



INSTRUCTIONS FOR THE AMBULATORY BLOOD PRESSURE MONITOR RETURN FORM

I. General Instructions

The Ambulatory Blood Pressure Monitor Return Form (ABPR) is completed for all participants who agree to take part in the Ambulatory Blood Pressure Monitor (ABPM) ancillary study. The ABPR form should be completed by site staff after they receive the ABPM device back at the clinic.

II. Administrative Information

- 0a. Enter the date the form was completed.
- 0b. Enter the staff code of the person who completed this form.

A. ABPM Participant Experience Form

- 1. Record if the Participant Experience Form was returned to the clinic. If the Participant Experience Form was not returned to the clinic, go to item 4.
- 2. Record the participant-reported end time of the ABPM device monitoring. This is the third time noted on the Participant Experience Form (“actual time you removed the device”).
- 3. Rate whether the patient had more or less of the following things during their 26-hours of blood pressure monitoring (on a scale of 1-5, with 1 being ‘much less’ and 5 being ‘much more’) based on their responses on the participant experience form:
 - 3a. Stress
 - 3b. Pain
 - 3c. Time Sleeping
 - 3d. Physical Activity
 - 3e. Feeling light-headed or dizzy
 - 3f. Time feeling sick

B. ABPM Participant Activity Log

- 4. Record if the Participant Activity Log was returned to the clinic. If the Activity Log was not returned, go to item 17.
- 5. Record the participant’s reported sleep (5a) and wake (5b) times, found at the top of the Participant Activity Log.

6a-16a. For each of the listed time periods, select if an activity was reported by the participant on the Participant Activity Log, as indicated by a check in one of the activity boxes. If any activity is reported, select Yes for “Activity Reported by Participant?” in CDART, and then select all corresponding activities in 6a1-16a6. If **only** the box “Nothing to report” is checked, select No for “Activity Reported by Participant?” in CDART. If a participant accidentally checked “Nothing to report” **and** one of the activities, select Yes for “Activity Reported by Participant?” in CDART, and

then select the appropriate activities in 6a1-16a6. If nothing is checked in a particular row, mark “Activity Reported by Participant?” as missing.

6a1-16a6. Check the box for Nap, Meal, Physical Activity, Headache, Lightheaded, Stressful Event, or Driving if any of those activities were reported by the participant for the listed time periods on the Participant Activity Log.

C. ABPM Device

17. The ABPM device serial number will be automatically prefilled here from the ABP form. The ABPM serial number on the returned device should be verified against the serial number that is automatically applied in this form. In the case of a mismatch, the serial number should be reconciled with the serial number recorded in the ABP form and the Coordinating Center should be notified of any discrepancies.

18. Record if the ABPM Device was returned to the clinic. If the device was not returned, select No and save and close the form.

19. Record the date that the ABPM Device was returned to the clinic.

20. Record if the data was successfully downloaded from the device. If it was not, save and close the form.

21. Record if the exported file was successfully attached to the ABPR form in CDART. Both the raw data file (.art) **and** the Sentinel-generated report (.pdf) must be attached to the ABPR form. You can drag and drop files directly into CDART as shown below. If you receive an error message about the file sizes being too large, contact ARIChelp so that files may be sent securely to the CC via LiquidFiles.

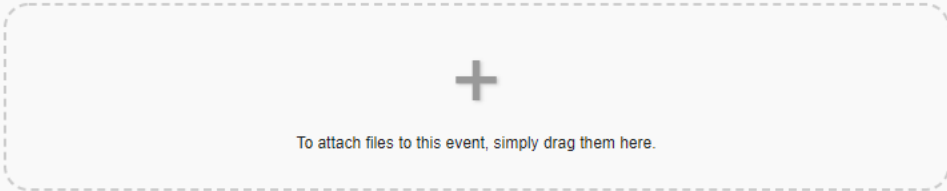
21. Was the exported file successfully attached to this form?

[\[Save and click here to check for missing fields on this form.\]](#)

Print Form

Files

Event Form



To attach files to this event, simply drag them here.