

24h Ambulatory Blood Pressure Monitoring

Name: _____

Date of birth: ____/____/____

Monitoring date: ____/____/202__

Instructions



→ Follow usual daily activities.



→ Mark the brachial artery so that if the cuff becomes loose you can fit correctly.

→ Remain still with arm relaxed during each measurement.

→ Avoid driving. If necessary, then stop driving during measurement (if possible), or ignore measurement.

→ Avoid taking a shower or bath.

→ During sleep place monitor on the bed or under the pillow.

→ Switch off the monitor in case of malfunction.

Report below your sleeping times and any symptom or problem during the 24-hour monitoring period

1. Was this a routine 24-hour period for you?

Yes

No Explain: _____

2. Did you sleep during the day? If yes:

From what time? _____:

To what time? _____:

3. Your nighttime sleep

What time did you go to bed? _____:

What time did you go out of bed? _____:

4. Was your sleep disrupted by the blood pressure measurements?

Not at all

Slightly

Moderately

Considerably