

ARIC

SITTING BLOOD PRESSURE FORM

Atherosclerosis Risk in Communities

ID NUMBER:

CONTACT YEAR: 1 0

FORM CODE: S B P

VERSION: D 12/01/95

LAST NAME:

INITIALS:

Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: PHS Reports Clearance Officer, Rm. 737-F, Humphrey Building, 200 Independence Ave., SW, Washington, D.C. 20201, ATTN: PRA (0925-0281). Do not return the completed form to this address.

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 (SBPD screen 1 of 3)

A. TEMPERATURE

1. Room Temperature (degrees centigrade):

B. TOBACCO AND CAFFEINE USE

2. Have you smoked or used chewing tobacco, nicotine gum or snuff today 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

4. Have you had any caffeinated beverages, such as coffee, tea, or colas, or any chocolate today? Yes Y
No N

Go to Item 6
Screen 2

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

a. hours, b. minutes

SITTING BLOOD PRESSURE FORM (SBPD screen 2 of 3)

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 (SBPD screen 3 of 3)

E. SECOND BLOOD PRESSURE MEASUREMENT

16. Systolic:

17. Diastolic:

18. Zero Reading:

F. COMPUTED NET AVERAGE OF FIRST AND SECOND BLOOD PRESSURE MEASUREMENTS

19. Systolic: _____

20. Diastolic: _____

G. ADMINISTRATIVE INFORMATION

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

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

23. Code number of person completing this form:

WORKSHEET FOR COMPUTING AVERAGE OF 1ST AND 2ND READINGS (ITEMS 19 AND 20)

	SYSTOLIC	DIASTOLIC
First Measurement	___ ___ ___ (#13)	___ ___ ___ (#14)
1st Zero Reading	- ___ ___ (#15)	- ___ ___ (#15)
First Corrected	___ ___ ___	___ ___ ___
Second Measurement	___ ___ ___ (#16)	___ ___ ___ (#17)
2nd Zero Reading	- ___ ___ (#18)	- ___ ___ (#18)
Second Corrected	___ ___ ___	___ ___ ___
Average Corrected	___ ___ ___ (#19)	___ ___ ___ (#20)

