

**TRIALS OF HYPERTENSION PREVENTION
 Blood Pressure Assessment Form**

1. PREPARATION FOR BLOOD PRESSURE MEASUREMENTS

- a. Arm circumference _____ cm
- b. Time of day _____ : _____ AM / PM
- WAIT FIVE MINUTES
- c. Time of day _____ : _____ AM / PM
- d. Room temperature _____ °F
- e. Cuff size Small adult (<24 cm) (1) Adult (24–32 cm) (2)
 Large adult (33–41 cm) (3) Thigh (> 41 cm) (4)
- f. Resting 30-second pulse _____ /30 seconds
- g. Pulse obliteration pressure _____ mm Hg
 + 3 0
- h. Maximum zero + _____ mm Hg
- i. Random zero peak inflation level _____ mm Hg
- j. TOHP certification number of random zero device

2. First random zero blood pressure

- a. Reading _____ / _____ mm Hg
- b. Zero value _____
- c. Corrected value (a – b) _____ / _____ mm Hg
- WAIT 30 SECONDS

3. Second random zero blood pressure

- a. Reading _____ / _____ mm Hg
- b. Zero value _____
- c. Corrected value (a – b) _____ / _____ mm Hg
- WAIT 30 SECONDS

4. Third random zero blood pressure

- a. Reading _____ / _____ mm Hg
- b. Zero value _____
- c. Corrected value (a – b) _____ / _____ mm Hg

5. Sum of 3 DBPs, items 2c + 3c + 4c

IF THIS SUM IS ≥ 281 , schedule a visit in approximately one week for BP safety monitoring.

6. TOHP identification number of person taking BP

IF VISIT DESIGNATION IS FO1, FO2, FO5, FO7, FO9, F12, F13, F16, or F19, COLLECT WEIGHT

7. Weight _____ pounds

8. TOHP identification number of person taking weight

9. TOHP identification number of person responsible for editing this form