



SM2
 ID number _____
 Initials _____
 Visit date ____/____/____

**TRIALS OF HYPERTENSION PREVENTION
 Blood Pressure Safety Monitoring Form #2**

1. Was the blood pressure data for the second safety monitoring visit collected on a regular TOHP follow-up form? YES (1) NO (2)
 IF NO: SKIP TO ITEM #3.
2. Visit designation of the form containing the second set of safety monitoring blood pressure readings _____
 NOTE: STAPLE THE FORM LISTED IN ITEM #2 TO THIS FORM BEFORE SENDING TO THE CC.
 SKIP TO ITEM #7
3. 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 _____
4. First random zero blood pressure
 - a. Reading _____ / _____ mm Hg
 - b. Zero value _____
 - c. Corrected value (a – b) _____ / _____ mm Hg
 WAIT 30 SECONDS
5. Second random zero blood pressure
 - a. Reading _____ / _____ mm Hg
 - b. Zero value _____
 - c. Corrected value (a – b) _____ / _____ mm Hg
 WAIT 30 SECONDS
6. Third random zero blood pressure
 - a. Reading _____ / _____ mm Hg
 - b. Zero value _____
 - c. Corrected value (a – b) _____ / _____ mm Hg
7. Sum of 3 DBPs, items 4c + 5c + 6c (or from regular TOHP follow-up form) .. _____
8. Sum of 3 DBPs from first monitoring visit (from SM1 form or regular data collection form) _____
9. Sum of 6 DBPs, items 7 + 8 _____
 IF THIS SUM IS ≥ 561, schedule a third safety monitoring visit in approximately one week.
 IF THIS SUM IS < 561, no further safety monitoring visits are necessary.
10. TOHP ID number of person taking BP _____
11. Is a third BP assessment visit necessary for safety monitoring (sum of 6 DBP ≥ 561)? YES (1) NO (2)
 IF YES: Date scheduled ____/____/____
 IF NOT SCHEDULED: Will a third visit be completed? YES (1) NO (2)
12. TOHP ID number of person responsible for completing this form _____
13. TOHP ID number of person responsible for editing this form _____