



Sleep Heart Health Study

**Supervisor Form for Simultaneous
Blood Pressure Observations**

Field Center: _____

Technician ID#: _____

QC Supervisor ID#: _____

Date form initiated: __-__-200__

Every other month each technician should, with a second technician, simultaneously measure blood pressure with a standard sphygmomanometer using a Y-tube on a volunteer, not a participant. Each technician should separately (and out of each other's view) record his/her measurements on a *Technician Form for Simultaneous Blood Pressure Observations*.

The QC Supervisor should then transfer the results to this form, calculate the differences between the two sets of measurements, and record the results below. If the difference on any individual measurement is greater than 4mmHg, or if the averages of the readings for each technician differ by more than 3mmHg, the supervisor should take corrective action and continue testing until the technicians succeed. A copy of this form should be sent to the Coordinating Center.

	1 st Technician	2 nd Technician	Difference
Initial Arm Circumference (cm)			
Initial Cuff Size Selected			
Palpated Systolic Pressure			
First Systolic Blood Pressure			
First Diastolic Blood Pressure			
Second Systolic Blood Pressure			
Second Diastolic Blood Pressure			
Average Systolic Blood Pressure			
Average Diastolic Blood Pressure			

Overall Comments of Supervisor

Instructions to Technicians / Corrective Actions

Signature, Quality Control Supervisor