**C:\Users\jcaldous\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\B8FE007B.tmpOrthostatic Hypotension Blood Pressure Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID NUMBER: |  |  |  |  |  |  |  |  | FORM CODE: | O | B | P |  | DATE: 10/29/2021  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.*

0a. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0b. Staff id:\_\_\_\_\_\_\_\_\_

0c. Would you be interested in participating in this part of the study, as I’ve described?  Yes No

0c1. If no, why not? (Do not continue form)

1. **Visit Details**

1. Arm used:

RightLeft

2. Dominant Arm:

RightLeft

3. Cuff size:

Small {17.0-22.0 cm, CS19} Adult {22.0-32.0 cm, CR19}

Large {32.0-42.0 cm, CL19} X Large {42.0-50.0+ cm, CX19}

4. Time of assessment: \_\_\_\_\_\_\_\_\_\_\_\_ HH:MM

5. Did you take medications for blood pressure today? Yes No (If no skip to 6)

5a. When was the last time you took medication for blood pressure? Time: \_\_\_\_\_\_\_\_\_\_\_\_ HH:MM

6. Did you eat food today?  Yes No (If no skip to 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; “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 of 3 measures:

10a. SBP: \_\_\_\_\_\_\_\_\_\_\_\_ 10b. DBP: \_\_\_\_\_\_\_\_\_\_\_\_ 10c. HR**:\_\_\_\_\_\_\_\_\_\_**

11. Time required to go from supine to standing position: Time: \_\_\_\_\_\_\_\_\_\_\_\_ (Min:Sec)

**C. Standing Position (“single” mode):**

*Note: Can be performed seated but this is discouraged. Okay to rest against bed while standing or lean on bedside table*

12. Measurement 1 (immediate):

12a. SBP: \_\_\_\_\_\_\_\_\_\_\_\_ 12b. DBP: \_\_\_\_\_\_\_\_\_\_\_\_ 12c. HR**:\_\_\_\_\_\_\_\_\_\_**

12d. Seated (for safety only):  Yes No

13. Measurement 2 (1 minute):

13a. SBP: \_\_\_\_\_\_\_\_\_\_\_\_ 13b. DBP: \_\_\_\_\_\_\_\_\_\_\_\_ 13c. HR**:\_\_\_\_\_\_\_\_\_\_**

13d. Seated (for safety only):  Yes No

14. Measurement 3 (2 minute):

14a. SBP: \_\_\_\_\_\_\_\_\_\_\_\_ 14b. DBP: \_\_\_\_\_\_\_\_\_\_\_\_ 14c. HR**:\_\_\_\_\_\_\_\_\_\_**

14d. Seated (for safety only):  Yes No

15. Measurement 4 (3 minute):

15a. SBP: \_\_\_\_\_\_\_\_\_\_\_\_ 15b. DBP: \_\_\_\_\_\_\_\_\_\_\_\_ 15c. HR**:\_\_\_\_\_\_\_\_\_\_**

15d. Seated (for safety only):  Yes No

16. Measurement 5 (4 minute):

16a. SBP: \_\_\_\_\_\_\_\_\_\_\_\_ 16b. DBP: \_\_\_\_\_\_\_\_\_\_\_\_ 16c. HR**:\_\_\_\_\_\_\_\_\_\_**

16d. Seated (for safety only):  Yes No

17. Measurement 6 (5 minute):

17a. SBP: \_\_\_\_\_\_\_\_\_\_\_\_ 17b. DBP: \_\_\_\_\_\_\_\_\_\_\_\_ 17c. HR**:\_\_\_\_\_\_\_\_\_\_**

17d. Seated (for safety only):  Yes No

18. Calculated in CDART - Average of all 6 measures

**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”. Please circle the response.

*1 2 3 4 5*

*No Symptoms Worst Possible*

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”.Please circle the response.

*1 2 3 4 5*

*No Symptoms Worst Possible*

**E. Staff Observations**

21. Was assistance provided during standing: Yes No (if no skip to 22)

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

Yes No

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

Yes No

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

Yes No

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

Yes No

25. Was OH assessment ended early:

Yes No (if no skip to 27)

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

26a. Staff concern of participant falling:

Yes No

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

Yes No

26c. Symptom: Balance

Yes No

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

Yes No

26e. Other:

Yes No (if no skip to 27)

26e1. If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item 27 is completed if at least one of the six measurements were taken while seated (for safety only)

(i.e., 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 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 (if no skip to end of form)

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