Sitting Blood Pressure Form

ID NUMBER: ☐☐☐☐☐☐☐   CONTACT YEAR: | 0 | 1 |

LAST NAME: ☐☐☐☐☐☐☐☐☐☐☐☐   INITIALS: ☐☐

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.

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

   [Go to Item 4]——   No   N

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

   3a. ☐☐ hours   3b. ☐☐ minutes

4. Have you had any caffeinated beverages, such as coffee,
   tea, or colas, or any chocolate today?...Yes   Y

   [Go to Item 6]——   No   N

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

   5a. ☐☐ hours   5b. ☐☐ minutes

C. PRELIMINARY MEASUREMENTS

6. Right Arm Circumference (cm):.. [|]

7. Cuff Size:
{arm circumference in brackets}.................. Small adult {<24 cm}   S

Regular Arm {24–32 cm}   R

Large Arm {33–41 cm}   L

Thigh {>41cm}   T

8. Heart Rate (30 seconds):.. [|]

9a. Time of Day: [|] : [|]   9b.   AM   A
      h   h   m   m
                                        PM   P

10. Pulse Obliteration Pressure:.. [| |]

11. Maximum Zero:.. [|]

$$+ \; 3 \; 0$$

12. Peak Inflation Level
{Computation––Item #10
+ Item #11 + 30}:.. [| |]

D. FIRST BLOOD PRESSURE MEASUREMENT

13. Systolic:.. [| |]

14. Diastolic:.. [| |]

15. Zero Reading:.. [| |]

E. SECOND BLOOD PRESSURE MEASUREMENT

16. Systolic:.. ☐☐☐

17. Diastolic:.. ☐☐☐

18. Zero Reading:.. ☐☐☐

F. COMPUTED NET AVERAGE OF FIRST AND SECOND BLOOD PRESSURE MEASUREMENTS (See Worksheet)

19. Systolic:.. ☐☐☐

20. Diastolic:.. ☐☐☐

G. ADMINISTRATIVE INFORMATION

21. Date of data collection:................. ☐☐ / ☐☐ / ☐☐☐☐

       m   m   d   d   y   y   y   y

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)