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OMB#: 0925-0584  
Exp. xx/xx/xxxx

## HCHS/SOL Sitting Blood Pressure

ID NUMBER:

FORM CODE: SBP  
VERSION: 1, 1/7/2014

Contact Occasion

SEQ #

### ADMINISTRATIVE INFORMATION

0a. Completion Date:   /   /      
Month Day Year

0b. Staff ID:

**Instructions:** Enter results as measured. If measure is unobtainable, use the CDART Notelog window to code the option as it applies.

### 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 (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: .....