D:\Users\jcaldous\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\F66F8832.tmp**Home Blood Pressure Monitoring (HBPM) Return Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID NUMBER: |  |  |  |  |  |  |  |  | FORM CODE: | H | B | P | R |  | DATE: 10/29/2021  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 Home Blood Pressure Monitor (HBPM) ancillary study.*

1. **HBPM Participant Experience Form**

1. How was the information from the HBPM Participant Experience Form collected?

Form was returned to the clinic via mail, drop-off, or pick-up A

Staff called the participant and asked questions over the phone B

No data were captured for the HBPM Participant Experience form C **Go to item 5**

2. Participant-reported end date: //

3. Was the monitor used by anyone else besides the participant?

Yes Y

No N

4. Compared to a typical week in your life, please rate whether you had more or less of the following things during your 8 days of blood pressure monitoring (check 1 box for each item):

4a. Stress:

Much less 1

A little less 2

About the same 3

A little more 4

Much more 5

4b. Pain:

Much less 1

A little less 2

About the same 3

A little more 4

Much more 5

4c. Time sleeping:

Much less 1

A little less 2

About the same 3

A little more 4

Much more 5

4d. Physical activity:

Much less 1

A little less 2

About the same 3

A little more 4

Much more 5

4e. Feeling light-headed or dizzy:

Much less 1

A little less 2

About the same 3

A little more 4

Much more 5

4f. Number of headaches:

Much less 1

A little less 2

About the same 3

A little more 4

Much more 5

4g. Time feeling sick:

Much less 1

A little less 2

About the same 3

A little more 4

Much more 5

4h. Prescribed medications:

Much less 1

A little less 2

About the same 3

A little more 4

Much more 5

1. **HBPM Device**

5. Device serial number:

6. Was the HBPM device accessible to clinic staff?

Yes, the device was accessed via mailed return A

Yes, the device was accessed via in-person drop off B

Yes, the device was accessed via home pick-up C

No N  **Save and close form**

7. Date HBPM device accessed by clinic staff: **/ /**

8. Are all the blood pressure readings on User 1?

Yes Y

No N

9. Was the data file successfully downloaded from the device?

*Note: Remember to download user 1 and user 2 data if measurements are recorded for both users.*

Yes Y

No N  **Save and close form**

7a. Date of Data download: **/ /**

10 . How many rows of data were present in the data file? \_\_\_\_ **If >=52 go to item 12**

10a. Did the data file contain the same data as recorded in the device?

Yes Y  **Go to item 12**

No N

**If all or some measurements are missing from the data file, please record the date and time of measurement for all systolic, diastolic, and heart rate values that are missing from the data file.**

