

Patient Name: \_\_\_\_\_

Patient Study ID: \_\_\_\_\_

Site ID: \_\_\_\_ Interviewer ID: \_\_\_\_\_ Date: \_\_\_\_\_

## Patient Screening Form 3 (PSF3)

1. What is patient's arm circumference? \_\_\_\_\_ cm

**Check cuff(s) used:**

- ☐ Regular arm cuff only (31.9 cm or less)  
☐ Large arm cuff only (32.0 -41.9 cm)  
☐ Large arm cuff AND wrist cuff (42.0 cm or more)

**2. What is BP, as measured by ARM CUFF?**

a. SBP1 \_\_\_\_\_ DBP1 \_\_\_\_\_  
*Record but DO NOT use in determining average*

b. SBP2 \_\_\_\_\_ DBP2 \_\_\_\_\_

c. SBP3 \_\_\_\_\_ DBP3 \_\_\_\_\_

d. Average **SBP2 and SBP 3**: \_\_\_\_\_

e. Average **DBP2 and DBP 3**: \_\_\_\_\_

*Write lines d & e on BP card. Give card to patient.*

**3. What is BP, as measured by wrist cuff?**

a. SBP1 \_\_\_\_\_ DBP1 \_\_\_\_\_  
*Record but DO NOT use in determining average*

b. SBP2 \_\_\_\_\_ DBP2 \_\_\_\_\_

c. SBP3 \_\_\_\_\_ DBP3 \_\_\_\_\_

d. Average **SBP2 and SBP 3**: \_\_\_\_\_

e. Average **DBP2 and DBP 3**: \_\_\_\_\_

*Write lines d & e on BP card. Give card to patient.*

4. In the past six months, did you obtain any blood pressure medication from...

	Yes	No	If yes: where is the pharmacy or pharmacies located?
a. any Walgreen's pharmacies?	<input type="checkbox"/>	<input type="checkbox"/>	
b. any Aurora pharmacies?	<input type="checkbox"/>	<input type="checkbox"/>	
c. any other community, hospital, or mail-order pharmacies?	<input type="checkbox"/>	<input type="checkbox"/>	

5. In the past six months, did you obtain any free samples or supplies of prescription blood pressure medication ...

	Yes	No	If yes: what medication did you obtain?
a. at a doctor's office or clinic?	<input type="checkbox"/>	<input type="checkbox"/>	
b. at an emergency room or hospital?	<input type="checkbox"/>	<input type="checkbox"/>	
c. from family or friends?	<input type="checkbox"/>	<input type="checkbox"/>	

**6. In the past six months, was there any change in your health insurance or benefits?**

☐ Yes

6a. If **yes**, what changed? \_\_\_\_\_

☐ No

<b>7. Do you currently have any health insurance or benefits that cover...</b>	<b>Yes</b>	<b>No</b>
a. hospital?	<input type="checkbox"/>	<input type="checkbox"/>
b. medical or doctor visits?	<input type="checkbox"/>	<input type="checkbox"/>
c. prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>

**8. Do you have any health insurance or benefit cards? (May I see them?)**

☐ Yes (list below)    ☐ No (explain:\_\_\_\_\_)

Plan A:	Member ID or claim number:
Plan B:	Member ID or claim number:
Plan C:	Member ID or claim number:

**9. One goal of this study is to assess the types of medications and services used by persons with high blood pressure. To do this, researchers will examine insurance records. Would you mind giving your social security number so they can obtain more accurate insurance information for the past 12 months? This information will be kept strictly confidential.**

**SSN:**    -    -   

☐ R refused