

**TRIALS OF HYPERTENSION PREVENTION
 Blood Pressure Safety Monitoring Form #1**

This form should be used ONLY when the need for safety monitoring arises outside regularly scheduled data collection visits.

1. Reason for conducting this safety monitoring visit:
 (1) ___ Personal physician diagnosed high BP but is NOT starting drug therapy
 (2) ___ Ancillary TOHP blood pressure > ___ mm Hg
 (3) ___ Other (Specify _____)

2. 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
 + _____ mm Hg
 h. Maximum zero _____ mm Hg
 i. Random zero peak inflation level _____ mm Hg
 j. TOHP certification number of random zero device

3. First random zero blood pressure

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

4. Second random zero blood pressure

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

5. Third random zero blood pressure

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

6. Sum of 3 DBPs, items 3c + 4c + 5c _____
 IF THIS SUM IS ≥ 281 , schedule a second safety monitoring visit in approximately one week.

7. TOHP ID number of person taking BP _____

8. Weight _____ pounds

9. TOHP ID number of person taking weight _____

10. Is a second BP assessment visit necessary for safety monitoring (sum of 3 DBP ≥ 281)? YES (1) NO (2)

IF YES: Date scheduled ____/____/____

IF NOT SCHEDULED: Will a second visit be completed? YES (1) NO (2)

11. TOHP ID number of person responsible for completing this form _____

12. TOHP ID number of person responsible for editing this form _____