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OMB#: 0925-0584  
Exp. 8/31/2017

## HCHS/SOL Sitting Blood Pressure

ID NUMBER:							
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FORM CODE: SBP  
VERSION: 1, 9/18/2014

Contact  
Occasion

0	2
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SEQ #

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### ADMINISTRATIVE INFORMATION

0a. Completion Date:

		/			/				
Month		Day		Year					

0b. Staff ID:

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**Instructions:** Enter results as measured. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those measures that are unattainable.

### A. Arm measurements

1. Arm used for sitting blood pressure measurement (choose one): ☐

Right (preferred).....1

Left .....2

Other {note log}.....3

2. Arm circumference (cm)

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3. Cuff size: (OMRON cuff in brackets)

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[Select the OMRON cuff size that matches the *measured* arm circumference in cm as follows:

Small (CS19) = 17.0 to 21.5; Adult (CR19) = 22.0 to 31.5;

Large (CL19) = 32.0 to 41.5; X-Large(CX19)= 42.0 to 50.0+]

Small {CS19}.....1

Adult {CR19} .....2

Large {CL19}.....3

X Large {CX19} .....4

4. Time of measurement (24-hr. format):

		:		
H	H	:	M	M

### B. Average blood pressure / pulse rate

5. Systolic .....

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6. Diastolic .....

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7. Pulse:.....

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**C. First blood pressure / pulse rate**

8. Systolic ..... 

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9. Diastolic ..... 

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10. Pulse:..... 

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**D. Second blood pressure / pulse rate**

11. Systolic ..... 

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12. Diastolic ..... 

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13. Pulse:..... 

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**E. Third blood pressure / pulse rate**

14. Systolic ..... 

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15. Diastolic ..... 

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16. Pulse:..... 

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