OMB#: 0925-0584
Exp. 8/31/2017

HCHS/SOL Sitting Blood Pressure

ID NUMBER: ☐☐☐☐☐☐☐

FORM CODE: SBP
VERSION: 1, 9/18/2014

Contact Occasion | 0 | 2 | SEQ # ☐☐

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

0b. Staff ID: ☐☐☐

Instructions: Enter results as measured. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those measures that are unattainable.

A. Arm measurements

1. Arm used for sitting blood pressure measurement (choose one): ☐

    Right (preferred)......................................1
    Left 2
    Other {note log}.....................................3

2. Arm circumference (cm) ☐☐

3. Cuff size: (OMRON cuff in brackets) ☐

[Select the OMRON cuff size that matches the *measured* arm circumference in cm as follows:
    Small (CS19) = 17.0 to 21.5;   Adult (CR19) = 22.0 to 31.5;

    Large (CL19) = 32.0 to 41.5;   X-Large(CX19)= 42.0 to 50.0+]

    Small {CS19}...1
    Adult {CR19} 2
    Large {CL19}...3
    X Large {CX19} 4

4. Time of measurement (24-hr. format): ☐☐ : ☐☐
    H H : M M

B. Average blood pressure / pulse rate

5. Systolic .... ☐☐☐

6. Diastolic .... ☐☐☐

7. Pulse:....................................... ☐☐☐

C. First blood pressure / pulse rate

8. Systolic .... ☐☐☐

9. Diastolic .... ☐☐☐

10. Pulse:.. ☐☐☐

D. Second blood pressure / pulse rate

11. Systolic .... ☐☐☐

12. Diastolic .... ☐☐☐

13. Pulse:.. ☐☐☐

E. Third blood pressure / pulse rate

14. Systolic .... ☐☐☐

15. Diastolic .... ☐☐☐

16. Pulse:.. ☐☐☐