

24-Hour Blood Pressure Study Evaluation

Please complete this evaluation after you take the ambulatory blood pressure monitor off and put it in its case. Thank you for your time and cooperation. Your participation in this study is greatly appreciated.

1. How was your overall experience with wearing the blood pressure unit for 24 hours?

2. Were you able to sleep at night while wearing the unit? _____ Yes _____ No

If no, please explain how your sleep was disturbed.

3. Were you able to perform your normal daily activities? _____ Yes _____ No

If no, how did the unit interfere?

4. Was there any pain or discomfort when the blood pressure cuff inflated? _____ Yes _____ No

If yes, please indicate what was painful or uncomfortable.

5. Were the instructions complete? _____ Yes _____ No

If no, how can they be improved?

6. Please write down any other comments you have that will let us know what you liked about the study or what you feel needs to be improved.