**Participant ABPM Experience Form**

We will record the start time. Please record the following times and please mail back with the ambulatory blood pressure monitor (ABPM) device.

You started wearing the ABPM at: \_\_ \_\_: \_\_ \_\_ □ AM or □ PM

We expect you to finish after 26-hours at: \_\_ \_\_: \_\_ \_\_ □ AM or □ PM

Record This Actual Time:

End time: \_\_ \_\_: \_\_ \_\_ □ AM or □ PM

**Compared to a typical day, 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):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Much less** | **A little less** | **About the Same** | **A little more** | **Much more** |
| **A.** Stress | □ | □ | □ | □ | □ |
| **B.** Pain | □ | □ | □ | □ | □ |
| **C.** Time sleeping | □ | □ | □ | □ | □ |
| **D.** Physical activity | □ | □ | □ | □ | □ |
| **E.** Feeling light-headed or dizzy | □ | □ | □ | □ | □ |
| **F.** Time feeling sick | □ | □ | □ | □ | □ |
| **G.** Prescribed medications | □ | □ | □ | □ | □ |

**When complete, please mail this form back with your blood pressure device.**

**Thank you for your continued participation in ARIC!**