. Diastolic:

21. Zero Reading:

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

22. Systolic:

23. Diastolic:

H. ADMINISTRATIVE INFORMATION

24. Date of data collection: / /
month day year

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

26. Code number of person completing this form:

WORKSHEET FOR COMPUTING AVERAGE OF 2ND AND 3RD READINGS (ITEMS 22 AND 23)

	SYSTOLIC	DIASTOLIC
Second Measurement	___ ___ ___ (#16)	___ ___ ___ (#17)
2nd Zero Reading	— ___ ___ (#18)	— ___ ___ (#18)
Second Corrected	___ ___ ___	___ ___ ___
Third Measurement	___ ___ ___ (#19)	___ ___ ___ (#20)
3rd Zero Reading	— ___ ___ (#21)	— ___ ___ (#21)
Third Corrected	___ ___ ___	___ ___ ___
Average Corrected	___ ___ ___ (#22)	___ ___ ___ (#23)

