

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY
ANNUAL PHYSICAL EXAMINATION FORM # 12

*Can be done outside of the visit window, but will be analyzed differently

This form is to be completed once at any time before randomization and annually thereafter.

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1. Identification Number.....

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2. Name Code.....

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3. Visit Number.....

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4. Exam Date: mm/dd/yyyy..... Pe - dt

Eye Exam:

5. Funduscopy Grade: (Use Keith-Wagner Classification I-IV) (1=I, 2=II, 3=III, 4=IV, 9=Unable to visualize the fundi) Fundus

Vascular Examination: (1=Normal, 2=Bruits, 3=Diminished Pulse, 4=Bruits and Diminished Pulse)

- 6. a. Carotid Right: Carot-rt
- b. Carotid Left: Carot-lt
- 7. a. Femoral Right: femor-rt
- b. Femoral Left: femor-lt
- 8. a. Dorsalis Pedis Right: dorsa-rt
- b. Dorsalis Pedis Left: dorsa-lt

Abdomen:

9. Abdominal: (0=normal, 1=bruits) abdom

Smoking Status:

10. In an average day, how many cigarettes per day does this participant currently smoke? (enter 0 if none, 20 if one pack, 40 if two packs, etc.) cig-n

Exercise Status:

11. Current exercise frequency (times per week) exer-freq

12. Current usual exercise duration (minutes) exer-du

Drinking Status:

13. Current usual number of drinks of wine, beer or alcohol during an average week (0 if none, 14 if 2 per day, etc.) alcohol

For annual follow-up visits only.

14. Which blinded medication does the clinical center staff believe the patients is on? (1=ACE, 2=Beta Blockers, 3=Calcium Channel Blockers, 4=On open label medications, 9=can't tell) blind-med

Annual - Phys

Certification

201. Certification ID of person completing this form Compl-by
Q201 does not have to be AASK staff

202. Certification ID of person entering this form enter-by

For Clinical Center Use Only

Date Entered ___/___/___

Verified? _____