



Participant ID: _____ - _____ - _____

Participant Initials: _____

Clinical Center: _____ Site: _____

Visit Number: _____

CRF Date: ____/____/____

RC ID: _____

BLOOD PRESSURE FORM

1. Date Blood Pressure taken: _____ / _____ / _____
MM DD YYYY
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)
7. Seated Pulse measurement (**# in 30 seconds X 2**): _____ beats/minute
Have participant remain seated for 5 minutes.
8. Observed Pulse Obliteration Pressure: _____
9. Peak Inflation Level (Pulse Obliteration Pressure **+30**): _____
10. First seated Blood Pressure measure (**Systolic/Diastolic**): _____ / _____ mmHg
Wait for 30 seconds.
11. Second seated Blood Pressure measure (**Systolic/Diastolic**): _____ / _____ mmHg
Wait for 30 seconds.
12. Third seated Blood Pressure measure (**Systolic/Diastolic**): _____ / _____ mmHg
Have participant stand for 2 minutes.
13. Standing Pulse measurement (**# in 30 seconds X 2**): _____ beats/minute
14. Standing Blood Pressure (**Systolic/Diastolic**): _____ / _____ mmHg