ABPM Participant Experience Form

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

Actual time you removed the device: __ __: __ __ □ 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	☐	☐	☐	☐	☐

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

Thank you for your continued participation in ARIC!