

MBER: CONTACT YEAR:	FORM CODE: SBP VERSION: B 01/23/90			
NAME:	INITIALS:			
needed, and completing and reviewing the collection of or any other aspect of this collection of information i Clearance Officer, PHS, 721-H Hubert H. Humphrey Bldg.,	cion is estimated to average 12 minutes per response, sisting data sources, gathering and maintaining the data information. Send comments regarding the burden estimate including suggestions for reducing this burden to Reports 200 Independence Ave. SW, Washington, D.C. 20201, Attn. Fork Reduction Project (OMB 0925-0281), Washington, D.C.			
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 (SBPB screen 1 of 4)				
TEMPERATURE  Room Temperature (degrees centigrade):	3. How long ago did you last smoke or last use chewing tobacco or snuff?			
· · · · · · · · · · · · · · · · · · ·	a. hours, b. minutes			
TOBACCO AND CAFFEINE USE  oking can change the results of the exams and boratory tests we will do today. Because of is we would like to ask you	"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."			
Have you smoked or used chewing tobacco or snuff within the last 4 hours? Yes Y	4. Have you had any coffee, tea, or chocolate within the last 4 hours? Yes			
Go to Item 4	Go to Item 6, Screen 2			

# SITTING BLOOD PRESSURE FORM (SBPB screen 2 of 4)

How long ago did you last have any coffee, tea, or chocolate?  a. hours, b. minutes  RELIMINARY MEASUREMENTS  Right Arm Circumference (cm)	7. Cuff Size: Pediatric {under 24 cm} P {arm circum- ference in Regular Arm {24-32 cm} R brackets}  Large Arm {33-41 cm} L  Other O				
SITTING BLOOD PRESSURE FORM (SBPB screen 3 of 4)					
a. Time of Day:	D. FIRST BLOOD PRESSURE MEASUREMENT  12. Systolic:				
Pulse Obliteration Pressure:	14. Zero Reading:				
Maximum Zero:					
Peak Inflation Level {Computation Item #9 + Item #10 + 30}:					

## SITTING BLOOD PRESSURE FORM (SBPB screen 4 of 4)

COND BLOOD PRESSURE	MEASUREMENT		G. COMPUTED NET AVERAGE OF SECOND AND THIRD BLOOD PRESSURE MEASUREMENTS		
Systolic:			Ol Gustalia		
Diastolic:			21. Systolic:		
Zero Reading:			H. ADMINISTRATIVE INFORMATION		
HIRD BLOOD PRESSURE	MEASUREMENT		23. Date of data collection: / / /		
Systolic:			month day year		
Diastolic:			24. Method of Data Collection: Computer C		
			Paper Form P		
Zero Reading:			25. Code number of person completing this form:		
WORKSHEET FOR COMPUTING AVERAGE OF 2ND AND 3RD READINGS (ITEMS 21 AND 22)					
		. 5151	OLIC DIASTOLIC		
	Second Measurement		(#15)(#16)		
	2nd Zero Reading		(#17)(#17)		
	Second Corrected				
	Third Measurement		(#18) (#19)		
	3rd Zero Reading		(#20)(#20)		
	Third Corrected				
	Average Corrected		(#21) (#22)		

# INSTRUCTIONS FOR THE SITTING BLOOD PRESSURE FORM SBP, VERSION B, 01/23/90 PREPARED 01/23/90

#### [. 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 nour 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

- 1. 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.
- 3. 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. If there was none, 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 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.

- 4-5. Ask the questions as stated, following the same procedures given for items 2 and 3 above.
- 2. Preliminary Measurements
- 5. Measure right arm circumference once according to the Manual of Procedures. Record to the nearest centimeter.

## Sitting Blood Pressure Form Instructions - Page 2 of 3

Cuff size should be 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.

Arm Circumference	Cuff Size
under 24 cm	Pediatric
24-32 cm	Regular Arm
33-41 cm	Large Arm
over 41 cm	Thigh (record as "other")

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

- ·10. Record as described in the Manual of Procedures.
- 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.)
- . First Blood Pressure Measurement
- 2-13. Measure and record systolic and diastolic blood pressures as described in the Manual of Procedures. Right justify, using leading zeroes if necessary.
- 4. Record the zero reading.

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

- & F. Second and Third Blood Pressure Measurements
- 5-20. Repeat as in 12-14 above.
- . Computed Net Average of Second and Third Blood Pressure Measurements
- !1-22. These items 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, these must be calculated using a hand calculator. A worksheet is provided at the end of the form to accomplish this. Items 15-20 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 for systolic and diastolic. An example is given below.

### Sitting Blood Pressure Form Instructions - Page 3 of 3

- H. Administrative Information
- 23. Record the date on which the measurements were performed.
- 24. Record "C" if the form was completed on the computerized data entry system, or "P" if the paper form was used.
- 25. The person at the clinic who has completed the form must enter his/her code number in the boxes provided.

<u>EXAMPLE:</u>
WORKSHEET FOR COMPUTING AVERAGE OF 2ND AND 3RD READINGS (ITEMS 21 AND 2)

	SYSTOLIC	DIASTOLIC
Second Measurement	<u>/ 4 8</u> (#15)	<u>/</u>
2nd Zero Reading	- <u>2</u> <u>6</u> (#17)	- 2 6 (#17)
Second Corrected	122	8_4
Third Measurement	<u>/ 4 0</u> (#18)	<u>9</u> 8 (#19)
3rd Zero Reading	- <u>2</u> <u>2</u> (*20)	- <u>2</u> <u>2</u> (#20)
Third Corrected	118	76
Average Corrected	1 2 0 (#21)	<u>80</u> (#22)