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

## HCHS/SOL Sitting Blood Pressure

ID NUMBER:

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

Contact Occasion

SEQ #

### ADMINISTRATIVE INFORMATION

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

**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)

3. Cuff size: (OMRON cuff in brackets)

[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 .....

6. Diastolic .....

7. Pulse:.....

ID NUMBER:									
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0	2
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SEQ #

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

8. Systolic .....

9. Diastolic .....

10. Pulse:.....

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

11. Systolic .....

12. Diastolic .....

13. Pulse:.....

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

14. Systolic .....

15. Diastolic .....

16. Pulse:.....