Ambulatory Blood Pressure Monitor Return Form

ID NUMBER: ☐☐☐☐☐☐☐ FORM CODE: A B P R DATE: 1/18/2022 Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ 0b. Staff ID: ☐☐☐

Instructions: *This form is completed for all participants who agree to take part in the Ambulatory Blood Pressure Monitor (ABPM) ancillary study.*

A. ABPM Participant Experience Form

1. Was the participant experience form returned to the clinic with the ABPM device?

Yes.....☐Y
No ......☐N → **Go to item 4**

2. Participant-reported end time: ☐☐:☐☐ HH:MM

3. Compared to a typical day in your life, please rate whether you had more or less of the following things during your 26-hours of blood pressure monitoring.

3a. Stress: ☐

Much less 1
A little less................. 2
About the same......... 3
A little more............... 4
Much more................ 5

3b. Pain: ☐

Much less 1
A little less................. 2
About the same......... 3
A little more............... 4
Much more................ 5

3c. Time sleeping: ☐

Much less 1
A little less................. 2
About the same......... 3
A little more............... 4
Much more................ 5

3d. Physical activity: ☐

Much less 1
A little less................. 2
About the same......... 3
A little more............... 4
Much more................ 5

3e. Feeling light-headed or dizzy: ☐

Much less 1
A little less................. 2
About the same......... 3
A little more............... 4
Much more................ 5

3f. Time feeling sick: ☐

Much less 1
A little less................. 2
About the same......... 3
A little more............... 4
Much more................ 5

B. ABPM Participant Activity Log

4. Was the participant activity log returned to the clinic?

Yes.....☐Y

No ......☐N → **Go to item 17**

5. Participant-reported sleep and wake times:

5a. Sleep time: ☐☐:☐☐ HH:MM

5b. Wake time: ☐☐:☐☐ HH:MM

Complete the following based on the table in the Participant Activity Log:

Time	a. Activity Reported by Participant?	a1. Nap	a2. Meal	a3. Physical Activity	a4. Headache	a5. Lightheaded	a6. Stressful Event	a7. Driving
6. 8am-11am	Yes….☐Y No…..☐N	☐	☐	☐	☐	☐	☐	☐
7. 11am-2pm	Yes….☐Y No…..☐N	☐	☐	☐	☐	☐	☐	☐
8. 2pm-5pm	Yes….☐Y No…..☐N	☐	☐	☐	☐	☐	☐	☐
9. 5pm-8pm	Yes….☐Y No…..☐N	☐	☐	☐	☐	☐	☐	☐
10. 8pm-11pm	Yes….☐Y No…..☐N	☐	☐	☐	☐	☐	☐	☐
11. 11pm-2am	Yes….☐Y No…..☐N	☐	☐	☐	☐	☐	☐	☐
12. 2am-5am	Yes….☐Y No…..☐N	☐	☐	☐	☐	☐	☐	☐
13. 5am-8am	Yes….☐Y No…..☐N	☐	☐	☐	☐	☐	☐	☐
14. 8am-11am	Yes….☐Y No…..☐N	☐	☐	☐	☐	☐	☐	☐
15. 11am-2pm	Yes….☐Y No…..☐N	☐	☐	☐	☐	☐	☐	☐
16. 2pm-5pm	Yes….☐Y No…..☐N	☐	☐	☐	☐	☐	☐	☐

C. ABPM Device

17. ABPM device serial number: __ __ __ - __ __ __ __ __ __

18. Was the ABPM device returned to the clinic?

    Yes..... ☐Y
    No ...... ☐N → **Save and close form**

19. Date ABPM device returned to clinic: ☐☐/☐☐/☐☐☐☐

20. Was the data successfully downloaded from the device?

    Yes..... ☐Y
    No ...... ☐N → **Save and close form**

21. Was the exported file successfully attached to this form?

    Yes..... ☐Y
    No ...... ☐N