



Ambulatory Blood Pressure Monitor Initialization Form

ID NUMBER:

FORM CODE:

DATE: 3/4/2022
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**

A. Visit Details

1. Arm used:

Right..... A

Left..... B

2. Dominant arm:

Right..... A

Left..... B

3. Cuff size:

Small adult (ABP 17-26cm) A

Standard adult (ABP 24-32cm)..... B

Large adult (ABP 32-42cm) C

X Large adult (ABP 38-50cm) D

4. ABPM device serial number: -

5. Time of ABPM placement: : HH:MM

6. Did you take blood pressure medication today?

Yes..... Y

No N → **Go to item 7**

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

7. Are you planning on driving yourself home today?

Yes..... Y

No N

7a. How long does it typically take you to travel home?

7a1. Hours: _____ 7a2. Minutes: _____

8. Plan of device return:

ARIC Staff home visit/pick-up..... A

FedEx/mail pick-up B

In-person participant drop-off..... C

8a. What is the scheduled return date? / /

B. 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):