Post Ambulatory Blood Pressure Form Instructions
ABP Version A, 12/07/2000
QxQ Date 02/23/2001

I. GENERAL INSTRUCTIONS

The Post Ambulatory Blood Pressure (ABP) form is completed after the participant's baseline clinic visit to document the process of returning the ambulatory blood pressure monitor worn by the participant for the 24 hours following the baseline clinic visit. The JHS Sample Coordinator most often completes the form at the time of pick-up from the participant's home or office. JHS clinic personnel may complete it if the participant returns the monitor to the clinic. 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 date on which the monitor was removed using leading zeroes as needed.

2. Using a 24-hour clock (e.g. 12 noon is 1200, 1:15 PM is 1315) enter the time that monitor was removed. If the participant removed the monitor before the 24 hours was completed, record the actual time the monitor was removed by the participant.

3. Enter the ABPM ID number. This number should be the same as that recorded on the Pre ABPM (BAP) form.

4. Enter the serial number of the ABPM unit that was used. This number should be the same as that recorded on the BAP. Be sure to read the number from the monitor, not from the BAP.

5. This item is intended to verify that the participant wore the monitor for the entire 24-hour period. If s/he did not wear the monitor continuously for the entire 24-hour period, record the reason(s) for not wearing it. Circle "Y" for all responses that apply and "N" for those that do not apply. If there are any other reasons, record them in the note boxes provided.

6. This item is intended to assess the level of comfort in wearing the monitor. Record the response most closely approximating the participant's perception of comfort while wearing the ABPM.

7. This item assesses the participant's willingness to repeat this procedure at some later date if asked. If the answer is "Yes" proceed to item 9.

8. If the participant is not willing to repeat the procedure, this item is intended to document the reasons for unwillingness. Record a "Y" or "N" response for each item and, if any other reasons are provided, document them in the note boxes provided.

9. Record the time the participant got out of bed. Record the time in hours and minutes and circle AM or PM.

10. Record the time the participant went to bed. Record the time in hours and minutes and circle AM or PM.

11. This item is determines if the participant removed and reapplied the monitor at any time during the 24-hour period. In Item 11a. record the time in hours and minutes, circling AM or PM, that the monitor was removed. In Item 11b. ascertain whether the monitor was reapplied. If the ABPM was reapplied, record the time in hours and minutes, circling AM or PM, in Item 11c. that the monitor was reapplied. If there was more than one time of removal and reapplication, record these on a separate notes page.

Administrative Information

12. Record the date that the ABPM was removed and readings were completed, using leading zeroes as needed.

13. Record "C" if the form was completed on the computerized data entry system, or "P" if the paper form was used. If the form was completed partially on paper and partially on the computer, code as "P."

14. Enter the 3-digit JHS code of the person completing this form.

15. Record whether the ABPM met quality control standards.