



# Pre ABPM Form

FORM CODE: BAP  
VERSION A 10/09/2001

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

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.

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 Monitor Applied: ..... /  /   
m m d d y y y y

5. ABP Serial Number: .....

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

7. Cuff Size: ..... Small adult (17–26cm) A  
 Standard adult (24–32cm) B  
 Large adult (32–42cm) C  
 Extra large adult (38–50cm) D

8. ABPM ID Number: ..... 

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**CORRELATION USING T-TUBE CONNECTOR**

<u>Sphygmomanometer</u>		<u>Ambulatory Monitor</u>		<u>Accept (A)</u>	<u>Reject (R)</u>						
9a.	#1 SBP <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td><td></td></tr></table>				9b.	DBP <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td><td></td></tr></table>					

[TAKE THREE TO FIVE PAIRED (SPHYG & ABPM) READINGS. FOR CALCULATION, SELECT THE THREE PAIRS OF READINGS HAVING SPHYG DBP CLOSEST TO ABPM DBP. CALCULATE SPHYG AND ABPM MEANS FOR SBP AND DBP. IF THE TWO DBP MEANS ARE WITHIN 7 POINTS OR LESS, THEN CONTINUE WITH ABPM. IF THE DIFFERENCE IS GREATER THAN 7, THEN CHECK CUFF SIZE, REDO READINGS, AND/OR CONTACT MEDIFACTS 1-800-333-6460, RON MURRAY). IF THE DIFFERENCE REMAINS GREATER THAN 7, THEN EXCLUDE PARTICIPANT FROM ABPM.]

<u>Sphygmomanometer</u>		<u>Ambulatory Monitor</u>							
14a.	Mean Accepted SBP:	14b.	Mean Accepted DBP:						
	<table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td><td></td></tr></table>					<table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td><td></td></tr></table>			

15. Time Monitoring Begun [24-HOUR CLOCK]: ..... 

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h h m m

16. Is nondominant arm used? ..... Yes Y — Go to Item 18  
No N

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

17b. Specify:


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

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

19b. Specify:


Go to Item 23

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	m		d	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: .....  

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