



Participant ID:

RC ID:

Site:

CRF Date:

BLOOD PRESSURE

1. Time at start of assessment: _____ : _____ (military time)
2. Date of measurement: _____ / _____ / _____
(mm/dd/yyyy) Not measured
If blood pressure not measured skip Q. 3 - 11
- a. If blood pressure NOT measured, specify reason why:
- Participant refused
 - Device malfunction
 - MEU malfunction
 - BP cuff did not fit (too large or too small)
 - Other (specify): _____
3. Have you smoked within the past 24 hours? Yes No
- a. If yes, when: Date: _____ / _____ / _____ (mm/dd/yyyy)
_____ : _____ (military time)
4. If you are taking blood pressure medication, have you taken any today? Yes No Do not take blood pressure medication
5. Blood pressure device number: _____
6. Arm used: Right Left
- a. If left arm used, please specify why:
- Participant request
 - VP shunt in right arm
 - History of mastectomy on right side
 - Amputation
 - Severe contracture
 - Other (specify): _____
7. Midpoint circumference of arm used: _____ cm
8. Size of cuff (check one): Small (17.0-21.9 cm) Medium (22.0-32.5 cm)
Note: Ranges in cm are for arm circumference Large (32.6-42.5 cm) Xlarge (>42.5 cm)
9. First seated blood pressure measure (systolic/diastolic): _____ / _____ (mm Hg) Not measured



Participant ID:

RC ID:

Site:

CRF Date:

BLOOD PRESSURE

10. Second seated blood pressure measurement _____/_____ (mm Hg) Not measured
(systolic/diastolic):

11. Third seated blood pressure measurement _____/_____ (mm Hg) Not measured
(systolic/diastolic):

12. Time at end of assessment: ____ : ____ (military time)

If blood pressure reading outside of normal parameters, please complete an Incident Event Form.