

# ENRGISE PILOT STUDY: BP, PULSE, WEIGHT & TEMP

Visit Date Completed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Staff ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rev: _____ DE: _____ Date: _____
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**Before taking your first blood pressure reading, there will be a 5 minute waiting period. When the cuff inflates, it may feel tight and you will feel some pressure on your upper arm. While we are measuring your blood pressure, we ask you not to talk and I will not talk either because talking and moving changes your blood pressure. Do you have any questions?**

## Section 1: BLOOD PRESSURE

1. What arm was used? *(Note: Right arm should be used as the default.)*

1 Right  
 2 Left →  
 3 Neither → STOP, end form

1a. Why was the right arm not used?
  1 Participant indicated not to use right arm  
 2 Other condition listed in MOP prevents use

2. What is the participant's arm circumference?  cm

3. What Omron cuff size was used?

1 Index 17-22cm (CS19)       3 Index 32-42cm (CL19)  
 2 Index 22-32cm (CR19)       4 Index 42-50cm (CX19)

4. BP Measurement Average / Note: Review for impact on dosing.

5. BP Measurement Inflation 1 /

6. BP Measurement Inflation 2 /

7. BP Measurement Inflation 3 /

8. Average Pulse Rate  bpm

## Section 2: WEIGHT\*

9. **Now, let's get your weight. Please slip off your shoes (remove your jacket, etc.). Please step on the scale.**

. Kilograms →

9a. **Since your last visit on [date of last follow-up visit] have you intentionally tried to decrease your weight?**  
 1 Yes     2 No

## Section 3: TEMPERATURE\*

10. What is the participant's temperature? . Degrees Fahrenheit

*\*Only measure at Follow-up Visits (not safety visits)*  
 BP, Pulse, Weight & Temp\_BPWT