



Blood Pressure Monitor Check-in Call Form

ID NUMBER:

FORM CODE: BPMC

DATE: 10/7/2022
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: //

0b. Staff ID:

0c. The participant is completing the following protocol(s):

ABPM Only _A

HBPM Only _H → **Go to item 4**

ABPM and HBPM _B

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

A. Post-ABPM Check-in Call (Day 2 after ABPM start; note Day 1 is the in-person visit day, the day the ABPM device is placed; call should be timed to occur after the assessment is complete)

1. Check-in call 1 date: //

2. Are you still wearing the ABPM device?

Yes....._Y → **Go to item 4**

No_N

3. Did you wear the device for the full 26 hours (aside from when you shower/bathe, for heavy exercise, or while driving)?

Yes....._Y → **Go to item 4**

No_N

3a. What were reasons you removed the cuff? (Select all that apply)

3a1. Discomfort Yes _Y No _N

3a2. Interference with planned activities Yes _Y No _N

3a3. Skin irritation Yes _Y No _N

3a4. Family request Yes _Y No _N

3a5. Device failure Yes _Y No _N

3a6. Cuff would not stay on Yes _Y No _N

3a7. Other Yes _Y → **Go to item 3a8** No _N

3a8. Specify other: _____

B. HBPM Check-in Call (Day 3-5 after ABPM start; should typically be Day 4) [DISABLE section if item0c = A]

4. Check-in call 2 date: //

5. Did you start using the home blood pressure monitoring cuff yesterday?

Yes....._Y → **Go to item 6**

No_N

5a. Would you mind sharing why you have not started using it? (Select all that apply)

5a1. Forgot Yes _Y No _N

5a2. Device did not work Yes _Y No _N

5a3. No time Yes _Y No _N

5a4. Discomfort Yes _Y No _N

5a5. Error message Yes _Y No _N

5a6. Other Yes _Y No _N → **Go to item 5a7**

5a7. Specify other: _____

6. Participant reported start date: //

C. HBPM Delayed Start Add-on Call [DISABLE section if item0c = A]

[Section C is only enabled if the HBPM start was delayed and no start date was reported (i.e., if item 5 is No and item 6 is missing)]

7. Date of delayed start add-on call: //

8. Were you able to begin home monitoring yesterday?

Yes....._Y → **Go to item 9**

No_N

8a. Why were you not able to begin home monitoring yesterday? (Select all that apply)

8a1. Forgot Yes _Y No _N

8a2. Device did not work Yes _Y No _N

8a3. No time Yes _Y No _N

- 8a4. Discomfort Yes _Y No _N
- 8a5. Error message Yes _Y No _N
- 8a6. Other Yes _Y No _N → **Go to item 8a7**
- 8a7. Specify other: _____

9. Participant reported start date: / /

D. HBPM Check-in Call (Day 8 after ABPM start) [DISABLE section if item0c = A]

10. Check-in call 3 date: / /

11. What is the participant's device return plan?

- ARIC Staff home visit/pick-up.....A
- FedEx/mail pick-up.....B
- In-person participant drop-offC

11a. What is the scheduled return date? / /

12 What is the anticipated data transmission date? / /