



SCREENING AND RECRUITMENT LOG

Practice name:	Researcher name:	Page ___ of ___
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	DATE OF ASSESSMENT <i>(dd/mm/yyyy)</i>	PATIENT INITIALS	SCREENING OUTCOME <i>(Please tick one)</i>				STUDY ID <i>(for randomised participants only)</i>
			Did not attend	Declined*	Excluded	Randomised	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

***Please insert the code for the relevant reason for no consent:**

(A) I do not have time to take part in the study; **(B)** I do not wish to text my own blood pressure results to my doctor;
(C) I do not wish to measure my own blood pressure; **(D)** I don't understand the Patient Information Sheet; **(E)** Other.