TOHP

Trials of Hypertension Prevention
(TOHP) supported by the National
Heart, Lung, and Blood Institute
National Institutes of Health

Visit ___ ___ ___
ID number ___ ___ ___ ___ ___ ___ ___ ___
Initials ___ ___ ___ ___ ___
Visit date ___ ___/___ ___/___ ___

TRIALS OF HYPERTENSION PREVENTION
Blood Pressure Assessment Form

1. PREPARATION FOR BLOOD PRESSURE MEASUREMENTS

   a. Arm circumference ..... ___ ___ cm
   b. Time of day ..... ___ ___ : ___ ___ AM / PM

   WAIT FIVE MINUTES

   c. Time of day ..... ___ ___ : ___ ___ AM / PM
   d. Room temperature ..... ___ ___ °F
   e. Cuff size ..... Small adult (<24 cm) ☐ (1) Adult (24–32 cm) ☐ (2)
   Large adult (33–41 cm) ☐ (3) Thigh (> 41 cm) ☐ (4)
   f. Resting 30-second pulse ..... _____/30 seconds
   g. Pulse obliteration pressure ..... ___ ___ ___ mm Hg
   + 3 0
   h. Maximum zero ..... + ___ ___ mm Hg
   i. Random zero peak inflation level ..... ___ ___ ___ mm Hg
   j. TOHP certification number of random zero device ..... ___ ___ ___ ___

2. First random zero blood pressure SBP/DBP

   a. Reading ..... ___ ___ ___/ ___ ___ ___ mm Hg
   b. Zero value ..... ___ ___ ___ ___
   c. Corrected value (a – b) ..... ___ ___ ___/ ___ ___ ___ mm Hg

   WAIT 30 SECONDS

3. Second random zero blood pressure SBP/DBP

   a. Reading ..... ___ ___ ___/ ___ ___ ___ mm Hg
   b. Zero value ..... ___ ___ ___ ___
   c. Corrected value (a – b) ..... ___ ___ ___/ ___ ___ ___ mm Hg

   WAIT 30 SECONDS

4. Third random zero blood pressure SBP/DBP

   a. Reading ..... ___ ___ ___/ ___ ___ ___ mm Hg
   b. Zero value ..... ___ ___ ___ ___
   c. Corrected value (a – b) ..... ___ ___ ___/ ___ ___ ___ mm Hg

5. Sum of 3 DBPs, items 2c + 3c + 4c ..... ___ ___ ___

   IF THIS SUM IS ≥ 281, schedule a visit in approximately one week for BP safety monitoring.

6. TOHP identification number of person taking BP ..... ___ ___ ___ ___

IF VISIT DESIGNATION IS F01, F02, F05, F07, F09, F12, F13, F16, or F19, COLLECT WEIGHT

7. **Weight** ..... ___ ___ ___ **pounds**
8. **TOHP identification number of person taking weight** ..... ___ ___ ___ ___

9. TOHP identification number of person responsible for editing this form ..... ___ ___ ___ ___