



## INSTRUCTIONS FOR THE BLOOD PRESSURE MONITOR CHECK-IN CALL FORM

### I. General 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. The different sections of the form will be completed at different time points: Section A should be completed for all participants who take part in the ABPM protocol on the day after the in-person clinic visit. Sections B, C, and D are completed for all participants who take part in the HBPM protocol. Section B is typically completed on Day 4 of home blood pressure monitoring and Section D is typically completed on Day 8. Section C is only completed if there was a delay in the start of the HBPM protocol.

### II. Detailed Instructions for Each Item

- 0a. Enter the date on which the participant was seen in the clinic.
- 0b. Enter the staff ID for the person who completed the check-in calls with the participant.
- 0c. Select the protocols that are being completed by the participant. For HBPM Only, skip to item 4. Otherwise, continue to item 1. For ABPM Only, Sections B, C and D are disabled.

#### 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).

The post-ABPM check-in call is completed the day after the in-person visit. The call should ideally be timed to occur after the assessment is complete; however, it is acceptable to complete the call anytime within 2 hours of anticipated end time if the assessment is timed to complete outside of normal business hours.

- 1. Record the date of Check-in call 1.
- 2. Record if the participant is still wearing the ABPM device. If Yes, skip to item 4 if the participant is also completing HBPM; otherwise, save and close the form. If no, continue to item 3.
- 3. Record if the participant wore the device for the full 26 hours. If Yes, skip to item 4. If they did not wear the device for the full 26 hours, continue with item 3a and select all of the reasons why the participant removed the cuff early (3a1-3a7). If 3a7 is Yes, specify the other reason in 3a8.

#### B. HBPM Check-in Call (Day 3-5 after ABPM start; should typically be Day 4)

- 4. Record the date of Check-in call 2.
- 5. Record if the participant began using the home blood pressure monitoring cuff the day prior to the call. Select Yes if the participant began HBPM the day before the call **and this was the expected HBPM start date**. Yes should only be selected if the Check-In

Call occurs in the appropriate window and the participant began wearing the device on the expected start date. The expected start date is recorded in the HBP form item 10a. Otherwise, select No, and go to item 5a to record the reasons why there was a delay in starting HBPM.

5a. Record why the participant has not started using the HPBM cuff. Select all reasons that apply in 5a1-5a6. If 5a6 is Yes, specify the other reason in 5a7.

6. Record the participant reported HBPM start date.

### **C. HBPM Delayed Start Add-on Call**

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. Record the date of the delayed start add-on call.

8. Record if the participant was able to begin home monitoring the day prior to this call. If they did not begin home monitoring, record all of the reasons in 8a1-8a6. If 8a6 is Yes, specify the other reason in 8a7.

9. Record the reported start date of home blood pressure monitoring.

### **D. HBPM Check-in Call (Day 8 after ABPM start)**

10. Record the date of Check-in call 3.

11. Record the participant's device return plan.

11a. Record the scheduled device return date.

12. Record the anticipated date of HBPM data transmission.