



Blood Pressure Form

Missing Codes:
A-Participant refused
B-Reading not possible
C-Investigator forgot

Use Missing Codes to indicate reason for absent information.

This form is to be completed in conjunction with the Physical Findings Form.

1. Date of Visit: _____ / _____ / _____ **DVDATE**
Month Day Year

2. Blood pressure readings (Please take BP readings as indicated. Each reading must be 3 minutes apart):

2a. Right Arm BP: Sitting

	mmHg:	MAP:	Pulse Rate BPM:	Time (24 hour):
1.	SYSR1 / DIAR1	R1MAP	R1PR	R1TIME
2.	SYSR2 / DIAR2	R2MAP	R2PR	R2TIME
3.	SYSR3 / DIAR3	R3MAP	R3PR	R3TIME

TOTAL **RTOTMAP** MAP

2b. Left Arm BP: Sitting

	MmHg:	MAP:	Pulse Rate BPM:	Time (24 hour):
1.	SYSL1 / DIAL1	L1MAP	L1PR	L1TIME
2.	SYSL2 / DIAL2	L2MAP	L2PR	L2TIME
3.	SYSL3 / DIAL3	L3MAP	L3PR	L3TIME

TOTAL **LTOTMAP** MAP

2c. Dominant Arm* BP Standing (circle one): right left **darm**

	mmHg:	MAP:	Pulse Rate BPM:	Time (24 hour):
1.	SYSD1 / DIAD1	D1MAP	D1PR	D1TIME
2.	SYSD2 / DIAD2	D2MAP	D2PR	D2TIME
3.	SYSD3 / DIAD3	D3MAP	D3PR	D3TIME

*The Dominant Arm is the arm with the highest total MAP.

TOTAL **DTOTMAP** MAP

3. Blood pressure machine: Make: **MAKE** Model: **MODEL** Cuff size (circle): Ped Adult **BPCUFF**
Large Thigh

CRISP Member completing this form: **CMIDNUM** Date form completed: _____ / _____ / _____ **CDDATE**
Month Day Year

Contents of Form Reviewed by Principal Investigator (required signature): _____

Date Principal Investigator signed: _____ / _____ / _____ **RSDATE**
Month Day Year

Data Entry Status: Please check to indicate that the above information has been entered

Data Entry Person **DEIDNUM** Date Form Entered: _____ / _____ / _____ **DEDATE**
Month Day Year