

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
REASONS WHY AASK COHORT PATIENTS
ARE NOT ON ACE OR ARB FORM # 159**

This form is to be completed for each participant who is not on an ACE or an ARB medication.

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1. Identification Number...

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2. Name Code...

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

visit

4. What is the main reason why this patient is not on an ACE or an ARB? (sn)

1 = The patient is satisfied with blood pressure control on his current regimen and does not want to switch.

2 = The patient has had side effects on ACE and does not want to try an ARB.

3 = The patient has had side effects on ACE and cannot afford an ARB.

4 = The patient has had side effects on both ACE and ARB.

5 = The patient's private physician is satisfied with patient's blood pressure control on the current regimen and does not want to switch.

8 = Not applicable. There is no reason this patient is not on ACE or ARB. We plan to write a prescription for him soon.

9 = Hyperkalemia 10 = Con

5. Could the clinical center get free ARB's for this patient if free ARB's were necessary? (0=no, 1=yes, 9=unknown) free- arbs

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 ____/____/____