

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
ABPM DOWNLOADING, COPY SCAN, and MAILING FORM # 171**

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1. Identification Number...

2. Name Code...

3. Visit Number...

4. Start Date of ABPM Reading: mm/dd/yyyy...

Note: The start date of the ABPM Reading must match "Date of Placement" on Form 170 or the database will not accept this form.

5. Certification ID of the person reading the monitor cert_read-ID
6. Date the monitor was downloaded (mm/dd/yyyy) / / monitor_dt

Follow the instructions for "To Read the Monitor" of MOP Chapter 13.

Check to see if the AASK ID is correct or changed if initialized with 9999.

7. Enter the file name (AASK ID, Namecode) followed by the appropriate letter ("A", "B", or "C") and the appropriate number for attempt: | | | file_name
(Code letter: A=Baseline, B=First Follow-Up, C=Second Follow-Up)
(Code number: 1=First attempt, 2=Second attempt)

8. What time did the patient go to bed? (use 24 hour clock) : Bed_Tm
9. What time did the patient awaken in the morning? (use 24 hour clock) : awake_Tm

Review the raw data for the satisfactory BP following the instructions outlined in the MOP.

10. Are there 6 or more acceptable readings between midnight and 6 a.m.? (0=no, 1=yes) accept-6
(If there are fewer than 6 readings, reschedule the participant. Do not send in the disk yet.
If on the second attempt, there are fewer than 6 readings, send disc 1 and 2 to the CV Core Lab.)
11. Are there 14 or more acceptable readings between 6 a.m. and midnight? (0=no, 1=yes) accept-14
(If there are fewer than 14 readings, reschedule the participant. Do not send in the disk yet.
If on the second attempt, there are fewer than 14 readings, send disc 1 and 2 to the CV Core Lab.)

12. Was the ABPM data copied to a disk? (0=no, 1=yes) disk
Label the disk as instructed in MOP Chapter 13. *Make a back up copy, too.*

13. Certification ID of the person copying the ABPM data to disk cert_copy-ID

14. Date the ABPM disk was mailed to the CV core lab / / sent_dt
Mail the ABPM disk as described in MOP Chapter 13. *Be sure to include a hard copy printout along with the disk and this completed form.*

15. Did the participant take a nap (0=no, 1=yes) nap

16. If the participant took a nap (Q15=yes): nap_beg

a. What time did the nap begin? (use 24 hour clock) ____:____

b. What time did the nap end? (use 24 hour clock) nap_end
..... ____:____

17. Shift worker status sh.ft

0 = Not a shift worker.

1 = Shift worker but did not wear the ABPM during a night shift

2 = Shift worker who wore the ABPM during a night shift (that is, awake during night time hours, and sleeping during day light hours)

18. a. While wearing the ABPM during sleep, how many times did the participant wake up to use the bathroom? bathrm

b. Other than using the bathroom, how many times did the participant wake up and get out of bed? wake-up

19. How many drinks of wine, beer or liquor did the participant consume while wearing the ABPM? (a drink is 4 oz of wine, a can of beer, or 1-1/2 oz of hard liquor) drinks

200. Date this form completed (mm/dd/yyyy) Compl-dt

(The date this form is completed must be greater than or equal to the date the ABPM was started and less than or equal to the date the ABPM disk was mailed to the CV core lab.)

201. Certification ID of person completing this form Compl-by

For Clinical Center Use Only:

Certification ID of person entering this form: _____

Date Entered: ____/____/____