Attachment O: The Obesity & Type II Diabetes Risk Assessment: Blood Pressure Readings – Follow-up (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 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:

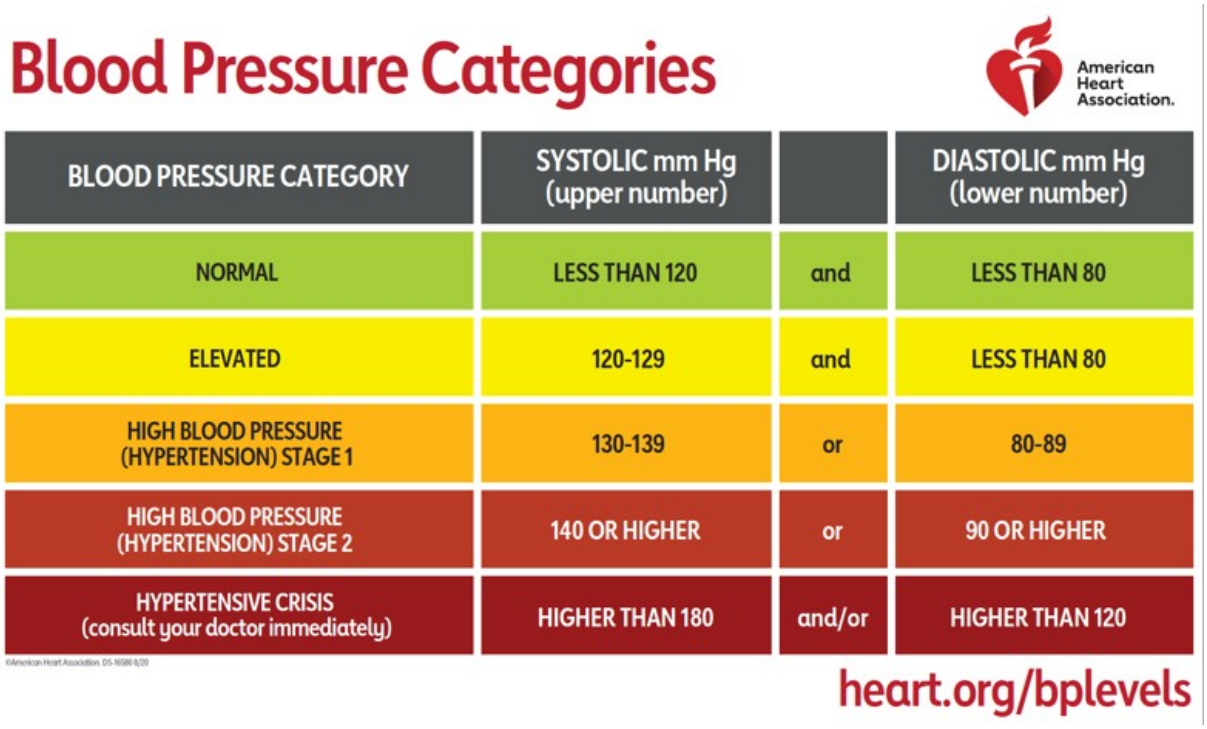
- The top number (systolic) is the pressure of the blood flow when the heart muscle squeezes (contracts), pumping blood.
- The bottom number (diastolic) is the pressure measured between heartbeats.

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 a list of options in the folder:

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 a list of options in the folder:

[INSERT OPTIONS DEPENDING ON LOCATIONS]

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



Blood Pressure Categories

American Heart Association.

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130-139	or	80-89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

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heart.org/bplevels

ID # _____

BP Date / /

Period: Baseline: □ Follow-up: □

Generic Blood Pressure Form

1. PREPARATION FOR BLOOD PRESSURE MEASUREMENTS

   a. Time of Blood Pressure measurements: ____ : ____ AM or PM (noon = 12:00 pm)

   b. Cuff size/type: Small (20-24.9 cm) ___ (1)
   Medium (25 – 31.9cm) ___ (2)
   Large(32-39.9cm) ___ (3)
   Extra large (40-45 cm) ___ (4)

   Circle Initial SV1 Cuff Size: 1 2 3 4

   c. Blood Pressure device # _____

   Wait five minutes seated.

2. FIRST BLOOD PRESSURE

   SBP / DBP

   a. BP value ..... ____ / ____ mm Hg

   b. b. Pulse rate..... ____ / ____ mm Hg

   Wait 30 seconds.

3. SECOND BLOOD PRESSURE

   a. BP value ..... ____ / ____ mm Hg

   b. b. Pulse rate..... ____ / ____ mm Hg

   Wait 30 seconds.

4. THIRD BLOOD PRESSURE

   a. BP value ..... ____ / ____mm Hg

   b. b. Pulse rate..... ____ / ____ mm Hg

5. Average of the SBP's and DBP's, Items 2a, 3a, and 4a..... ____ / ____ mm Hg

If average SPB is less than 120 and average DBP is less than 80, "Your results fall into the normal category."

If average SPB is 120-129 and average DBP is less than 80, “Your results fall into the elevated category. We recommend that you follow-up with your health care provider as soon as possible.”

If average SPB is 130-139 and average DBP is 80-89, “Your results fall into the high blood pressure category. We recommend that you follow-up with your health care provider as soon as possible.”

If average SPB is 140-149 and average DBP is 90-119, “Your results fall into the high blood pressure category. We recommend that you follow-up with your health care provider as soon as possible”

If SBP >180 mmHg or DBP >120 mmHg during any of the readings, “Your results fall into the very high category. We recommend that you follow-up with your health care provider urgently.”

BP verification by calculator Overall visit average (see #5 above) ____ / ____
Collected by (staff ID): _____
Entered by (staff ID): _____