

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

Patient Study ID # \_\_\_\_\_

Site # \_\_\_\_\_

Date \_\_\_\_\_

Total payment to participant: \_\_\_\_\_

Interviewer ID: \_\_\_\_\_

## Patient Screening Form 1 (PSF1)

### Purpose and Use of the Patient Screening Form 1:

- This form documents eligibility and reason for exclusion, as required for DSMB.
- This form documents payments to participants, as required by UW Research Administration.
- This form should be completed by the researcher if: a) the patient's interest form indicates that he/she meets criteria 1-9 and b) the patient signs the BP screening consent form.

### A. Measurement of arm circumference

	No	Yes
1. Is patient's arm circumference 42 cm or less? (Arm circumference: _____ cm)	0 <input type="checkbox"/> *	1 <input type="checkbox"/>

\* Do not measure BP. Inform patients they are ineligible. Give \$5 if they were invited to BP screening.

### B. Eligibility for TEAM study (leave section blank if arm circumference was >42 cm)

2. SBP1 _____	DPB1 _____	Record but do not use in determining eligibility
3. SBP2 _____	DPB2 _____	
4. SBP3 _____	DPB3 _____	
5. Average SBP2 and SBP 3: _____		
6. Average DBP2 and DBP 3: _____		
7. BP eligibility code		
0 <input type="checkbox"/> No: BP < 140/90 mmHG. * Given appropriate card and \$5		
1 <input type="checkbox"/> Yes: BP $\geq$ 140/90 and $\leq$ 210/115 mmHG * Given appropriate card and \$5		
2 <input type="checkbox"/> No: Severely elevated BP > 210/115 * Given appropriate handout and \$5		

Other criteria for inclusion/exclusion in TEAM study		
8. Did pharmacy profile indicate one or more current target meds?	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes
9. Did physician recommend exclusion?	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes