

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-Ltr
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
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? (0=no, reset to correct time, 1=yes) DATE-TIME
8. ABPM placement:
a. Arm used for cuff placement (1=left, 2=right) (preferably the non-dominant arm) ARM_USED
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 SBP1-ABPM DBP1-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: ___/___/___