



Home Blood Pressure Monitor Initialization Form

ID
NUMBER:

FORM CODE: H B P

DATE: 11/21/2022
Version 1.0

Instructions: *This form is completed for all participants who agree to take part in the Home Blood Pressure Monitor (HBPM) ancillary study. If the participant's arm circumference does not fit the Omron Series cuff range, then the participant is not eligible to participate. The first blood pressure measurement should be taken with Omron Series 10 home device while in the clinic and can be recorded from the HBPM onto the paper form or directly into the CDART form.*

ADMINISTRATIVE INFORMATION

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

0c. Would you be interested in participating in this part of the study, as I've described?

Yes Y → **Go to item 1**

No N

0c1. If no, why not? _____ **Save and close form**

A. Visit Details

1. Does the participant's arm circumference fit the range of the Omron HBPM device (22.0cm - 42.0cm)?

Yes Y

No N → **Save and Close Form**

2. Arm used:

Right A

Left B

3. Dominant arm:

Right A

Left B

4. HBPM device serial number:

(31 digits)

B. Clinic Assessment

5. Time of first measurement: : HH:MM

6. Measurement 1:

6a. SBP:

6b. DBP:

6c. HR:

7. Measurement 2:

7a. SBP:

7b. DBP:

7c. HR:

8. Measurement 3:

8a. SBP:

8b. DBP:

8c. HR:

9. Reported Average:

9a. SBP:

9b. DBP:

9c. HR:

10. Expected Start/End Date:

10a. Start Date: //

10b. End date (8 days after the start date): //