



# BLOOD PRESSURE FORM

ID NUMBER:

FORM CODE: BPF  
VERSION: 1.0 10/26/10

Visit Number

SEQ #

0a) Form Date: ..... //

0b) Initials.....

**Instructions:** This form should be completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box.

1) Was blood pressure taken from right arm? .....

Yes .....Y → **Go to Item 2**

No .....N

a) If no, please explain: \_\_\_\_\_

2) Arm circumference (cm) .....

3) Cuff size: (arm circumference in brackets).....

- Small .....1
- Adult .....2
- Large .....3
- X Large.....4

4) Respiration Rate.....  per minute

5) Time first blood pressure taken:.....  :  AM / PM (circle one)

a) Systolic .....  mm Hg

b) Diastolic .....  mm Hg

c) Heart Rate .....  beats/min

6) Time second blood pressure taken:.....  :  AM / PM (circle one)

a) Systolic .....  mm Hg

b) Diastolic .....  mm Hg

c) Heart Rate .....  beats/min

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- 7) Time third blood pressure taken: ..... 

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 AM / PM (*circle one*)
- a) Systolic ..... 

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 mm Hg
- b) Diastolic ..... 

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 mm Hg
- c) Heart Rate ..... 

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 beats/min