



# HCHS/SOL Sitting Blood Pressure

ID NUMBER:

FORM CODE: SBP  
VERSION: A 8/31/07

Contact Occasion  SEQ #

Acrostic: \_\_\_\_\_

## ADMINISTRATIVE INFORMATION

0a. Completion Date:  /  /   
Month Day Year

0b. Staff ID:

**Instructions:** Enter results as measured. If measure is unobtainable, enter the special missing value, "==" , in the item.

### 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) .....

3. Cuff size: (arm circumference in brackets)

- Small {17-22 cm, CS19}..... 1
- Adult {22-32 cm, CR19} ..... 2
- Large {32-42 cm, CL19}..... 3
- X Large {42-50 cm, CX19}..... 4

4. Time of measurement

a. Time of day: .....  :   
H H M M

b. AM or PM

- AM..... A
- PM..... P

ID NUMBER:								
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SEQ #

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**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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