

Participant Label

|  |  |
| --- | --- |
| **ABPM start time:** | **Time fell asleep:** |
| **ABPM expected end time:** | **Time woke up:** |

**ABPM Activity Log/Diary:** This log will help the ARIC team interpret your 24-hour ambulatory blood pressure monitoring report. Please check the corresponding box at the time any activity below occurs. You can check more than one box if multiple activities occur in the same time slot. Please return this log with your monitor once completed.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Time** | **Nap** | **Meal** | **Physical Activity**  *(i.e. brisk walk)* | **Lightheaded** | **Headache** | **Stressful Event** |
|  | *Example* | *√* | *√* | *√* | *√* | *√* | *√* |
| **Day 1** | 8am-11am |  |  |  |  |  |  |
| 11pm-2pm |  |  |  |  |  |  |
| 2pm-5pm |  |  |  |  |  |  |
| 5pm-8pm |  |  |  |  |  |  |
| 8pm-11pm |  |  |  |  |  |  |
| **Day 2** | 11 pm-2am |  |  |  |  |  |  |
| 2am-5am |  |  |  |  |  |  |
| 5am-8am |  |  |  |  |  |  |
| 8am-11am |  |  |  |  |  |  |
| 11pm-2pm |  |  |  |  |  |  |
| 2pm-5pm |  |  |  |  |  |  |