



Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* HALT PKD ID number, clinical center ID, and visit number.

Participant ID: _____ *haltid* Clinical Center: _____ *clinic* Date of Visit: ____/____/____
month *dvm* day *dvd* year *dvy*

visit:

___ Form was not completed *misfm*
Form # 36

Home Blood Pressure Monitor Calibration Form

This form is to be completed by designated personnel at every clinic visit and kept in participant's research chart.

1. Arm used at today's visit: Right Left

Use the appropriate arm, determined at the screening visit, whenever possible. Otherwise, comment below.

2. Home Blood Pressure Device Used _____ Home BP Monitor Serial Number _____

3. Has the participant smoked or consumed caffeine within the past 30 minutes? Yes No

4. Participant Technique: Nurse is to observe the participant measuring his/her own blood pressure in the usual manner. Check below if each step is done correctly or not. Participant is to record all three BP readings on the Home BP Log.

Technique	Cuff Position	Patient Position	Rest \geq 5 Minutes	Record BP x 3	Wait \geq 30 Seconds Between Readings
Correct					
Incorrect					

5. Does the patient use the proper technique for recording BP? Yes No
 If no, comment below and retrain participant.
 a) Is BP training complete? Yes N/A

6. Calibration Test Meter (simultaneous readings):

	Time (24 hour)	Systolic	Diastolic	Pulse Rate BPM
Home Monitor	:			
CTM	:			
Difference				

a) Are the measurements \leq 2 mmHg apart (systolic and diastolic)? Yes No (If no, repeat)

	Time (24 hour)	Systolic	Diastolic	Pulse Rate BPM
Home Monitor	:			
CTM	:			
Difference				

b) Are the measurements \leq 2 mmHg apart (systolic and diastolic)? Yes No



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7. **Digimano Calibration (optional): Connect Home BP device via Y tube and measure pressure on a dummy arm.**

As the cuff deflates, compare readings across the entire range.

a) Are the measurements ≤ 3 mmHg apart across the entire range? Yes No (If no, repeat)

b) Are the measurements ≤ 3 mmHg apart across the entire range? Yes No

8. **Comments/Actions Taken:** _____

HALT PKD staff member completing this form: _____ *cmidnum* Date: ____/____/____
Month *cdm* Day *cdd* Year *cdy*

Primary Entered by: _____ *deidnum* Date: ____/____/____
dem Month *ded* Day *dey* Year

Secondary Entered by: _____ Date ____/____/____