



# Sitting Blood Pressure Form

FORM CODE: SBP  
VERSION C 10/21/2008

ID NUMBER:

CONTACT YEAR:

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, PHYSICAL ACTIVITY, AND MEDICATION

2. Have you smoked or used chewing tobacco, nicotine gum or snuff today or do you wear a nicotine patch?.....Yes 1

No 2

Don't Know 7

Refused 8

Missing 9

Go to Item 4

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

4. Have you had any caffeinated beverages, such as coffee, tea, or colas, or any chocolate today?.....Yes 1

No 2

Don't Know 7

Refused 8

Missing 9

Go to Item 6

5. About what time was it when you had any caffeinated beverage (tea, cola, coffee, or chocolate)? ..... :

6. Have you participated in any intense physical activity in the Past 2 hours? ..... Yes 1  
 No 2  
 Don't Know 7  
 Refused 8  
 Missing 9

**[IF YES, ASK 7a]**

7. Do you take any medications for high blood pressure? ..... Yes 1  
 No 2  
 Don't Know 7  
 Refused 8  
 Missing 9

- 7a. Have you taken your blood pressure medication in the Past 2 hours ..... Yes 1  
 No 2  
 Don't Know 7  
 Refused 8  
 Missing 9

**C. PRELIMINARY MEASUREMENTS**

8. Right Arm Circumference (cm):.....

9. Cuff Size:  
 {arm circumference in brackets}..... Small adult {<24 cm} 1  
 Regular Arm {24-32 cm} 2  
 Large Arm {33-41 cm} 3  
 Thigh {>41 cm} 4

10. Heart Rate (30 seconds):.....

11. Time of Day: .....   :    
 h h m m

**D. OMRON CALIBRATION:**

12. P-Set Level: ..... 

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**E. FIRST OMRON BLOOD PRESSURE MEASUREMENT**

13. Systolic: ..... 

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 mm/hg

14. Diastolic: ..... 

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 mm/hg

15. Heart Rate: ..... 

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 BPM

**F. SECOND OMRON BLOOD PRESSURE MEASUREMENT**

16. Systolic: ..... 

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 mm/hg

17. Diastolic ..... 

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 mm/hg

18. Heart Rate: ..... 

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 BPM

**G. COMPUTED NET AVERAGE OF FIRST AND SECOND OMRON BLOOD PRESSURE MEASUREMENTS**

19. Systolic ..... 

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 mm/hg

20. Diastolic ..... 

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 mm/hg

21. Heart Rate: ..... 

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 BPM

**H. ADMINISTRATIVE INFORMATION**

22. Date of data collection:.....

		/			/				
m	m		d	d		y	y	y	y

23. Method of Data Collection:.....

Computer	1
Paper Form	2

24. Data Collected .....

In Clinic	1
Off Site	2

25. Technician Code .....

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