

OMRON 907XL BP MEASUREMENT CHECKLIST

Date: _____

Site: _____

Name of person measuring blood pressure: _____

Name of evaluator (person filling out this form): _____

Check all items that were performed:

_____ Evaluated whether the participant avoided caffeine, exercise, and smoking for at least 30 minutes before measurement

_____ Evaluated whether the participant emptied his/her bladder prior to measurement

_____ Identified non-dominant arm

_____ All clothing covering the location of cuff placement was sufficiently removed

_____ Properly positioned the participant in the chair (back supported, feet flat on the floor, etc)

_____ The participant's arm appropriately supported

_____ Arm circumference measured

_____ A correctly sized blood pressure cuff chosen

_____ Blood pressure cuff properly placed on the arm (location, proper fit, etc)

_____ Participant asked to turn off or mute their cellphone, and the cellphone was placed on the table nearby (but out of reach from the participant)

_____ Three blood pressure measurements were taken successfully (5mins before first, measurement, 1min between subsequent measurements)

_____ Participant asked to not move or talk during the entire blood pressure measurement period

_____ Coordinator did not talk during the blood pressure measurement period

_____ Checked whether the participant's feet remained flat on the floor and the back remained supported throughout the measurement period