



# DOH training

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## Eligibility Screening for Home BP Study

This form is to be completed for patients who may be eligible for the Home BP Study. Please complete this form. It will tell you if the patient is eligible for participation in this study to receive a free blood pressure monitor.

NAME Michael XBuck

DATE 06/30/2010

### 1. Is the patient willing to be screened for the study?

Yes  No

### 2. Ask Patient: ARE YOU CURRENTLY MEASURING YOUR BLOOD PRESSURE AT HOME AT THE RECOMMENDATION OF YOUR DOCTOR?

¿ESTÁ MIDIENDO ACTUALMENTE SU PRESIÓN ARTERIAL EN EL HOGAR SEGÚN LE INDICÓ EL MÉDICO?

Yes/Refused  No

### 3. Ask patient:

a. DO YOU HAVE ACCESS TO A TELEPHONE LINE THAT IS NOT THROUGH YOUR CABLE OR INTERNET CONNECTION? ¿TIENE ACCESO A UNA LÍNEA TELEFÓNICA QUE NO SEA LA DE LA TELEVISIÓN POR CABLE O LA CONEXIÓN DE INTERNET? AND

b. Is the patient's upper arm circumference less than 17.5 inches?

Please select "Yes" only if the answer to BOTH questions is "Yes".

Yes  No/Refused

### 4. Ask Patient: DO YOU CONSIDER YOURSELF TO BE HISPANIC OR LATINO?

¿SE CONSIDERA USTED HISPANO O LATINO?

Yes  No/Refused

### 5. Ask Patient: WHICH ONE OF THESE GROUPS WOULD YOU SAY BEST REPRESENTS YOUR RACE?

Note: Only one choice can be selected. Please read the list to the patient except for "Other" and "Refused".

If patient answers multiracial, ask if there is any one race they identify with more than any other.

Remember to press SAVE after answering this question.

SI TUVIERA QUE ELEGIR UNA RAZA, ¿EXISTE ALGUNA CON LA QUE SE IDENTIFIQUE MÁS QUE CON OTRAS?

- White  
 Black or African American  
 Asian  
 Native Hawaiian or Other Pacific Islander  
 American Indian, Alaska Native  
 Other:   
 Refused

### 6. Provider: Is the patient mentally and physically able to use the home monitor and record readings?

Note: To be completed based on provider assessment only.

Yes  No

7. Provider: Please verify these diagnoses and change if incorrectly checked:  Chronic Kidney Disease  Diabetes

### 8. Current visit BP:

Current visit systolic BP:

Current visit diastolic BP:

### 9. Provider: Do you agree with all of the responses above?

Remember to press SAVE after answering this question.

Yes  No

Eligibility Assessment:

This patient is eligible for participation in the ESBPM study. Please discuss the study with the patient and request signed consent.

### 10. Has the patient signed a consent form?

Yes  No

Group Assignment:

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