Post ABPM Form

ID NUMBER: ___________  CONTACT YEAR: 0 1
LAST NAME: ___________  INITIALS: ___________

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: ……………………

4. ABP Serial Number: ………

5a. Did you wear the monitor for the entire 24 hour period? ………………… Yes Y  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

Go to Item
5f. Any other reasons? ................................................................. Yes  Y  No  N  — Go to Item 6

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  — Go to Item 9a
   No  N

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

   Yes  No

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

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

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

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

8e. Would you not agree to repeat this procedure in the future because you couldn’t continue your normal activities? ......................................................... Y  N
8f. Or, because this procedure seemed unimportant? ................. Y Y
No 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 m d d y y y

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

15. Did the monitor meet quality control? ...................................................... Yes Y
No N