

**VA COOPERATIVE STUDY #578**

**Participant ID:** \_\_\_\_\_ - \_\_\_\_\_

**SOURCE DOCUMENT WORKSHEET FOR  
FORM 05: BLOOD PRESSURE AND WEIGHT**

To be completed by study personnel during the angiography visit. Once this form has been completed, this data should be entered into eDC and the form should be filed in the Participant's Study Binder.

1. Was a blood pressure measurement noted in the medical record within 72 hours of the angiography procedure? **BPPerf** **Blank: -1**  
 Yes (If yes, answer Q2-Q4) **1**  
 No **2**
  
2. Date blood pressure measured: \_\_\_\_/\_\_\_\_/\_\_\_\_ **DateBP**  
*Record the date of the measure most proximate to the index angiography and within 72 hours of the procedure.*
  
3. Systolic BP: \_\_\_\_\_ mmHg **SysBP**
  
4. Diastolic BP: \_\_\_\_\_ mmHg **DiaBP**
  
5. Weight: \_\_\_\_ . \_\_\_\_ kg **Weight**
  
6. Source of weight measurement: **WeightSource** **Blank: -1**  
 Measured **1**  
 Medical record **2**  
 Self-report **3**  
 Other **4** (7. Specify: \_\_\_\_\_ **WeightSourceOth** \_\_\_\_\_)
  
8. Date form completed: \_\_\_\_\_ **F05Complete**

Signature of person completing the form: \_\_\_\_\_