I. GENERAL INSTRUCTIONS

The Return Ambulatory Blood Pressure (RMF) form is completed after the participant’s baseline clinic visit to schedule pick-up of the ambulatory blood pressure monitor worn by the participant for the 24 hours following the baseline clinic visit. If the ABPM is to be collected from the participant, this form is given to the Sample Coordinator as part of the 24-hour sample collection procedures. If the participant is to return the ABPM to the clinic, the form is kept in the participant file and the clinic receptionist is notified of the anticipated delivery. The technician must be certified with training in the proper operation and application of the Ambulatory Blood Pressure Monitor (APBM). The technician should have a working knowledge of Manual 4: Blood Pressure. The technician should be familiar with the data entry procedures for electronic form versions and understand the document titled “General Instructions for Completing Paper Forms” prior to completing this form. ID Number, Contact Year and Name should be completed as described in that document.

II. SPECIFIC INSTRUCTIONS

1. Enter the ABPM serial number from the monitor. Assure that the number corresponds with that entered on the Pre ABPM (BAP) form.

2. Enter the ABPM ID number (from the computer screen), assuring that the number corresponds with that entered on the Pre ABPM (BAP) form.

3. Indicate the place for pick-up/delivery of the ABPM (clinic, home, office or other). If “Other,” specify the place in the notes boxes provided in Item 3b.

4. Specify the street address, city, state and zip code for the place where the ABPM will be picked up/delivered.

5. Enter the month, day and year for the scheduled pick-up/delivery appointment in 5a. Enter the time in hours and minutes, circling AM or PM, for the scheduled pick-up/delivery in 5b.

6. Circle the day of the week for the scheduled pick-up/delivery.

Administrative Information

7. Enter the date of the data collection, that is the date the form was completed—NOT the date scheduled for the pick-up/delivery.

8. Enter the 3-digit JHS code of the person in the clinic completing this form.