

C - ABPM - PLACEMENT

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION  
AASK COHORT STUDY  
ABPM INITIALIZATION AND PLACEMENT FORM # 170

ABPMs are completed at C0, C24 and C48. There must be at least one Form 110 (Blood Pressure Measurement Form) in the database prior to entering this form. Also, a Form 110 should be completed the same day that the ABPM is placed. Note, if a participant does not agree to wear the ABPM, do not enter this form.

1. Identification Number... [Grid]

2. Name Code... [Grid]

3. Visit Number... [Grid]

4. Visit Date: mm/dd/yyyy... [Grid]

- 5. a. Code Letter (A=Baseline, B=First Follow-Up, C=Second Follow-Up) ..... Code-1tr
- b. Code Number (1=First attempt, 2=Second attempt) ..... Code-num
- 6. Did the patient agree to wear an ABPM? (0=no, 1=yes) ..... pt-agree  
(Note, if a participant does not agree to wear the ABPM, do not enter this form.)
- 7. a. Were new AA batteries put in before initializing the monitor? (0=no, 1=yes) ..... batteries
- b. Certification ID of person initializing the ABPM device ..... Cert-ID
- c. Is date and time correct on the device? ..... DATE-TIME  
(0=no, reset to correct time, 1=yes)
- 8. ABPM placement:
  - a. Arm used for cuff placement (1=left, 2=right) ..... ARM-USED  
(preferably the non-dominant arm)
  - b. Arm circumference (cm) ..... ARM-CIRC  
**Note: If arm circumference is > 50 cm (Form 110, question Q06b=5), then do not conduct an ABPM on this participant.**
  - c. ABPM cuff size used ..... CUFF-SZ
    - 1 = (17-26 cm) Small Adult                      3 = (32-42 cm) Large Adult
    - 2 = (24-32 cm) Adult                              4 = (38-50 cm) X-Large Adult

No Item 9.

- 10. a. First ABPM monitor reading ..... SBP2-ABPM DBP2-ABPM
- b. Second ABPM monitor reading ..... SBP2-ABPM DBP2-ABPM
- c. Third ABPM monitor reading ..... SBP3-ABPM DBP3-ABPM
- d. Computer calculated ABPM monitor average ..... SBP-ABPM-AVG DBP-ABPM-AVG

- 11. Were the last two readings manually aborted (code 0=no, 1=yes) ..... Aborted
- 12. Date of placement after ABPM monitor readings are completed (mm/dd/yyyy) ..... 1/1/11 place-dt
- 13. Time of placement (24-hour clock) ..... place-tm
- 14. Tech ID of person placing the ABPM device ..... tech-ID

**Note:** AASK ABPM Instructions to the patient are given in Manual of Operations, Chapter 13.

For Questions 15 - 16: code 0=no, 1=yes

- 15. Was a copy of the AASK ABPM instructions provided to the participant? ..... instr-pro
- 16. Were the AASK ABPM instructions reviewed with the participant? ..... instr-rcv
- 17. Monitor serial number ..... monitor-num

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- 200. Date this form completed (mm/dd/yyyy) ..... 1/1/11 compl-dt
  - 201. Certification ID of person completing this form ..... compl-by

**For Clinical Center Use Only:**

**Certification ID of person entering this form:** \_\_\_\_\_

**Date Entered:** \_\_\_/\_\_\_/\_\_\_