Pre ABPM Form

1. Was the ABPM instruction sheet given to the participant? ................................................................. Yes Y
   No N

2. Did the technician explain the ABPM procedure to the participant? ......................................................... Yes Y
   No N

3. Did the participant verbally agree to wear the ABPM? .............. Yes Y
   No N

4. Date MonitorApplied: ......................
   m / d / y

5. ABP Serial Number: ......................

6. Arm [NONDOMINANT PREFERRED]: .................................................. Left L
   Right R

7. Cuff Size: ................................................. Small adult
   (17-26cm) A

INSTRUCTIONS: This form should be completed during the participant's visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.
Standard adult (24-32 cm) - B

Large adult (32-42 cm) - C

Extra large adult (38-50 cm) - D

8. ABPM ID Number: ......................................

9. Correlation using T-tube connector

<table>
<thead>
<tr>
<th>Sphygmomanometer</th>
<th>Ambulatory Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 SB</td>
<td>#1 SB</td>
</tr>
<tr>
<td>#2 SB</td>
<td>#2 SB</td>
</tr>
<tr>
<td>#3 SB</td>
<td>#3 SB</td>
</tr>
<tr>
<td>#4 SB</td>
<td>#4 SB</td>
</tr>
<tr>
<td>#5 SB</td>
<td>#5 SB</td>
</tr>
</tbody>
</table>

9b.

[EXCLUDE THE HIGHEST AND LOWEST DBP AND CALCULATE THE MEAN OF THE REMAINING 3 READINGS. IF THERE IS A DIFFERENCE OF ± 7 mmHg, THE PARTICIPANT SHOULD BE EXCLUDED FROM ABPM.]

10. Mean Accepted SBP: ........................................

11. Mean Accepted DBP: ........................................

12. Mean Accepted SBP: ........................................

13. Mean Accepted DBP: ........................................

14. Mean Accepted SBP: ........................................

15. Time Monitoring Begun [24-hour clock]: ..........................
16. Is nondominant arm used? ................................................................. Yes Y
               No N                  Go to Item 18

17a. Unable to use nondominant arm: .............................. Dialysis graft A
               Mastectomy on nondominant side B
               Infection C
               Other (specify) D                  Go to Item 18

17b. Specify: 

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|

18. Is ABPM being done? ......................................................... Yes Y
               No N                  Go to Item 20

19a. Unable to use ABPM: ......................................................... Exceeded maximum cuff size A
               Known atrial fibrillation B
               Unable to correlate C
               Refusal (specify) D
               Other (specify) E                  Go to Item 23

19b. Specify: 

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|

20. Has an appointment been made for the return of the ABPM? ................................................. Yes Y
               No N                  Go to Item 23
21. Date of ABPM return: ...........................  
   m   /   d   /   y   y   y   y

22. Method of ABPM return: .............................  Participant delivery  P
    Clinic pick-up  C

**ADMINISTRATIVE INFORMATION**

23. Code number of person completing this form: ...........................  

24. Method of data collection: .............................  Computer  C
    Paper form  P