HBPM Participant Experience Form

We will record the start date and expected end date. Please record your actual start date and end date and return with the home blood pressure monitor (HBPM) device.

You will start the morning of : _____ /_____ /_____ [MM/DD/YYYY]

We expect you to finish the evening of : _____ /_____ /_____ [MM/DD/YYYY]

Record your Actual Start Date & Time of Day: _____ /_____ /_____ ☐AM or ☐PM
MM DD YYYY

Record your Actual End Date & Time of Day: _____ /_____ /_____ ☐AM or ☐PM
MM DD YYYY

Was the Omron blood pressure monitor used by anyone else other than you?

- ❑ Yes
- ❑ No

Compared to a typical week, 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):

	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. Number of headaches	☐	☐	☐	☐	☐
G. Time feeling sick	☐	☐	☐	☐	☐

When complete, please return this form with your home blood pressure device.

Thank you for your continued participation in ARIC!