**Multi-site Study**

Form Approved

OMB No. 0923-0063

Exp. Date 05/31/2023

**Body and Blood Pressure Measures Form**

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 (0923-0063).

**Adult Study ID No.** |*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*| **OR Child Study ID No.** |*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*|

Date: |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| Time: |\_\_|\_\_|:|\_\_|\_\_| □ AM □ PM

**PHYSICAL MEASUREMENTS**

Height: |\_\_|’ |\_\_|\_\_|**.** |\_\_|” (Nearest ½”) Modification to Procedure?

 □ Yes □ No

 Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight: |\_\_|\_\_|\_\_| lbs. Modification to Procedure?

 □ Yes □ No

 Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BMI: |\_\_|\_\_|**.** |\_\_| kg/m2

Abdominal Girth: |\_\_|\_\_|\_\_|” (inches)

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

Waist: |\_\_|\_\_|\_\_| (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 | You should still continue to have your regular appointments and check-ups with your doctor |
|  | Elevated | 120-129 | and | <80 | You should still continue to have your regular appointments and check-ups with your doctor |
|  | Hypertension Stage 1 | 130-139 | or | 80-89 | You should call your doctor and ask for an appointment  |
|  | Hypertension Stage 2 | ≥ 140 | or | ≥ 90 | You should call your doctor and ask for an appointment  |
|  | Hypertensive Crisis | ­>180 | and | >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)