



**DIETARY INTERVENTION STUDY IN CHILDREN  
BLOOD PRESSURE FORM**

ID	__-__-__-__-__-__
NC	__-__-__-__-__-__
VN	__-__-__-__-__-__

1. Date of examination: .....      -      -       
Month Day Year

**Blood Pressure Measurement**

2. Is the blood pressure being taken in the right arm?

Yes .....

1

No, it is necessary to use the left arm .....

2

No, it is not possible to use either arm .....

3

If NO, explain: \_\_\_\_\_

**If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Item 16 on page 3.**

3. Cuff size used:

Infant (10 - 18 cm) .....

1

Child (> 18 - 25 cm) .....

2

Adult (> 25 - 34 cm) .....

3

Large arm (> 34 - 47 cm) .....

4

Thigh (> 47 - 66 cm) .....

5

No proper fit (< 10 cm or > 66 cm) .....

6

**If NO PROPER FIT, skip to Item 16 on page 3.**

4. Starting time of pulse and blood pressure measurements: .....

..... : .....

Time

A.M. P.M.

1 2

5. Instrument number of RZ device: ..... D \_\_\_\_
6. Room temperature: ..... \_\_\_\_ °F

Pulse Measurement

7. Site of pulse measurement (if possible, pulse should be measured on same arm as blood pressure):
- |                                     |                          |   |
|-------------------------------------|--------------------------|---|
| Radial .....                        | <input type="checkbox"/> | 1 |
| Brachial .....                      | <input type="checkbox"/> | 2 |
| Chest .....                         | <input type="checkbox"/> | 3 |
| Not possible to measure pulse ..... | <input type="checkbox"/> | 4 |

If NOT POSSIBLE TO MEASURE PULSE, skip to Item 14.

8. Pulse reading (number of beats counted in 30 seconds), to be measured on same arm as blood pressure: ..... **BEATS**  
beats in 30 seconds
9. Pressure required to obliterate pulse (use standard manometer); enter larger value if two attempts were made: ..... mmHg

Cuff must ALWAYS be inflated to a MINIMUM of 180 mmHg.

10. Maximum inflation level (MIL: value in Item 9 plus 30): ..... mmHg
11. Maximum "Zero" for RZ device (bellows valve closed; cuff disconnected from RZ device): ..... mmHg
12. RZ maximum inflation level (value in Item 10 plus value in Item 11): ..... mmHg
13. Is MIL (Item 10) 260 or higher or were attempts to determine MIL unsatisfactory? .....  Yes  No  
1 2

If YES, skip to Item 15.

14. RZ Blood Pressure Measurements: (Do not do the subtraction in Item C until the second RZ reading has been taken.)

	BP in mmHg		
	SBP (1)	DBP - 4th Phase (2)	DBP - 5th Phase (3)
First RZ			
A. Reading .....	___ ___ ___	___ ___ ___	___ ___ ___
B. Zero value .....	___ ___	___ ___	___ ___
C. A - B .....	___ ___ ___	___ ___ ___	___ ___ ___
Second RZ			
D. Reading .....	___ ___ ___	___ ___ ___	___ ___ ___
E. Zero value .....	___ ___	___ ___	___ ___
F. D - E .....	___ ___ ___	___ ___ ___	___ ___ ___
Average RZ			
G. Sum (C + F) .....	___ ___ ___	___ ___ ___	___ ___ ___
H. Average (G ÷ 2) .....	<u>SAVE</u>	<u>D4AVE</u>	<u>D5AVE</u>

15. Were there any problems or special occurrences while determining the MIL or taking blood pressures?  Yes  No  
 If YES, specify: 1 2

16. DISC blood pressure and pulse observer:  
 A. Signature: \_\_\_\_\_  
 B. DISC certification number: \_\_\_\_\_

Retain a copy of this form for your files, Mail the original to the DISC Coordinating Center:

DISC Coordinating Center  
 Maryland Medical Research Institute  
 600 Wyndhurst Avenue  
 Baltimore, Maryland 21210