



SM2  
 ID number \_\_\_\_\_  
 Initials \_\_\_\_\_  
 Visit date \_\_\_\_/\_\_\_\_/\_\_\_\_

**TRIALS OF HYPERTENSION PREVENTION  
 Blood Pressure Safety Monitoring Form #2**

1. Was the blood pressure data for the second safety monitoring visit collected on a regular TOHP follow-up form? ..... YES  (1) NO  (2)  
 IF NO: SKIP TO ITEM #3.
2. Visit designation of the form containing the second set of safety monitoring blood pressure readings ..... \_\_\_\_\_  
 NOTE: STAPLE THE FORM LISTED IN ITEM #2 TO THIS FORM BEFORE SENDING TO THE CC.  
 SKIP TO ITEM #7
3. 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 ..... \_\_\_\_\_
4. First random zero blood pressure
  - a. Reading ..... \_\_\_\_\_ / \_\_\_\_\_ mm Hg
  - b. Zero value ..... \_\_\_\_\_
  - c. Corrected value (a – b) ..... \_\_\_\_\_ / \_\_\_\_\_ mm Hg  
 WAIT 30 SECONDS
5. Second random zero blood pressure
  - a. Reading ..... \_\_\_\_\_ / \_\_\_\_\_ mm Hg
  - b. Zero value ..... \_\_\_\_\_
  - c. Corrected value (a – b) ..... \_\_\_\_\_ / \_\_\_\_\_ mm Hg  
 WAIT 30 SECONDS
6. Third random zero blood pressure
  - a. Reading ..... \_\_\_\_\_ / \_\_\_\_\_ mm Hg
  - b. Zero value ..... \_\_\_\_\_
  - c. Corrected value (a – b) ..... \_\_\_\_\_ / \_\_\_\_\_ mm Hg
7. Sum of 3 DBPs, items 4c + 5c + 6c (or from regular TOHP follow-up form) .. \_\_\_\_\_
8. Sum of 3 DBPs from first monitoring visit (from SM1 form or regular data collection form) ..... \_\_\_\_\_
9. Sum of 6 DBPs, items 7 + 8 ..... \_\_\_\_\_  
 IF THIS SUM IS ≥ 561, schedule a third safety monitoring visit in approximately one week.  
 IF THIS SUM IS < 561, no further safety monitoring visits are necessary.
10. TOHP ID number of person taking BP ..... \_\_\_\_\_
11. Is a third BP assessment visit necessary for safety monitoring (sum of 6 DBP ≥ 561)? ..... YES  (1) NO  (2)  
 IF YES: Date scheduled ..... \_\_\_\_/\_\_\_\_/\_\_\_\_  
 IF NOT SCHEDULED: Will a third visit be completed? ..... YES  (1) NO  (2)
12. TOHP ID number of person responsible for completing this form ..... \_\_\_\_\_
13. TOHP ID number of person responsible for editing this form ..... \_\_\_\_\_