

CONSENT FORM  
SLEEP COHORT STUDY  
24 HOUR BLOOD PRESSURE STUDY

You are invited to participate in a research project which determines blood pressure fluctuations over a 24 hour period. This study will help us learn about your blood pressure while you are in your usual work or home environment. We will then compare the information collected to the blood pressures taken while you were in the sleep lab and to your sleep patterns during the overnight sleep study.

The staff from the study will place the 24 hour monitor on you upon the completion of your sleep study. The 24 hour ambulatory monitor consists of a light weight (2.5 lbs.) portable blood pressure monitoring unit which is attached to a regular cuff placed around your arm that will automatically inflate every 20 to 30 minutes. You will need to wear the unit for 24 hours. You can do most of your regular daily activities while wearing the unit, except taking a bath or shower, since the monitor cannot get wet. You may return to the lab to drop off the monitor or we will arrange for a convenient pick-up of the monitor at your home or work the next day.

We will send you a summary of your blood pressure study, which is beneficial health information. You will also receive \$75 for your participation in this study.

There are no risks associated with the 24 hour blood pressure study. None of the recording monitors cause any pain. Although the automatic inflation of the blood pressure cuff during sleep may be a potential nuisance, most people get used to it and are able to sleep through the night. All data is identified by code number only. Your file will be completely confidential and will not be shared with anyone.

You are free to withdraw at any time and there is no obligation to take part in any further studies. We encourage you to ask any questions you may have before you decide. In the unlikely event of any physical injury occurring as a result of this research, the University does not automatically provide reimbursement for medical care or other compensation. If physical injury is suffered in the course of research, or if you have further questions or concerns, please feel free to contact Kathy Pluff, director of the sleep lab at 263-0118.

I would like to participate in the sleep study research project described above. My signature indicates that I have read the information in this consent form and have received a copy.

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Signature

Date

Consent obtained by: \_\_\_\_\_

Investigator in charge: Terry Young, Ph.D. (263-5786)

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