D:\Users\jcaldous\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\F66F8832.tmp**Ambulatory Blood Pressure Monitor (ABPM) Return Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID NUMBER: |  |  |  |  |  |  |  |  | FORM CODE: | A | B | P | R |  | DATE: 09/30/2021  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.*

1. **ABPM Participant Experience Form**

1. Was the participant experience form returned to the clinic?

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 (check 1 box for each item):

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

3g. Prescribed medications:

Much less 1

A little less 2

About the same 3

A little more 4

Much more 5

1. **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** |
| 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 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. **ABPM Device**

17. 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 submitted to the Coordinating Center?

Yes Y

No N