

**Pease Study
Body and Blood Pressure Measures Form**

Form Approved
OMB No. 0923-XXXX
Exp. Date xx/xx/201x

ATSDR estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-xxxx).

Study ID No.: |-----|

Date: |_|_|/|_|_|/|_|_|

Time: |_|_|:|_|_| AM PM

PHYSICAL MEASUREMENTS

Height: |_|' |_|_|. |_|" (Nearest 1/2")

Modification to Procedure?

Yes No

Reason: _____

Weight: |_|_|_| lbs.

Modification to Procedure?

Yes No

Reason: _____

BMI: |_|_|. |_| kg/m²

Abdominal Girth: |_|_|_|" (inches)

Hip: |_|_|_| (inches)

BLOOD PRESSURE

Blood Pressure:

1. |_|_|_|/|_|_|_| (mm Hg)

Modification to Procedure?

Yes No

2. |_|_|_|/|_|_|_| (mm Hg)

Reason: _____

3. |_|_|_|/|_|_|_| (mm Hg)

This chart reflects blood pressure categories defined by the American Heart Association.

Check One	BP Category	Systolic BP (mm Hg)		Diastolic BP (mm Hg)	Action*
	Normal	<120	and	<80	No referral
	Elevated	120-129	or	<80	No referral
	Hypertension (Stage 1)	130-139	or	80-89	See a physician within 2 months
	Hypertension (Stage 2)	≥140	or	≥90	See a physician within 1 month
	Hypertensive Crisis	≥180	or	≥120	See physician immediately

* Defined by American Heart Association

Classification of BP in Adults Aged 18 Years or Older.

* If systolic and diastolic categories are different, the shorter recommended time for recheck and referral takes precedence. If two or three repeated systolic or diastolic measurements are abnormal but fall in different categories, determine the appropriate category based on their average.

If referral made, to whom (*mark one*):

No referral made

Emergency Room (Phone: xxx-xxx-xxxx)

Participant's Provider (Name: |-----|; Phone: |_|_|_|-|_|_|_|-|_|_|_|)

Referral 3 (Phone: xxx-xxx-xxxx)

Referral 4 (Phone: xxx-xxx-xxxx)