**The aAP diary sheet**

**Participant Initials Date**

\***Food or fluid intake** – please state what food or drink, including alcohol, was consumed

\***Activity** (can be physical, cognitive or emotional) – please state what was the activity and for how long

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Enter time** | **Position/Activity** | **Blood Pressure** | **Heart**  **Rate** | **Symptoms** | **Other details** |
| **EARLY MORNING (ON WAKING)** Time: \_ \_ hr \_ \_min | | | | | |
| \_ \_ hr \_ \_ min | Lying | \_ \_ \_/ \_ \_ \_  sys. diast |  |  |  |
| \_ \_ hr \_ \_min | After 3 min sitting |  |  |  |  |
| \_ \_ hr \_ \_min | After 3 min standing |  |  |  |  |
| **BREAKFAST**  Time: \_ \_ hr \_ \_min; Details of food/fluid\*: | | | | | |
| \_ \_ hr \_ \_ min | Lying |  |  |  |  |
| \_ \_ hr \_ \_ min | After 3 min standing |  |  |  |  |
| **ACTIVITY** Time: \_ \_ hr \_ \_min; Details of activity\*: | | | | | |
| \_ \_ hr \_ \_ min | Before activity |  |  |  |  |
| \_ \_ hr \_ \_ min | After 3 min activity |  |  |  |  |
| **LUNCH**  Time: \_ \_ hr \_ \_min; Details of food/fluid\*: | | | | | |
| \_ \_ hr \_ \_ min | Lying |  |  |  |  |
| \_ \_ hr \_ \_ min | After 3 min standing |  |  |  |  |
| **ACTIVITY** Time: \_ \_ hr \_ \_min; Details of activity\*: | | | | | |
| \_ \_ hr \_ \_ min | Before activity |  |  |  |  |
| \_ \_ hr \_ \_ min | After 3 min activity |  |  |  |  |
| **DINNER**  Time: \_ \_ hr \_ \_min; Details of food/fluid \*: | | | | | |
| \_ \_ hr \_ \_ min | Lying |  |  |  |  |
| \_ \_ hr \_ \_ min | After 3 min standing |  |  |  |  |
| **BEFORE SLEEPING (IN BED)** Time: \_ \_ hr \_ \_min | | | | | |
| 22.15pm  (**In bed)** | Lying in usual sleeping position (as with pillows) |  |  |  |  |

**Measure sitting BP/HR only if you find it difficult to stand.**

**Please record any other type of activity that you would like to tell us about and is not listed above, with time & position.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Enter time** | **Position/Activity** | **Blood Pressure** | **Heart**  **Rate** | **Symptoms** | **Other details** |
| \_ \_ hr \_ \_ min |  |  |  |  |  |
| \_ \_ hr \_ \_ min |  |  |  |  |  |