

ID N	JUMBER: CONTACT YEAR:	0 1	FORM CODE: ABP VERSION A 12/07/2000
LAS	T NAME:	NITIALS:	
1.	Date Monitor Removed: / / / / / / / / / / / / / / / / /	у	
2.	Time Monitoring Ended (Conclusion of Test) : [24-HOUR CLOCK]: h h m n	m	
3.	ABPM ID Number:		
4.	ABP Serial Number:		
5a.	Did you wear the monitor for the entire 24 hour period?	Yes Y No N	2
Was	this because:	Yes No	<u>o</u>
	5b. It fell off?	Y N	I
	5c. You were too uncomfortable?	. Y N	1
	5d. You took it off to bathe or swim?	Y N	1
	5e. The monitor malfunctioned?	Y N	1

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			Yes	No	
5f.	Any	other reasons?	Y	N	Go to Item
	List	other reason			
6.	Was som	comfortable was it to wear the monitor? it very comfortable, somewhat comfortable ewhat uncomfortable, or very omfortable?		Very	comfortable
			Somewhat comfortable	В	
			Somewhat uncomfortable	С	
			Very uncomfortable	D	
			Not sure	E	
We		ne future if asked to do so?	No	Y — N s procedu	Go to Item 9a
			<u>Yes</u>	No	
	8a.	Was the monitor too noisy?	Y	N	
	8b.	Did you sleep poorly because of the monit	tor? Y	N	
	8c.	Was the monitor painful?	Y	N	
	8d.	Did the monitor cause any numbness, sweet or bruising?		N	
	8e.	Would you not agree to repeat this proced in the future because you couldn't continu your normal activities?	ıe	N	

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					Yes		<u>No</u>				
	8f.	Or, because this procedure seemed unimport	:ant?		Y		N				
		Are there any other reasons? (Specify) Specify:					N -	C	io to Ite	em 9a	ì
9a.	Wha	t time did you get up this morning?		h	: h	m	m	9b.	AM	PM	Α
10a.	Wha	t time did you go to sleep last night?		h	: h	m	m	10b.		PM	Α
11a.		you remove the monitor during the 24–hour od?			Yes No		Y N				
	11b.	Tell me, as best you can recall, what time the monitor was removed		h	: h	m	m	11c.	AM PM		A P
	11d.	Did you reapply the monitor?	Go to Item 1		Yes — No		Y N				
	11e.	At what time was the monitor reapplied		h	h	m	m	11f.	AM PM		A P

ADMINISTRATIVE INFORMATION

12.	Date of data collection:			/			/					
		m	m		d	d			У	У	У	У

P	Paper form	Р	
14. Code number of person completing this form:			
15. Did the monitor meet quality control?	 No	Yes N	Y

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