Atherosclerosis Risk in Communities (ARIC) SITTING BLOOD PRESSURE FORM

ID NUMBER: [ ] [ ] [ ] [ ] CONTACT YEAR: 0 7 FORM CODE: SBP VERSION: C 03/03/93

LAST NAME: [ ] [ ] [ ] [ ] [ ] [ ] INITIALS: [ ] [ ]

Public reporting burden for this collection of information is estimated to average 12 minutes, including time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. If you have comments regarding this burden, please send them to Attention: PRA Reports Clearance Officer, PHS, 7219 Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, D.C. 20201, and to the Paperwork Reduction Project (0925-0281), Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

INSTRUCTIONS: This form should be completed during the participant's visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

SITTING BLOOD PRESSURE FORM (SBPC screen 1 of 3)

A. TEMPERATURE

1. Room Temperature (degrees centigrade):

B. TOBACCO AND CAFFEINE USE

"Smoking can change the results of the exams and laboratory tests we will do today. Because of this we would like to ask you..."

2. Have you smoked or used chewing tobacco, nicotine gum or snuff within the last 4 hours or do you wear a nicotine patch? ................. Yes Y No N

Go to Item 4

3. How long ago did you last smoke or last use chewing tobacco or snuff?

a. [ ] hours, b. [ ] minutes

"We are going to ask you not to smoke until you have completed your visit with us today. We do this so that your test results are not affected by smoking. If you must smoke, please tell us that you did before you leave."

4. Have you had any caffeinated beverages, such as coffee, tea, or colas, or chocolate within the last 4 hours? ... Yes Y No N

Go to Item 6

Screen 2

### SITTING BLOOD PRESSURE FORM (SBPC screen 2 of 3)

5. How long ago did you last have any caffeinated beverage, or chocolate?
   a. [ ] hours, b. [ ] minutes

9. a. Time of Day:       [ ] [ ] [ ]
   b. AM or PM:          [ ] [ ]

C. PRELIMINARY MEASUREMENTS

6. Right Arm Circumference (cm): [ ]

10. Pulse Obliteration Pressure: [ ] [ ] [ ]

7. Cuff Size:
   (arm circumference in brackets)
   Pediatric (under 24 cm) P
   Regular Arm (24-32 cm) R
   Large Arm (33-41 cm) L
   Other O

11. Maximum Zero: [ ] [ ] [ ]

8. Heart Rate (30 seconds): [ ] [ ] [ ]

12. Peak Inflation Level
   (Computation: Item #10 + Item #11 + 30):
   [ ] [ ]

D. FIRST BLOOD PRESSURE MEASUREMENT

13. Systolic: [ ] [ ] [ ]

14. Diastolic: [ ] [ ] [ ]

15. Zero Reading: [ ] [ ] [ ]

### SITTING BLOOD PRESSURE FORM (SBPC screen 3 of 3)

E. SECOND BLOOD PRESSURE MEASUREMENT

16. Systolic: [ ] [ ] [ ]

17. Diastolic: [ ] [ ] [ ]

18. Zero Reading: [ ] [ ] [ ]

F. THIRD BLOOD PRESSURE MEASUREMENT

19. Systolic: [ ] [ ] [ ]

20. Diastolic: [ ] [ ] [ ]

21. Zero Reading: [ ] [ ] [ ]

G. COMPUTED NET AVERAGE OF SECOND AND THIRD BLOOD PRESSURE MEASUREMENTS

22. Systolic: [ ] [ ] [ ]

23. Diastolic: [ ] [ ] [ ]

H. ADMINISTRATIVE INFORMATION

24. Date of data collection: [ ] [ ] [ ]

25. Method of Data Collection: .. Computer C
   Paper Form P

26. Code number of person completing this form: [ ] [ ] [ ]
**Worksheet for Computing Average of 2nd and 3rd Readings (Items 21 and 22)**

<table>
<thead>
<tr>
<th></th>
<th>Systolic</th>
<th>Diastolic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Measurement</td>
<td>___ ___ (#16)</td>
<td>___ ___ (#17)</td>
</tr>
<tr>
<td>2nd Zero Reading</td>
<td>- ___ ___ (#18)</td>
<td>- ___ ___ (#18)</td>
</tr>
<tr>
<td>Second Corrected</td>
<td>___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>Third Measurement</td>
<td>___ ___ (#19)</td>
<td>___ ___ (#20)</td>
</tr>
<tr>
<td>3rd Zero Reading</td>
<td>- ___ ___ (#21)</td>
<td>- ___ ___ (#21)</td>
</tr>
<tr>
<td>Third Corrected</td>
<td>___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>Average Corrected</td>
<td>___ ___ (#22)</td>
<td>___ ___ (#23)</td>
</tr>
</tbody>
</table>

INSTRUCTIONS FOR THE SITTING BLOOD PRESSURE FORM  
SBP, VERSION C, 03/03/93  
PREPARED 06/25/93

I. GENERAL INSTRUCTIONS

The Sitting Blood Pressure Form should be completed during the participant's clinic visit. The technician must be certified and should have a working knowledge of the ARIC Blood Pressure Manual of Procedures. He/she should also be familiar with and understand the document titled "General Instructions For Completing Paper Forms" prior to completing this form. ID Number, Contact Year, and Name should be completed as described in that document.

