



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

CRF Date: _____

RC ID: _____

BLOOD PRESSURE FORM

Check "Not measured" in item # 1 if blood pressure is not performed.

1. Date blood pressure taken: _____ / _____ / _____ (mm/dd/yyyy)
₉₇ Not measured

If blood pressure is not measured, STOP.

2. Time of day when seated blood pressure taken: _____ : _____ (military time)

3. Blood pressure device number: _____

4. Arm used: ₁ Right ₂ Left

5. Midpoint circumference of arm used: _____ . _____ cm

6. Size of cuff (check one):
₁ Child (< 24.0 cm)
₂ Adult (24.0 to < 33.0 cm)
₃ Large adult (33.0 to 41.0 cm)
₄ Thigh (> 41.0 cm to 50.0 cm)
₅ Thigh (> 50.0 cm)

Have participant remain seated for 5 minutes.

7. Seated pulse measurement (# in 30 seconds X 2): _____ beats/minute

8. Observed pulse obliteration pressure: _____

9. Peak inflation level (pulse obliteration pressure +30): _____

10. First seated blood pressure measure (systolic/diastolic): _____ / _____ mmHg
₉₇ Not measured

Wait for 30 seconds.

11. Second seated blood pressure measure (systolic/diastolic): _____ / _____ mmHg
₉₇ Not measured

Wait for 30 seconds.

12. Third seated blood pressure measure (systolic/diastolic): _____ / _____ mmHg
₉₇ Not measured

Have participant stand for 2 minutes.

Check "Not measured" if the participant is unable to stand due to physical limitations.

13. Standing pulse measurement (# in 30 seconds X 2): _____ beats/minute
₉₇ Not measured

14. Standing blood pressure (systolic/diastolic): _____ / _____ mmHg
₉₇ Not measured

15. Technician ID: _____ (4-digit ID)