



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

SV1
ID number _____
Initials _____
Visit Date ____/____/____

**TRIALS OF HYPERTENSION PREVENTION
Screening Form #1**

1. Date of birth ____/____/____
month day year
2. Sex Male ____ (1) Female ____ (2)
3. Race White ____ (1) Hispanic ____ (2)
Black ____ (3) Asian ____ (4)
Other ____ (5)
(specify _____)

4. PREPARATION FOR BLOOD PRESSURE MEASUREMENTS

WAIT FIVE MINUTES SEATED

- a. Cuff size Small adult (<24 cm) ____ (1) Adult (24-32 cm) ____ (2)
Large adult (33-41 cm) ____ (3) Thigh (>41 cm) ____ (4)
- b. Resting 30-second pulse ____ /30 seconds
- c. Pulse obliteration pressure (POP) ____ mm Hg
+ 6 0
- d. Random zero peak inflation level (PIL) ____ mm Hg
5. First random zero blood pressure SBP/DBP
- a. Uncorrected value ____ / ____ mm Hg
- b. Zero value ____
- c. Corrected value (a - b) ____ mm Hg

WAIT 30 SECONDS

6. Second random zero blood pressure SBP/DBP
- a. Uncorrected value ____ / ____ mm Hg
- b. Zero value ____
- c. Corrected value (a - b) ____ mm Hg

WAIT 30 SECONDS

7. Third random zero blood pressure SBP/DBP
- a. Uncorrected value ____ / ____ mm Hg
- b. Zero value ____
- c. Corrected value (a - b) ____ mm Hg
8. Sum of 3 SBPs and 3 DBPs, items 5c + 6c + 7c ____ mm Hg

IF THE SUM OF 3 DBPs IS OUTSIDE THE RANGE 243-293 mmHg, THE
CANDIDATE IS **INELIGIBLE**. TERMINATE THE INTERVIEW.

9. Height ____ inches
Staff ID _____
10. Weight ____ lbs.
Refer to Height/Weight chart to confirm eligibiity. If outside range listed,
candidate is ineligible. Staff ID _____

IF ELIGIBLE, ASK IF WILLING TO LOSE AT LEAST 10 LBS. IF ASSIGNED WEIGHT LOSS

11. Is candidate eligible and willing to continue to SV2? Yes ____ (1) No ____ (2)
If No, reason _____

Staff use _____

Editor ID _____