**Attachment T: The Obesity & Type II Diabetes Risk Assessment Blood Pressure Readings (Adult)**

*If you require information to be presented in an accessible format or reasonable accommodations to participate in this study, please contact us with any specific requests by calling XXX-XXX-XXXXX or emailing XXXX@XXXX.XXX. If you require language assistance to participate in this study, please contact us with any specific language assistance requests or needs.*

**Paperwork Reduction Act Burden Statement**

This collection of information is voluntary and will be used to evaluate the US Department of Housing and Urban Development’s Community Choice Demonstration. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering, and maintaining the data needed, 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. The OMB number for this collection is OMB 2528-0337 which expires on XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NAME at [XXXX@XXXXX.XXX](mailto:XXXX@XXXXX.XXX) or call XXX-XXX-XXXX.

**Privacy Act Statement**

**Authority:** Section 502 of the Housing and Urban Development Act of 1970 (Public Law 91-609) (12 U.S.C. §§ 1701z-1; 1701z-2(d) and (g)).

**Purpose:** This information is being collected to evaluate changes in the housing quality and health and well-being of families who enrolled in the Community Choice Demonstration (CCD). Data collection will occur between January 2024 and June 2027.

**Routine Use:** Please refer to System of Record Notice.

**Disclosure:** Your participation in this information collection is voluntary and you can choose not to answer any question that is asked. Your responses will not affect your current or future receipt of housing assistance or other benefits. Some study activities are being funded by the National Institute of Diabetes and Digestive and Kidney Diseases.

**SORN ID:** Housing Choice Voucher (HCV) Mobility Demonstration Evaluation Data Files, PD&R/RRE 09

[To be given to participants during visit]

**Results Report**

Understanding the test

A blood pressure test measures the pressure in the arteries as the heart pumps. A blood pressure test may be done as a part of a routine health checkup or as a screening for high blood pressure (hypertension). Some people use home monitors to check their blood pressure at home.

Why it’s done

A blood pressure test is a routine part of most health care checkups. Blood pressure screening is an important part of general health care. It allows doctors to monitor risk for hypertension.

What is hypertension?

Hypertension is when the force of the blood pushing against the artery walls is consistently too high. High blood pressure can increase the risk of heart attack, stroke, and other serious health problems.

Summary of Results (Example)

Test 1: 119/71mm Hg

Test 2: 119/70mm Hg

Test 3: 119/70mm Hg

**Averaged, your blood pressure: 119/70mm Hg, NORMAL**

These test results do NOT make or confirm a diagnosis of NORMAL/HIGH blood pressure which can only be determined by a qualified health professional.

Understanding your results

Blood pressure is measured in millimeters of mercury (mm Hg). A blood pressure measurement has two numbers:

* The top number (systolic) is the pressure of the blood flow when the heart muscle squeezes (contracts), pumping blood.
* The bottom number (diastolic) is the pressure measured between heartbeats.

**For VERY HIGH >180/120, we recommend that you follow-up with your health care provider URGENTLY. If you need contact information for a local health clinic, we have provided options below:**

**For ELEVATED -or- HIGH, we recommend that you follow-up with your health care provider as soon as possible. If you need contact information for a local health clinic, we have provided options below:**

[INSERT OPTIONS DEPENDING ON LOCATIONS]

This shows how the American Heart Association groups blood pressures so you can see how your numbers compare.

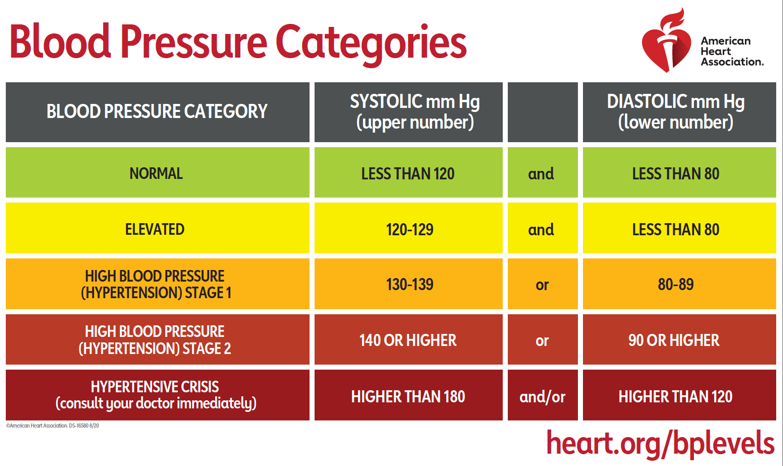


Image Description:

Table entitled “Blood Pressure Categories” showing which levels of Systolic and Diastolic blood pressure in mm Hg units correspond to which blood pressure category. Normal blood pressure is categorized as a systolic level of less than 120 and a diastolic level of less than 80. Elevated blood pressure corresponds to a systolic level of 120 to 129 and a diastolic level of less than 80. High blood pressure (hypertension) stage 1 corresponds to a systolic level of 130-139 or a diastolic level of 80-89. High blood pressure (hypertension) stage 2 corresponds to a systolic level of 140 or higher or a diastolic level of 90 or higher. A hypertensive crisis, for which you should consult your doctor immediately, corresponds to a systolic level higher than 180 and/or a diastolic level higher than 120.

# ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BP Date / /

Period: Baseline: □ Follow-up: □

**Generic Blood Pressure Form**

* 1. PREPARATION FOR BLOOD PRESSURE MEASUREMENTS
     1. Time of Blood Pressure measurements: \_\_\_\_ : \_\_\_\_ AM or PM (noon = 12:00 pm)
     2. Cuff size/type: Small (17-22 cm) \_\_\_ (1)   
        Medium (>22-32 cm) \_\_\_ (2)   
        Large(>32-42cm) \_\_\_ (3)   
        Extra large (>42-50 cm) \_\_\_ (4)

Circle Initial SV1 Cuff Size: 1 2 3 4

* + 1. Blood Pressure device # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wait five minutes seated.

* 1. FIRST BLOOD PRESSURE

SBP / DBP

* + 1. BP value \_\_\_\_ / \_\_\_\_ mm Hg
    2. b. Pulse rate \_\_\_\_ / \_\_\_\_ mm Hg

Wait 30 seconds.

* 1. SECOND BLOOD PRESSURE
     1. BP value \_\_\_\_ / \_\_\_\_ mm Hg
     2. b. Pulse rate . \_\_\_\_ / \_\_\_\_ mm Hg

Wait 30 seconds.

* 1. THIRD BLOOD PRESSURE
     1. BP value \_\_\_\_ / \_\_\_\_mm Hg
     2. b. Pulse rate \_\_\_\_ / \_\_\_\_ mm Hg
  2. Average of the SBP’s and DBP’s, Items 2a, 3a, and 4a \_\_\_\_ / \_\_\_\_ mm Hg

Escape Level #1 - If SBP >180 mmHG or DBP >110 mmHg, at any one visit, refer for medical care.

Escape Level #2 – SBP > 170 mmHg or DBP >105 mmHg, refer to medical care if repeat BP obtained within 7 days also exceeds this level.

BP verification by calculator Overall visit average (see #5 above) \_\_\_\_ / \_\_\_\_

Collected by (staff ID): \_\_\_\_\_\_\_\_\_\_\_\_\_

Entered by (staff ID): \_\_\_\_\_\_\_\_\_\_\_\_\_