



**DIETARY INTERVENTION STUDY IN CHILDREN
BLOOD PRESSURE FORM**

ID	__-__-__-__-__-__
NC	__-__-__-__-__-__
VN	__-__-__-__-__-__

1. Date of examination: - -
Month Day Year

Blood Pressure Measurement

2. Is the blood pressure being taken in the right arm?

Yes

No, it is necessary to use the left arm

No, it is not possible to use either arm

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

If NO, explain: _____

If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Item 16 on page 3.

3. Cuff size used:

Infant (10 - 18 cm)

Child (> 18 - 25 cm)

Adult (> 25 - 34 cm)

Large arm (> 34 - 47 cm)

Thigh (> 47 - 66 cm)

No proper fit (< 10 cm or > 66 cm)

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4
<input type="checkbox"/>	5
<input type="checkbox"/>	6

If NO PROPER FIT, skip to Item 16 on page 3.

4. Starting time of pulse and blood pressure measurements:

_____ : _____
Time

<input type="checkbox"/>	<input type="checkbox"/>
A.M.	P.M.
1	2

5. Instrument number of RZ device: D ____
6. Room temperature: ____ °F

Pulse Measurement

7. Site of pulse measurement (if possible, pulse should be measured on same arm as blood pressure):
- | | | |
|-------------------------------------|--------------------------|---|
| Radial | <input type="checkbox"/> | 1 |
| Brachial | <input type="checkbox"/> | 2 |
| Chest | <input type="checkbox"/> | 3 |
| Not possible to measure pulse | <input type="checkbox"/> | 4 |

If NOT POSSIBLE TO MEASURE PULSE, skip to Item 14.

8. Pulse reading (number of beats counted in 30 seconds), to be measured on same arm as blood pressure: BEATS
beats in 30 seconds
9. Pressure required to obliterate pulse (use standard manometer); enter larger value if two attempts were made: mmHg

Cuff must ALWAYS be inflated to a MINIMUM of 180 mmHg.

10. Maximum inflation level (MIL: value in Item 9 plus 30): mmHg
11. Maximum "Zero" for RZ device (bellows valve closed; cuff disconnected from RZ device): mmHg
12. RZ maximum inflation level (value in Item 10 plus value in Item 11): mmHg
13. Is MIL (Item 10) 260 or higher or were attempts to determine MIL unsatisfactory? Yes No
1 2

If YES, skip to Item 15.

14. RZ Blood Pressure Measurements: (Do not do the subtraction in Item C until the second RZ reading has been taken.)

	BP in mmHg		
	SBP (1)	DBP - 4th Phase (2)	DBP - 5th Phase (3)
First RZ			
A. Reading	___ ___ ___	___ ___ ___	___ ___ ___
B. Zero value	___ ___	___ ___	___ ___
C. A - B	___ ___ ___	___ ___ ___	___ ___ ___
Second RZ			
D. Reading	___ ___ ___	___ ___ ___	___ ___ ___
E. Zero value	___ ___	___ ___	___ ___
F. D - E	___ ___ ___	___ ___ ___	___ ___ ___
Average RZ			
G. Sum (C + F)	___ ___ ___	___ ___ ___	___ ___ ___
H. Average (G ÷ 2)	<u>SAVE</u>	<u>D4AVE</u>	<u>D5AVE</u>

15. Were there any problems or special occurrences while determining the MIL or taking blood pressures? Yes No
 If YES, specify: 1 2

16. DISC blood pressure and pulse observer:

A. Signature: _____
 B. DISC certification number: _____

Retain a copy of this form for your files, Mail the original to the DISC Coordinating Center:

DISC Coordinating Center
 Maryland Medical Research Institute
 600 Wyndhurst Avenue
 Baltimore, Maryland 21210