TOHP

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

SM1
ID number ___ ___ ___ ___ ___ ___ ___ ___
Initials ___ ___ ___ ___ ___
Visit date ___ ___/___ ___/___ ___

# TRIALS OF HYPERTENSION PREVENTION
## Blood Pressure Safety Monitoring Form #1

This form should be used ONLY when the need for safety monitoring arises outside regularly scheduled data collection visits.

1. Reason for conducting this safety monitoring visit:
   (1) ___ Personal physician diagnosed high BP but is NOT starting drug therapy
   (2) ___ Ancillary TOHP blood pressure > __ mm Hg
   (3) ___ Other (Specify _____ )

2. 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 ..... ___ ___ ___ ___

3. First random zero blood pressure — SBP/DBP
   a. Reading ..... ___ ___ ___/ ___ ___ ___ mm Hg
   b. Zero value ..... ___ ___ ___ ___
   c. Corrected value (a − b) ..... ___ ___ ___/ ___ ___ ___ mm Hg

   WAIT 30 SECONDS

4. Second random zero blood pressure — SBP/DBP
   a. Reading ..... ___ ___ ___/ ___ ___ ___ mm Hg
   b. Zero value ..... ___ ___ ___ ___
   c. Corrected value (a − b) ..... ___ ___ ___/ ___ ___ ___ mm Hg

   WAIT 30 SECONDS

5. Third random zero blood pressure — SBP/DBP
   a. Reading ..... ___ ___ ___/ ___ ___ ___ mm Hg
   b. Zero value ..... ___ ___ ___ ___
   c. Corrected value (a − b) ..... ___ ___ ___/ ___ ___ ___ mm Hg

6. Sum of 3 DBPs, items 3c + 4c + 5c ..... ___ ___ ___
   IF THIS SUM IS ≥ 281, schedule a second safety monitoring visit in approximately one week.

7. TOHP ID number of person taking BP ..... ___ ___ ___ ___

8. Weight ..... ___ ___ ___ pounds

9. TOHP ID number of person taking weight ..... ___ ___ ___ ___

10. Is a second BP assessment visit necessary for safety monitoring (sum of 3 DBP ≥ 281)? ..... YES ☐ (1) NO ☐ (2)

    IF YES: Date scheduled ..... __ __/ __ __/ __ __

    IF NOT SCHEDULED: Will a second visit be completed? ..... YES ☐ (1) NO ☐ (2)

11. TOHP ID number of person responsible for completing this form ..... ___ ___ ___ ___

12. TOHP ID number of person responsible for editing this form ..... ___ ___ ___ ___