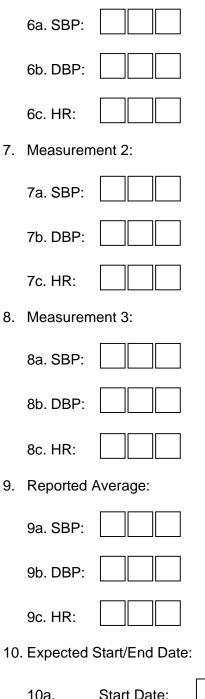
Home Blood Pressure Monitor Initialization Form			
ID     FORM CODE:     H     B     P     DATE: 11/21/2022       NUMBER:     Image: Second se			
<b>Instructions:</b> This form is completed for all participants who agree to take part in the Home Blood Pressure Monitor (HBPM) ancillary study. If the participant's arm circumference does not fit the Omron Series cuff range, then the participant is not eligible to participate. The first blood pressure measurement should be taken with Omron Series 10 home device while in the clinic and can be recorded from the HBPM onto the paper form or directly into the CDART form.			
ADMINISTRATIVE INFORMATION			
0a. Completion Date:			
0c. Would you be interested in participating in this part of the study, as I've described? Yes			
No N			
0c1. If no, why not? Save and close form			
<ul> <li>A. Visit Details</li> <li>1. Does the participant's arm circumference fit the range of the Omron HBPM device (22.0cm - 42.0cm)?</li> </ul>			
Yes Y			
No $N \rightarrow $ <b>Save and Close Form</b>			
2. Arm used:			
RightA			
Left B			
3. Dominant arm:			
RightA			
Left B			
4. HBPM device serial number:			

## **B.** Clinic Assessment



6. Measurement 1:



10a.	Start Date:	
10b.	End date (8 days after the start date):	