

Form Preview : ID 2

☐ display grid ☐ show structure

Note: This is a simple form preview. This form may display differently when added to your page based on normal inheritance from parent theme styles.

Full Text Review Form - 08/02/2015 revision

Step 1 of 4

25%

Name of reviewer ***Date of review****Is this a revised entry?**

A. Article information

ID number ***Author *****Title *****Year *****Decision to exclude this paper?**

Viewport (Width : 1920px , Height :971px)

No

If there is a decision to exclude paper, please provide reason below:

0 of 1000 max characters

B. Included in this review for (may be more than one):

Included in this review for:

- ☐ Reproducibility of same measure (if this option selected specify "How far apart" below.
- ☐ Comparison of clinic to ambulatory
- ☐ Comparison of clinic to home
- ☐ Comparison of home to ambulatory
- ☐ Comparison of clinic to automated office
- ☐ Comparison of automated office to ambulatory

For reproducibility of same measure option above, "How far apart?"

C1. Were clinic/office measurements made using mercury device?

If yes, clinic/office measures are not eligible for inclusion in this review.

C2. Confirm that included participants were either:

D. Population of the Study

Viewport (Width : 1920px , Height :971px)

1. Country of the study**2. Age (specify mean age if noted)**

Please enter a value between 0 and 100.

2. Age (specify minimum age if noted)

Please enter a value between 0 and 100.

2. Age (specify maximum age if noted)

Please enter a value between 0 and 100.

Sex (% female)

Please enter a value between 0 and 100.

4. Racial/ethnicity representation

0 of 250 max characters

5. Any other important details about the population?

0 of 500 max characters

6. Inclusion criteria

Viewport (Width : 1920px , Height :971px)

0 of 1000 max characters

7. Exclusion criteria

0 of 1000 max characters

Next

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