**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

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| --- | --- | --- | --- | --- |
| **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.** |
| **EARLY MORNING (ON WAKING)** Enter time:  |
|  | Lying  |   |  |  |
|  | After 3 min sitting |  |  |  |
|  | After 3 min standing |  |  |  |
| **BREAKFAST**  Time: Details of food and fluid\*:  |
|  | Lying  |  |  |  |
|  | After 3 min standing |  |  |  |
| **ACTIVITY/ EXERTION** Time: Details of activity\*: |
|  | Before exertion |  |  |  |
|  | After 3 min exertion  |  |  |  |
| **LUNCH**  Time: Details of food and fluid\*:  |
|  | Lying  |  |  |  |
|  | After 3 min standing |  |  |  |
| **ACTIVITY**  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.** |
| **DINNER**  Time: Details of food and fluid\*:  |
|  | Lying  |  |  |  |
|  | After 3 min standing |  |  |  |
| **BEFORE SLEEPING (IN BED)**  |
|  | 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.**

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| **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.** |
|  |  |  |  |  |
|  |  |  |  |  |