| **TruRead Measurement** |  | **1. Systolic** | **2. Diastolic** | **3. Heart Rate** |
| --- | --- | --- | --- | --- |
| 11. Date | **/**  **/**  MM / DD / YYYY |  |  |  |
| 11a. Time | :  HH:MM |  |  |  |
| 11b. Measurement 1/3 |  |  |  |  |
| 11c. Measurement 2/3 |  |  |  |  |
| 11d. Measurement 3/3 |  |  |  |  |
| 12. Date | **/**  **/**  MM / DD / YYYY |  |  |  |
| 12a. Time | :  HH:MM |  |  |  |
| 12b. Measurement 1/3 |  |  |  |  |
| 12c. Measurement 2/3 |  |  |  |  |
| 12d. Measurement 3/3 |  |  |  |  |
| 13. Date | **/**  **/**  MM / DD / YYYY |  |  |  |
| 13a. Time | :  HH:MM |  |  |  |
| 13b. Measurement 1/3 |  |  |  |  |
| 13c. Measurement 2/3 |  |  |  |  |
| 13d. Measurement 3/3 |  |  |  |  |
| 14. Date | **/**  **/**  MM / DD / YYYY |  |  |  |
| 14a. Time | :  HH:MM |  |  |  |
| 14b. Measurement 1/3 |  |  |  |  |
| 14c. Measurement 2/3 |  |  |  |  |
| 14d. Measurement 3/3 |  |  |  |  |
| 15. Date | **/**  **/**  MM / DD / YYYY |  |  |  |
| 15a. Time | :  HH:MM |  |  |  |
| 15b. Measurement 1/3 |  |  |  |  |
| 15c. Measurement 2/3 |  |  |  |  |
| 15d. Measurement 3/3 |  |  |  |  |
| 16. Date | **/**  **/**  MM / DD / YYYY |  |  |  |
| 16a. Time | :  HH:MM |  |  |  |
| 16b. Measurement 1/3 |  |  |  |  |
| 16c. Measurement 2/3 |  |  |  |  |
| 16d. Measurement 3/3 |  |  |  |  |
| 17. Date | **/**  **/**  MM / DD / YYYY |  |  |  |
| 17a. Time | :  HH:MM |  |  |  |
| 17b. Measurement 1/3 |  |  |  |  |
| 17c. Measurement 2/3 |  |  |  |  |
| 17d. Measurement 3/3 |  |  |  |  |
| 18. Date | **/**  **/**  MM / DD / YYYY |  |  |  |
| 18a. Time | :  HH:MM |  |  |  |
| 18b. Measurement 1/3 |  |  |  |  |
| 18c. Measurement 2/3 |  |  |  |  |
| 18d. Measurement 3/3 |  |  |  |  |
| 19. Date | **/**  **/**  MM / DD / YYYY |  |  |  |
| 19a. Time | :  HH:MM |  |  |  |
| 19b. Measurement 1/3 |  |  |  |  |
| 19c. Measurement 2/3 |  |  |  |  |
| 19d. Measurement 3/3 |  |  |  |  |
| 20. Date | **/**  **/**  MM / DD / YYYY |  |  |  |
| 20a. Time | :  HH:MM |  |  |  |
| 20b. Measurement 1/3 |  |  |  |  |
| 20c. Measurement 2/3 |  |  |  |  |
| 20d. Measurement 3/3 |  |  |  |  |
| 21. Date | **/**  **/**  MM / DD / YYYY |  |  |  |
| 21a. Time | :  HH:MM |  |  |  |
| 21b. Measurement 1/3 |  |  |  |  |
| 21c. Measurement 2/3 |  |  |  |  |
| 21d. Measurement 3/3 |  |  |  |  |
| 22. Date | **/**  **/**  MM / DD / YYYY |  |  |  |
| 22a. Time | :  HH:MM |  |  |  |
| 22b. Measurement 1/3 |  |  |  |  |
| 22c. Measurement 2/3 |  |  |  |  |
| 22d. Measurement 3/3 |  |  |  |  |
| 23. Date | **/**  **/**  MM / DD / YYYY |  |  |  |
| 23a. Time | :  HH:MM |  |  |  |
| 23b. Measurement 1/3 |  |  |  |  |
| 23c. Measurement 2/3 |  |  |  |  |
| 23d. Measurement 3/3 |  |  |  |  |
| 24. Date | **/**  **/**  MM / DD / YYYY |  |  |  |
| 24a. Time | :  HH:MM |  |  |  |
| 24b. Measurement 1/3 |  |  |  |  |
| 24c. Measurement 2/3 |  |  |  |  |
| 24d. Measurement 3/3 |  |  |  |  |
| 25. Date | **/**  **/**  MM / DD / YYYY |  |  |  |
| 25a. Time | :  HH:MM |  |  |  |
| 25b. Measurement 1/3 |  |  |  |  |
| 25c. Measurement 2/3 |  |  |  |  |
| 25d. Measurement 3/3 |  |  |  |  |
| 26. Date | **/**  **/**  MM / DD / YYYY |  |  |  |
| 26a. Time | :  HH:MM |  |  |  |
| 26b. Measurement 1/3 |  |  |  |  |
| 26c. Measurement 2/3 |  |  |  |  |
| 26d. Measurement 3/3 |  |  |  |  |
| 27. Date | **/**  **/**  MM / DD / YYYY |  |  |  |
| 27a. Time | :  HH:MM |  |  |  |
| 27b. Measurement 1/3 |  |  |  |  |
| 27c. Measurement 2/3 |  |  |  |  |
| 27d. Measurement 3/3 |  |  |  |  |

28 . After scrolling through the measurements, did you notice any alerts or missing data?

Yes Y

No N **Go to item 29**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Alerts** | | |  |
|  | **Measurement Time Point** | 1. Movement Error | 2. Irregular Heartbeat | 3. No Alerts | 4. Missing Data |
| 28a. | Initialization Day (In clinic) |  |  |  |  |
| 28b. | Day 1 AM |  |  |  |  |
| 28c. | Day 1 PM |  |  |  |  |
| 28d. | Day 2 AM |  |  |  |  |
| 28e. | Day 2 PM |  |  |  |  |
| 28f. | Day 3 AM |  |  |  |  |
| 28g. | Day 3 PM |  |  |  |  |
| 28h. | Day 4 AM |  |  |  |  |
| 28i. | Day 4 PM |  |  |  |  |
| 28j. | Day 5 AM |  |  |  |  |
| 28k. | Day 5 PM |  |  |  |  |
| 28l. | Day 6 AM |  |  |  |  |
| 28m. | Day 6 PM |  |  |  |  |
| 28n. | Day 7 AM |  |  |  |  |
| 28o. | Day 7 PM |  |  |  |  |
| 28p. | Day 8 AM |  |  |  |  |
| 28q. | Day 8 PM |  |  |  |  |

29. Was the exported file successfully submitted to the Coordinating Center?

Yes Y

No N  **Save and close form**

29a. Staff ID of technician who uploaded data to CDART: