|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visit Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Transportation: Drive  Taxi Pick-up Time: | | | | | | |
| Participant wants forms read to them? YES NO | | | | | | |
| Diabetic?  Y N | Will need medications  Y N | Medical support needed  Y N | Able to walk:  Y N | Tanita Exclude:  Y N | Notes: | |
| Start Time | End Time | Excluded/  Refused | Procedure/Form | | | Staff ID |
|  |  |  | Sitting Blood Pressure (SBP)\* *Required* | | |  |
| **Ancillary Studies (Choose at least 1)** | | | | | |  |
|  |  |  | Orthostatic Hypotension | | |  |
|  |  |  | HBPM (first triplicate measurement in-clinic) | | |  |
|  |  |  | ABPM | | |  |
| **End of Visit Review** | | | | | |  |
|  |  |  | ABPM wear and return instructions | | |  |
|  |  |  | HBPM (8-day monitoring: AM & PM) and return instructions | | |  |
|  |  |  | Review any other administrative documents before participant goes home | | |  |
| **Lunch or Snack** | | | | | |  |
| **Purpose**: The Blood Pressure Stand-Alone Visit is an optional visit offered to provide additional flexibility to participants who are unable to complete the lengthy duration of Visit 10 but are still interested in participating in the BP ancillaries. This adjunct visit will occur at a time other than the initial clinic visit within **4 months** of ARIC Visit 10 and will accommodate the three protocols of the BP Ancillary (OH, HBPM and ABPM).  **Order of the visit:** Sitting Blood Pressure > Orthostatic Hypotension > HBPM (first triplicate measurement) > ABPM (in-clinic measurement; leave wearing the ABPM cuff). Staff will need to follow the protocols elaborated in MOP 37 & 38 to execute this outline.  \*Staff will enter the seated blood pressure information into the SBP form in the **Visit Ancillaries** form group—staff must not utilize the SBP form in the V10 / NCS form group for this separate visit. No alerts or results will be reported to participants from the seated blood pressure at the stand-alone visit. Field center staff should reference the alert values indicated in the SBP form itself, and follow all safety protocols described in MOP2, 37, and 38 for SBP and the BP Ancillaries. | | | | | | |