D:\Users\jcaldous\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\F66F8832.tmp**Ambulatory Blood Pressure Monitor (ABPM) Initialization Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID NUMBER: |  |  |  |  |  |  |  |  | FORM CODE: | A | B | P |  | DATE: 10/29/2021  Version 1.0 |

**Instructions:** *This form is completed for all participants who agree to take part in the Ambulatory Blood Pressure Monitor (ABPM) ancillary study. The first blood pressure measurement should be taken while in the clinic and can be recorded from the ABPM onto the paper form or directly into the CDART form.*

### ADMINISTRATIVE INFORMATION

0a. Completion Date: // 0b. Staff ID:

0c. Would you be interested in participating in this part of the study, as I’ve described?

Yes Y🡪 **Go to item 1**

No N

0c1. If no, why not? 🡪 **Save and close form**

1. **Visit Details**

1. Arm used:

Right A

Left B

2. Dominant arm:

Right A

Left B

3. Cuff size:

Small adult (ABP 24-32cm) A

Standard adult (ABP 17-26cm) B

Large adult (ABP 32-42cm) C

X Large adult (ABP 38-50cm) D

4. Device serial number:  -

5. Time of ABPM placement: : HH:MM

6. Did you take blood pressure medication today?

Yes Y

No N

6a. What time did you last take your blood pressure medication? : HH:MM

7. Did you eat a meal today?

Yes Y

No N

7a. What time did you eat your last meal? : HH:MM

*(Note: there must be at least 30 minutes between food consumption and this protocol)*

8. Plan of device return:

ARIC Staff home visit / pick-up A **Go to item 9**

Courier service B

In-person drop-off C **Go to item 9**

Mail drop-off D **Go to item 9**

8a. What is the scheduled pick-up date: //

1. **Clinic Assessment**

9. Pre-assessment anticipated sleep and wake times:

9a. What time do you anticipate going to sleep tonight? : HH:MM

9b. What time do you anticipate waking up tomorrow? : HH:MM

10. First measurement should occur during visit:

10a. Time of assessment: : HH:MM

10b. Systolic blood pressure (SBP):

10c. Diastolic blood pressure (DBP):

10d. Heart rate (HR):