



Public reporting burden for this collection of information is estimated to average 9 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0584). Do not return the completed form to this address.

OMB#: 0925-0585
Exp. xx/xx/xxxx

HCHS/SOL Sitting Blood Pressure

ID NUMBER:

FORM CODE: SBP
VERSION: 1, 1/7/2014

Contact Occasion 02 SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: Enter results as measured. If measure is unobtainable, use the CDART Notelog window to code the option as it applies.

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: (arm circumference in brackets)

- Small {17-22 cm, CS19} 1
- Adult {22-32 cm, CR19} 2
- Large {32-42 cm, CL19} 3
- X Large {42-50 cm, 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:

ID NUMBER:									
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Contact
Occasion

0	2
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SEQ #

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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: