

## The adapted BP/HR Autonomic Profile (aAP) diary sheet

**Participant Initials**

**Date**

\* **Food and fluid intake** – please briefly state what food or drink, including alcohol, was consumed. For e.g, 08:00 water, muesli, yoghurt

\* **Activity** (can be physical, cognitive or emotional) – please state the activity and for how long. For e.g., 09:00 washing dishes and cleaning kitchen for 10 min

Enter time <i>e.g., 08:00</i>	Position/Activity	Blood Pressure <i>e.g., 120/80</i>	Heart Rate <i>e.g., 76</i>	Symptoms <i>e.g, felt dizzy, headache, etc.</i>
<b>EARLY MORNING (ON WAKING)</b> Enter time:				
	Lying			
	After 3 min sitting			
	After 3 min standing			
<b>BREAKFAST</b> Time:                      Details of food and fluid*:				
	Lying			
	After 3 min standing			
<b>ACTIVITY/ EXERTION</b> Time:                      Details of activity*:				
	Before exertion			
	After 3 min exertion			
<b>LUNCH</b> Time:                      Details of food and fluid*:				
	Lying			
	After 3 min standing			
<b>ACTIVITY</b> Time:                      Details of activity*:				
	Before exertion			
	After 3 min exertion			

Enter time e.g., 08:00	Position/Activity	Blood Pressure e.g., 120/80	Heart Rate e.g., 76	Symptoms e.g, felt dizzy, headache, etc.
<b>DINNER</b> Time:		Details of food and fluid*:		
	Lying			
	After 3 min standing			
<b>BEFORE SLEEPING (IN BED)</b>				
	Lying in usual sleeping position (as with pillows)			

**Note: Measure sitting BP/HR 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 e.g., 08:00	Position/Activity	Blood Pressure e.g., 120/80	Heart Rate e.g., 76	Symptoms e.g, felt dizzy, headache, etc.