There should be no exertion, eating, smoking, or exposure to cold for half an hour before recording blood pressure. It is also important that the subject have no change of posture for five minutes before recording blood pressure.

Blood pressure is measured three times using a random zero sphygmomanometer. The detailed instructions below should be reviewed in combination with the Blood Pressure Manual of Procedures.

II. DETAILED INSTRUCTIONS FOR VARIOUS QUESTIONS

A. TEMPERATURE

1. Record the room temperature in degrees centigrade. A thermometer need not be read each time the procedure is initiated, but should be consulted two or three times during the day to note fluctuations.

B. TOBACCO AND CAFFEINE USE

2. Ask the question as stated. Any type of smoking, chewing tobacco, snuff, nicotine gum, etc. should be noted if within the last 4 hours. Note that the question has been updated to include the use of a nicotine patch. If none were used, skip to item 4.

3. Ask about the most recent time. The question is phrased "How long ago..." instead of "At what time..." in order to make it easier for the participant to answer. Record the answer in the same way, noting it must be 4 hours or less. If the participant is wearing a nicotine patch, record '0' hours (item 3a) and '00' minutes (item 3b). If unknown, mark through the boxes with two horizontal lines. At present, the script question between items 3 and 4 is asked only to reinforce the need to abstain from smoking. No action is required if the participant reports having smoked.
A - 304

4-5. Ask the questions as stated, following the same procedures given for items 2 and 3 above. Note that the question has been updated to include colas under caffeinated beverages.

C. PRELIMINARY MEASUREMENTS

6. Measure right arm circumference once according to the Manual of Procedures. Record to the nearest centimeter.

7. Cuff size is determined by the arm circumference measurement in item 6. The appropriate size for a given arm circumference is given below, and also appears on the form itself.

<table>
<thead>
<tr>
<th>Arm Circumference</th>
<th>Cuff Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>under 24 cm</td>
<td>Pediatric</td>
</tr>
<tr>
<td>24-32 cm</td>
<td>Regular Arm</td>
</tr>
<tr>
<td>33-41, cm</td>
<td>Large Arm</td>
</tr>
<tr>
<td>over 41 cm</td>
<td>Thigh (record as &quot;other&quot;)</td>
</tr>
</tbody>
</table>

8. After the participant has sat quietly for five minutes, measure the heart rate for 30 seconds (do not count for 15 seconds and multiply by two) and record the number in the spaces available.

9. Record the time. A five minute wait with no change of posture must precede the first blood pressure measurement.


12. Calculate peak inflation level as "pulse obliteration pressure" + "maximum zero" + 30. This item is calculated automatically when the form is entered on the computer. (As a way of denoting this on the paper form, lines are provided rather than boxes for recording the result.)

D. FIRST BLOOD PRESSURE MEASUREMENT

13-14. Measure and record systolic and diastolic blood pressures as described in the Manual of Procedures. Right justify, using leading zeroes if necessary.

15. Record the zero reading.

NOTE: Do not calculate net blood pressure at this time.

E & F. SECOND AND THIRD BLOOD PRESSURE MEASUREMENTS


ARIC Visit 3: SBPC

G. COMPUTED NET AVERAGE OF SECOND AND THIRD BLOOD PRESSURE MEASUREMENTS

22-23. Average systolic (item 22) and diastolic (item 23) blood pressures are calculated automatically when the form is entered on the computer. (As a way of denoting this on the paper form, lines are provided rather than boxes for recording the result.) When the paper form is being used, the average of the second and third readings for systolic and diastolic pressure must be calculated using a hand calculator. Use the worksheet at the end of the form to calculate items 22 and 23. Items 16-21 are transcribed onto that worksheet in the specified spaces. The "corrected" readings are calculated as the measurement itself minus the corresponding zero reading. These (second and third corrected) are then averaged to obtain the average corrected systolic and average corrected diastolic pressures. An example is given below.

H. ADMINISTRATIVE INFORMATION

24. Enter the date on which the participant was seen in the clinic. Code in numbers using leading zeroes where necessary to fill all boxes. For example, May 3, 1993, would be entered as:

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05/03/93
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month  day  year

25. Record "C" if the form was completed on the computerized data entry system, or "P" if the paper form was used. If the form was completed partially on paper and partially on the computer, code as "Paper Form."

26. The person at the clinic who has completed this form must enter his/her code number in the boxes provided.
EXAMPLE:

WORKSHEET FOR COMPUTING AVERAGE OF 2ND AND 3RD READINGS

(ITEMS 22 AND 23)

<table>
<thead>
<tr>
<th>SYSTOLIC</th>
<th>DIASTOLIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Measurement</td>
<td>1 4 2 (#16)</td>
</tr>
<tr>
<td>2nd Zero Reading</td>
<td>- 1 8 (#18)</td>
</tr>
<tr>
<td>Second Corrected</td>
<td>1 2 4</td>
</tr>
<tr>
<td>Third Measurement</td>
<td>1 3 8 (#19)</td>
</tr>
<tr>
<td>3rd Zero Reading</td>
<td>- 2 2 (#21)</td>
</tr>
<tr>
<td>Third Corrected</td>
<td>1 1 6</td>
</tr>
<tr>
<td>Average Corrected</td>
<td>1 2 0 (#22)</td>
</tr>
</tbody>
</table>