

**SITTING BLOOD PRESSURE FORM INSTRUCTIONS**  
**SBP VERSION C, 10/21/2008**  
**QxQ Prepared: 08/27/2005**

**I. General Instructions**

The Sitting Blood Pressure (SBP) form is completed during the participant's Exam 2 visit. The technician must be certified and should have a working knowledge of the JHS Blood Pressure Manual of Procedures. S/he 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 one-half hour before recording blood pressure. It is also important that the participant have no change of posture for five minutes before recording blood pressure.

Blood pressure is recorded twice using a random zero sphygmomanometer (and/or OmRon 706HEM digital equipment). The detailed instructions below for the administration of the SBP should be reviewed in combination with the instructions for performing the measurements in Manual 2: Cohort Component Procedures, and in Manual 3: Blood Pressure.

**II. Specific Instructions**

**A. Temperature**

1. Record the room temperature in degrees centigrade. A thermometer is read and the temperature recorded each time the procedure is initiated to note fluctuations.

**B. Tobacco and Caffeine Use, Physical Activity, and Medication**

2. Ask the Item as written. Use of any type of smoking materials, chewing tobacco, snuff, nicotine gum, etc. today or the current use of a nicotine patch should be noted. If none were used, skip to Item 4.
3. Ask about the most recent time. The Item 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. If the participant is wearing a nicotine patch, record '0' hours (3a) and '00' minutes (3b). If unknown, mark through the boxes with two horizontal lines.
- 4 – 5. Ask the Items as written to determine use of caffeine, following the same procedures given for Items 2 and 3 above.
6. Ask the item as written to determine any intense physical activity in the past 2 hours. Intense physical activity includes activity for longer than 10 minutes that resulted in sustained increase in heart rate, such as fast running, walking, bicycling, lifting weights or weight machines, etc.
7. This item is intended to determine whether the person has taken any blood pressure medications prior to the clinic visit. If none, proceed to Item 8, otherwise ask 7a.
- 7a. Ask the item as written to determine if blood pressure medications have been taken in the 2 hours preceding the clinic visit.

**C. Preliminary Measurements**

8. Measure right arm circumference once according to the directions in Manual 3: Blood Pressure, and record to the nearest centimeter.
9. Cuff size is determined by arm circumference measurement in Item 8. 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

10. Instruct the participant to sit quietly, without changing her/his posture, while keeping both feet flat on the floor for five minutes while you step out of the room. Start a timer, and return promptly after 5 minutes have elapsed. After the participant has sat quietly for five minutes, measure the heart rate for 30 seconds (**do not count for 15 seconds and multiply by two**) and record the number in the spaces available.
11. After recording the heart rate, enter the time using the 24 hour clock. For example, if the time is 8:30 am, record 0830 in the blocks provided. A five-minute wait with no change of posture must precede the first blood pressure measurement.

**D. Omron Calibration**

12. The Omron monitor is set to AUTO and the unit automatically inflates to the optimal pressure according to each patient's blood pressure. Record the maximum inflation level reached by the monitor.

**E. First Omron Blood Pressure Measurement**

- 13-14. Measure and record systolic and diastolic blood pressures as described in Manual 3: Blood Pressure. Right justify, using leading zeros if necessary.
15. Enter the heart rate

**F. Second Omron Blood Pressure Measurement**

- 16-17. Measure and record systolic and diastolic blood pressures as described in Manual 3: Blood Pressure. Right justify, using leading zeros if necessary.

**G. Calculated Average Omron Blood Pressure Measurement**

- 19-20. Average systolic (Item 19) and diastolic (Item 20) blood pressures are calculated automatically when the form is entered on the computer.

21. Enter the average heart rate (automatic calculated).

**H. Administrative Information**

22. Enter the date on which the participant was seen in the clinic. Code in numbers using leading zeros where necessary to fill in all boxes. For example, September 1, 2005 would be entered as:

0	9
---	---

month

0	1
---	---

day

2	0	0	5
---	---	---	---

year

23. Record "C" if the form was completed on the computerized data entry system, or "P" if the paper form was used. If the form was completed partially on paper and partially on the computer, code as "Paper Form."
24. The person at the clinic who has completed this form must enter her/his code number in the boxes provided.