

Data Entry Done

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Participant ID

HAPO FOLLOW-UP STUDY BLOOD PRESSURE REPEAT MEASUREMENT FORM - CHILD

NOTE: This form should only be used if blood pressure measurements are repeated for the child at the end of the Study Visit as directed by the HAPO-FUS Blood Pressure Alert Protocol for Children.

1. Time at which first blood pressure was measured after completion of study visit:	_____ : _____
2. Seated arm blood pressure reading 1: [after sitting 5 minutes]	_____ / _____ mmHg
3. Seated arm blood pressure reading 2: [after sitting an additional 1-2 minutes]	_____ / _____ mmHg
4. Seated arm blood pressure reading 3: [after sitting an additional 1-2 minutes]	_____ / _____ mmHg
5. HAPO staff ID of person measuring blood pressure:	_____
6. Recommendation for follow-up: CHECK ONLY ONE BOX	
<input type="checkbox"/> None	
<input type="checkbox"/> Follow-up with primary health care provider for repeat BP within one month	
<input type="checkbox"/> Follow-up with primary health care provider or Urgent Care Center for repeat BP within 24 hours	
<input type="checkbox"/> Other	
(If "Other", please specify: _____)	
7. Notes/Comments: _____	
8. HAPO staff ID of person entering data into Data Entry System:	_____

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