24-hour Ambulatory Blood Pressure Monitor (ABPM) Record Keeping Diary for Study

Please fill in the upper part of this form when you start your 24 overnight blood pressure monitor study.

ABPM (Ambulatory Blood Pressure Monitor) #: ___________

Dates of Study: ________________________

Time study started: __________ Time study ended: __________ (See instructions to turn monitor off)

Time went to sleep: __________ Time woke up: ________________

Time of shower/bath: ________________

Current medications and times:

<table>
<thead>
<tr>
<th>Name of medicine</th>
<th>Time(s) taken</th>
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Unusual events during study:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please return this diary with the monitor when you mail the equipment back as instructed.

__________________________  Nephrology staff to complete

*Indication for study:

___ Suspected White Coat HTN
___ On therapy – assess BP control
___ Other: ___________________

*Height (cm): _______

*Age (years): _______

*Sex (M/F): _______

Males with height ≥ 165 use adult values

Threshold awake: ______________
Threshold sleeping ______________

Reading Provider: ______________

*Ordering Provider:

__________________________

*Threshold for interpretation (set by ordering provider)

Under 18: 18 and older:

___ 95%  ___ Adult HTN (135/85 & 120/70)
___ 90%**  ___ Adult normal (130/80 & 110/65)**

**Use in CKD, DM, LVH and solid organ and BMT TX, coarctation of aorta, Turner syndrome

Follow up scheduled:

No: ___
Yes: ___

Date: ________________
Provider: ________________

*Complete these fields when monitor placed