D:\Users\jcaldous\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\F66F8832.tmp**Blood Pressure Monitor Check-in Call (BPMC) Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID NUMBER: |  |  |  |  |  |  |  |  | FORM CODE: | B | P | M | C |  | DATE: 10/26/2021  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) and/or Home Blood Pressure Monitor (HBPM) ancillary study.*

1. **Post-ABPM Check-in Call (Day 2 after ABPM start)**
   1. Check-in call 1 date: //
   2. Did you wear the cuff the full 26-hours (aside from when you shower/bathe, for heavy exercise, or while driving)?

Yes Y ® **Go to item 3**

No N

2a. What were reasons you removed the cuff? (Select all that apply)

* + 1. Discomfort Yes Y No N
    2. Interference with planned activities Yes Y No N
    3. Skin irritation Yes Y No N
    4. Family request Yes Y No N
    5. Device Failure Yes Y No N
    6. Cuff would not stay on Yes Y No N
    7. Other Yes  Y No N® **Go to item 3**
    8. Specify other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **HBPM Check-in Call (Day ~4 after ABPM start)**
2. Check-in call 2 date: //
3. Did you start wearing the home blood pressure monitoring cuff yesterday?

Yes Y **® Go to item 5**

No N

* 1. Would you mind sharing why you have not started wearing it? (Select all that apply)
     1. Forgot Yes Y No N
     2. Device did not work Yes Y No N
     3. No time Yes Y No N
     4. Discomfort Yes Y No N
     5. Error Message Yes Y No  N
     6. Other Yes Y No  N® **Go to item 6**
     7. Specify other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Participant reported start date: //
2. **HBPM Delayed Start Add-on Call**

*[Section C is only enabled if the HBPM start was delayed and no start date was reported (i.e., if item 4 is Yes and item 5 is missing)]*

1. Date of delayed start add-on call: //
2. Were you able to begin home monitoring yesterday?

Yes Y ® **Go to item 8**

No N

* 1. Why were you not able to begin home monitoring yesterday? (Select all that apply)
     1. Forgot Yes Y No N
     2. Device did not work Yes Y No N
     3. No time Yes Y No N
     4. Discomfort Yes Y No N
     5. Error Message Yes Y No N
     6. Other Yes Y No N ® **Go to item 8**
     7. Specify other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **HBPM Check-in Call (Day 8 after ABPM start)**
2. Check-in call 3 date: //
3. What is the participant's data transmission plan?

ARIC Staff home visit / pick-up A

Courier service B

In-person drop-off C

1. What is the scheduled data transmission date? //