



Patient Home Blood Pressure Collection Worksheet

Treatment Type: **Conventional** Collection Period: **Midweek**

Study Period: **Baseline**

Instruction:

Please provide blood pressures and times in the required blanks below. Blood pressures should be taken close to 5 minutes apart within each BP session.

Note: Contact your coordinator if a dialysis session is moved to a different time.

110501
Participant ID#

GL
Alpha Code

B
Visit Type

0
Visit Number

49995
BP Worksheet Tracking Number

Collection Day 1 (Expected - Wednesday, December 14th) ___/___/___
actual date: dd/mon/yyyy

BP Session 1: End of Dialysis

Time when dialysis session ends? (expected end time is 02:00 PM) ___:___
AM or PM (circle one)

End of dialysis BP: (ask your dialysis nurse or technician to provide)

BP: ___/___ Time: ___:___
AM or PM (circle one)

BP Session 2: between 04:00 PM to 06:00 PM

***In case your dialysis session ends later than anticipated, remember to measure these BPs at least two hours after dialysis ends.

<u>BP Measures</u>	<u>Times</u>	<u>Optional BP Measures</u>	<u>Times</u>
___/___	___:___ AM or PM (circle one)	___/___	___:___ AM or PM (circle one)
___/___	___:___ AM or PM (circle one)	___/___	___:___ AM or PM (circle one)

BP Session 3: between 06:00 PM to MIDNIGHT

<u>BP Measures</u>	<u>Times</u>	<u>Optional BP Measures</u>	<u>Times</u>
___/___	___:___ AM or PM (circle one)	___/___	___:___ AM or PM (circle one)
___/___	___:___ AM or PM (circle one)	___/___	___:___ AM or PM (circle one)



Frequent Hemodialysis Network

Patient Home Blood Pressure Collection Worksheet

Treatment Type: **Conventional** Collection Period: **Midweek**

Study Period: **Baseline**

Instruction:

Please provide blood pressures and times in the required blanks below. Blood pressures should be taken close to 5 minutes apart within each BP session.

Note: Contact your coordinator if a dialysis session is moved to a different time.

Participant ID#

Alpha Code

Visit Type

Visit Number

BP Worksheet Tracking Number

Collection Day 2 (Expected - Thursday, December 15th)

___/___/___
actual date: dd/mon/yyyy

BP Session 1: between 06:00 AM to NOON

BP Measures
___/___
___/___

Times
__:__:__
AM or PM (circle one)
__:__:__
AM or PM (circle one)

Optional BP Measures
___/___
___/___

Times
__:__:__
AM or PM (circle one)
__:__:__
AM or PM (circle one)

BP Session 2: between NOON to 06:00 PM

BP Measures
___/___
___/___

Times
__:__:__
AM or PM (circle one)
__:__:__
AM or PM (circle one)

Optional BP Measures
___/___
___/___

Times
__:__:__
AM or PM (circle one)
__:__:__
AM or PM (circle one)

BP Session 3: between 06:00 PM to MIDNIGHT

BP Measures
___/___
___/___

Times
__:__:__
AM or PM (circle one)
__:__:__
AM or PM (circle one)

Optional BP Measures
___/___
___/___

Times
__:__:__
AM or PM (circle one)
__:__:__
AM or PM (circle one)



Patient Home Blood Pressure Collection Worksheet

Treatment Type: **Conventional** Collection Period: **Midweek**

Study Period: **Baseline**

Instruction:

Please provide blood pressures and times in the required blanks below. Blood pressures should be taken close to 5 minutes apart within each BP session.

Note: Contact your coordinator if a dialysis session is moved to a different time.

110501
Participant ID#

GL
Alpha Code

B
Visit Type

0
Visit Number

49995
BP Worksheet Tracking Number

Collection Day 3 (Expected - Friday, December 16th)

___/___/___
actual date: dd/mon/yyyy

BP Session 1: between 06:00 AM to 08:00 AM

***If you anticipate your dialysis will start earlier than usual, remember to measure these BPs at least two hours before you believe your dialysis will start

BP Measures
___/___

Times
__:__:__
AM or PM (circle one)

Optional BP Measures
___/___

Times
__:__:__
AM or PM (circle one)

___/___

__:__:__
AM or PM (circle one)

___/___

__:__:__
AM or PM (circle one)

BP Session 2: Beginning of Dialysis

Time when dialysis session begins? (expected start time is 10:00 AM) ___:___
AM or PM (circle one)

Start of dialysis BP: (ask your dialysis nurse or technician to provide)

BP: ___/___

Time: ___:___
AM or PM (circle one)

Important:

Have you collected blood pressures for the Weekend period during this point in the study? If you are unsure, please check with your study coordinator.