Post ABPM Form

1. Date Monitor Removed: …… / / / m m d d y y y y

2. Time Monitoring Ended (Conclusion of Test) [24-HOUR CLOCK]: ………………………………………... : h h m m

3. ABPM ID Number: ……………………………… J S –

4. ABP Serial Number: ……………

5a. Did you wear the monitor for the entire 24 hour period? …………………… Yes Y — Go to Item No N

Was this because:

5b. It fell off? ……………………………………………………………………… Y — N

5c. You were too uncomfortable? ………………………………………… Y — N

5d. You took it off to bathe or swim? ………………………………………… Y — N

5e. The monitor malfunctioned? …………………………………………… Y — N
5f. Any other reasons? .................................................................................. Y  
List other reason  

6. How comfortable was it to wear the monitor? 
Was it very comfortable, somewhat comfortable, somewhat uncomfortable, or very uncomfortable? ............................................ Very comfortable A

  Somewhat comfortable B
  Somewhat uncomfortable C
  Very uncomfortable D
  Not sure E

7. Would you agree to repeating this procedure in the future if asked to do so? ......................................................... Yes Y  

We are interested in knowing the reasons why you are not interested in repeating this procedure.

8a. Was the monitor too noisy? ................................................................. Y  

8b. Did you sleep poorly because of the monitor? ................................. Y  

8c. Was the monitor painful? ................................................................. Y  

8d. Did the monitor cause any numbness, swelling, or bruising? ........ Y  

8e. Would you not agree to repeat this procedure in the future because you couldn’t continue your normal activities? ......................................................... Y  

Go to Item 9a
8f. Or, because this procedure seemed unimportant? ...... Y N

8g. Are there any other reasons? (Specify) ......................... Y N Go to Item 9a

Specify: ...........................................................................

9a. What time did you get up this morning? ....................... h h m m PM

9b. AM A

10a. What time did you go to sleep last night? .................... h h m m PM

10b. AM A

11a. Did you remove the monitor during the 24-hour period? ............................................................................ Yes Y

No N

11b. Tell me, as best you can recall, what time the monitor was removed ........................................................................ h h m m PM P

11c. AM A

11d. Did you reapply the monitor? ............................................ Yes Y

Go to Item 12 No N

11e. At what time was the monitor reapplied ...................... h h m m PM P

11f. AM A

 ADMINISTRATIVE INFORMATION

12. Date of data collection: ........................................... m m d d y y y y

13. Method of data collection: ............................................. Computer C
14. Code number of person completing this form: ....................................

15. Did the monitor meet quality control? ............................................ Yes Y

                                            No   N