AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION AASK COHORT STUDY BLOOD PRESSURE FORM # 110

This form is completed at every visit. If more than one Form 110 is completed for a patient in any given day, please enter the first Form 110 that is completed and fax the others to the DCC. Also, a Form 110 should be completed on the same day that an ABPM (Form 170) is placed.

	1. Identification 2. Name Code 3. Visit 4. BP Date: mm/dd/y Number $\beta \rho$	уууу DT
5	a. Weight	WT
J	a. Weight	WT_UNIT
	b. Weight units (1=kg, 2=lbs) if wit-unit = 2 then wt = wt/2.2046; At cont a. Midpoint circumference of arm being used (cm)	
6.	a. Midpoint circumference of arm being used (cm) Note: Right arm should be used if possible.	••••
	b. Size of Cuff (check one)	(CUFF_SZ
	1=Child (< 24.0 cm) 3=Large Adult (33.0 to 41.0 cm)	1
	2=Adult (24.0 to < 33.0 cm)	
	c. Record "time of day" (24-hour clock) participant is seated for blood pressure	BP-TM
7	a. Location where blood pressure taken (check one)	(COCATION)
7.	1=Clinical Center 3=Other, specify:	
	2=Patient's home (not entered)	
	b. Record Tycos device number being used	-DEVICE SP
8.	Observed Pulse Obliteration Pressure	PULS_085
9.	Peak Inflation Level (Pulse Obliteration Pressure)	<u>+-30</u>
back bloo has	participant should be seated in a chair with a back on it with feet flat on a supported. Have the patient rest quietly without talking for 5 minutes bed pressure. The patient should refrain from cell phone usage. Confirm the refrained from eating, smoking, use of caffeine or vigorous activity at leaser to having BP measurement taken.	efore taking at the patient
10	Sented pulse measurement (heats/minute (# in 30 seconds x 2))	PULS_SIT

Revision of 07/22/2002 ID _____ Date ___/____

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