

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
ECHO ALERT RESPONSE FORM # 162**

This form is completed for each participant who has a Form 117 (Echo Mailing Form and Echo Local Results Form) where Q28-34 shows that there was an echo alert.

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1. Identification Number...

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2. Name Code...

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3. Date: mm/dd/yyyy...

- 4. What was the echo alert on Form 117? (Code 0=no, 1=yes)
 - a. Sever Aortic Stenosis —
 - b. Aortic Dissection —
 - c. Vegetation —
 - d. Tumor —
 - e. Cardiac Tamponade —
 - f. LV Thrombus —
 - g. Other —

5. If Q04 = g (Other echo alert)? What is the alert? (Data enter)
 Note: If you answered "yes" on Form 117 to an "other" echo alert and you now recognize that the item was not a clinical alert, please do a clinical initiated data inquiry from Form 117 requesting that the value be changed to "no".

6. What action was taken for this participant? (Data enter) _____

200. Date this form completed (mm/dd/yyyy) _/ _/ _

201. Certification ID of person completing this form _ _ _ _ _

202. Certification ID of person entering this form _ _ _ _ _

For Clinical Center Use Only

Date Entered _ _ / _ _ / _ _ _ _