**Summary of Home Blood Pressure Monitoring Results for ARIC Participants and their Physicians**

**Participant’s name:** First Last **Birth Date:** MM/DD/YYYY

**Date of visit to the ARIC field center:** MM/DD/YYYY **ID:** XXXXXXX

Thank you for participating in the home blood pressure monitoring measurements. For this measurement, you checked your blood pressure at home in the morning and evening over an 8-day period. The average of all these blood pressure measurements has been shown to predict cardiovascular disease. This can also help inform more personalized blood pressure treatment. Below is the average of your home blood pressure below.

|  |  |
| --- | --- |
| **Your ARIC Results** |  |
| Date | mm/dd/yyyy |
| Average **home** blood pressure (systolic/diastolic) | SBP/DBP mmHg |
| Average **home** pulse or heart rate | HR beats per min |
| Number of successful measurements | ## |
| Interpretation (see *Table 1 in Manual 38*) |  |

**THANK YOU FOR YOUR PARTICIPATION IN ARIC.**