



INSTRUCTIONS FOR BLOOD PRESSURE FORM BPF, VERSION 2.0, QUESTION BY QUESTION (QxQ)

I. GENERAL INSTRUCTIONS

The Blood Pressure Form is completed during the participant's clinic visit.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data, please contact the GIC in order to receive your own individual staff code.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Item 1. **Blood pressure taken from right arm** Select only one option among the two possible choices.

- Select No if the subject's blood pressure was not taken from his/her right arm.
- Select Yes if the subject's blood pressure was taken from his/her right arm. [Go to Item 2.]

Item 1a. **Blood pressure not taken from right arm** If the subject's blood pressure was not taken from the right arm, please use the textbox provided to explain.

Item 2. **Arm Circumference** Record the subject's arm circumference size in cm in the boxes provided.

Item 3. **Cuff size** Select only one option among the four possible choices.

- Select Small if the subject's blood pressure was taken using the small cuff size.
- Select Adult if the subject's blood pressure was taken using the adult cuff size.
- Select Large if the subject's blood pressure was taken using the large cuff size.
- Select X Large if the subject's blood pressure was taken using the x large cuff size.

Item 4. **Respiration Rate** Record the subject's respiration rate in breaths per minute in the boxes provided.

Item 5. **First blood pressure** Record the time the subject's blood pressure was first taken as HH:MM in the boxes provided.

- Item 5a. Record the subject's systolic blood pressure in mm Hg in the boxes provided.
- Item 5b. Record the subject's diastolic blood pressure in mm Hg in the boxes provided.
- Item 5c. Record the subject's heart rate in beats per minute in the boxes provided.

Item 6. **Second blood pressure** Record the time the subject's blood pressure was taken a second time as HH:MM in the boxes provided.

- Item 6a. Record the subject's systolic blood pressure in mm Hg in the boxes provided.
- Item 6b. Record the subject's diastolic blood pressure in mm Hg in the boxes provided.
- Item 6c. Record the subject's heart rate in beats per minute in the boxes provided.

Item 7. **Third blood pressure** Record the time the subject's blood pressure was taken a third time as HH:MM in the boxes provided.

- Item 7a. Record the subject's systolic blood pressure in mm Hg in the boxes provided.
- Item 7b. Record the subject's diastolic blood pressure in mm Hg in the boxes provided.
- Item 7c. Record the subject's heart rate in beats per minute in the boxes provided.

Item 8. **Average blood pressure and heart rate**

- Item 8a. Record the subject's average systolic blood pressure in mm Hg in the boxes provided.
- Item 8b. Record the subject's average diastolic blood pressure in mm Hg in the boxes provided.
- Item 8c. Record the subject's average heart rate in beats per minute in the boxes provided.

Save and close the form.