SC RENAL INSURA	Participant ID:		Participant Initials:		
	Clinical Center:	Site:	Visit Number:		
COMORT STUDY	CRF Date:		RC ID:		
BLOOD PRESSURE FORM					
Check "Not measured" in item # 1 if physical measure is not performed.					
1. Date blood pressure taken:			/ / (mm/dd/yyyy)		
If blood pressure is not measured, <u>STOP</u> .					
2. Time of day when seated blood pressure taken:			: (military ti	: (military time)	
3. Blood pressure device number:					
4. Arm used:			\square_1 Right \square_2 Left		
5. Midpoint circumference of arm used:			cm		
6. Size of cuff (<u>check one</u>):		$ \begin{array}{c} \square_1 \text{ Child (< 24.0 cm)} \\ \square_2 \text{ Adult (24.0 to < 33.0 cm)} \\ \square_3 \text{ Large adult (33.0 to 41.0 cm)} \\ \square_4 \text{ Thigh (> 41.0 cm to 50.0 cm)} \\ \square_5 \text{ Thigh (> 50.0 cm)} \end{array} $			
Have participant remain seated for 5 minutes.					
7. Seated pulse measurement (# in 30 seconds X 2):			beats/minute	beats/minute	
8. Observed pulse obliteration pressure:					
9. Peak inflation lev	vel (pulse obliteration pressure	<u>+30</u>):			
10. First seated bloo	d pressure measure (<u>systolic/c</u>	liastolic):	/m	mHg	
Wait for 30 seconds.					
11. Second seated b	lood pressure measure (<u>systol</u>	ic/diastolic):	/ m	mHg	
Wait for 30 seconds.					
12. Third seated bloc	od pressure measure (systolic/	diastolic):	/ m	mHg	
Have participant stand for 2 minutes. Check "Not measured" if the participant is unable to stand due to physical limitations.					
13. Standing pulse n	neasurement (<u># in 30 seconds</u>	<u>X 2</u>):	$__\97$ Mot measured		
14. Standing blood pressure (systolic/diastolic):		/ m Not measured	mHg		
15. Technician ID:		(4-digit ID)			
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