



SM3  
 ID number \_\_\_\_\_  
 Initials \_\_\_\_\_  
 Visit date \_\_\_\_/\_\_\_\_/\_\_\_\_

**TRIALS OF HYPERTENSION PREVENTION  
 Blood Pressure Safety Monitoring Form #3**

1. Was the blood pressure data for the third 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 third 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 ..... SBP/DBP
  - a. Reading ..... \_\_\_\_\_ / \_\_\_\_\_ mm Hg
  - b. Zero value ..... \_\_\_\_\_
  - c. Corrected value (a – b) ..... \_\_\_\_\_ / \_\_\_\_\_ mm Hg  
 WAIT 30 SECONDS
  
5. Second random zero blood pressure ..... SBP/DBP
  - a. Reading ..... \_\_\_\_\_ / \_\_\_\_\_ mm Hg
  - b. Zero value ..... \_\_\_\_\_
  - c. Corrected value (a – b) ..... \_\_\_\_\_ / \_\_\_\_\_ mm Hg  
 WAIT 30 SECONDS
  
6. Third random zero blood pressure ..... SBP/DBP
  - 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 6 DBPs from form SM2, item 9 ..... \_\_\_\_\_
9. Sum of 9 DBPs, items 7 + 8 ..... \_\_\_\_\_  
 IF THIS SUM IS  $\geq 855$ , the participant should be referred to his/her physician. Please complete a Provisional Termination Checklist (PTC).  
 IF THIS SUM IS  $< 855$  but  $\geq 810$ , the participant should be referred to his/her physician.  
 IF THIS SUM IS  $< 810$ , no further action is required.
  
10. TOHP ID number of person taking BP ..... \_\_\_\_\_
11. TOHP ID number of person responsible for completing this form ..... \_\_\_\_\_
12. TOHP ID number of person responsible for editing this form ..... \_\_\_\_\_