

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION  
AASK COHORT STUDY  
HIGH BLOOD PRESSURE FORM # 160**

This form is completed for each participant who has two consecutive systolic blood pressure measurements > 180 mmHg or two consecutive diastolic blood pressure measurements > 100 mmHg as noted in the Weekly Report.

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1. Identification Number...

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2. Name Code...

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

4. This form is being completed because .....

1 = Patient had two consecutive blood pressure measurements where systolic > 180 mmHg

2 = Patient had two consecutive blood pressure measurements where diastolic > 100 mmHg

3 = Both

5. What action was taken to control this patient's blood pressure? (Code 0=no, 1=yes)

a. Changed medications? .....

b. Compliance counseling from the Principal Investigator? .....

c. Compliance counseling from the Study Coordinator or other team physician? .....

d. Requested extra support from patient's family? .....

e. Extra visits were scheduled? .....

6. Describe the circumstances leading to this patient's high blood pressure.

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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 \_/ \_/ \_