



BLOOD PRESSURE FORM

ID NUMBER:

FORM CODE: BPF
VERSION: 3.0 05/08/2018

Event: _____

0a) Date of Collection / /

0b) Staff Code

Instructions: This form should be completed during the participant's clinic visit.

1) Was blood pressure taken from right arm?

- No₀
- Yes₁ → **Go to 2**

1a) If No, please explain _____

2) Arm circumference

cm

3) Cuff size (arm circumference in brackets)

- Small₁
- Adult₂
- Large₃
- X Large₄

4) Respiration Rate

breaths/min

5) Time first blood pressure is taken

: AM/PM
H H M M

5a) Systolic blood pressure

mm Hg

5b) Diastolic blood pressure

mm Hg

5c) Heart Rate

beats/min

6) Time second blood pressure is taken

: AM/PM
H H M M

6a) Systolic blood pressure

mm Hg

6b) Diastolic blood pressure

mm Hg

6c) Heart Rate

beats/min

ID NUMBER:								
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7) Time third blood pressure is taken

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
<i>H</i>	<i>H</i>		<i>M</i>	<i>M</i>

AM/PM

7a) Systolic blood pressure

<input type="text"/>	<input type="text"/>	<input type="text"/>	mm Hg
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7b) Diastolic blood pressure

<input type="text"/>	<input type="text"/>	<input type="text"/>	mm Hg
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7c) Heart Rate

<input type="text"/>	<input type="text"/>	<input type="text"/>	beats/min
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8) Average Blood Pressure and Heart Rate

8a) Average Systolic blood pressure

<input type="text"/>	<input type="text"/>	<input type="text"/>	mm Hg
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8b) Average Diastolic blood pressure

<input type="text"/>	<input type="text"/>	<input type="text"/>	mm Hg
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8c) Average Heart Rate

<input type="text"/>	<input type="text"/>	<input type="text"/>	beats/min
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