

CHART REVIEW

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY
CHART REVIEW ID FORM # 01

* Form can be completed over the telephone

Note: Form 1 establishes a person as an ID in the database, so Items 1, 2a and 3 on Form 1 must be entered for each participant before any subsequent forms are entered for that participant's ID. The remainder of the form is only for people who are "found" during a chart review. When doing chart reviews, only complete Form 1 for 18 to 70 year old African Americans with hypertension.

Name of Participant _____

Address _____

Zip Code _____

Daytime Phone # (____) _____

Nighttime Phone # (____) _____

stored as PATIENT table

VISIT

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1. Identification Number.....

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2a. Name Code.....

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2b. Previous PID (If Restart)...

S	V
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3. Visit Number.....

		0
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4. Date: mm/dd/yy.....

If you did not do a chart review, skip to item 201.

SCRN_VISIT

5. a. Gender (1=male, 2=female, 9=unknown) Gender

b. Date of Birth dob

c. Age (18 to 70 years)

6. Race race

1=African-American/Black/Haitian
9=Unknown

7. a. History of hypertension or suspected hypertension? (0=no, 1=yes) htn_hx

b. Most recent blood pressure measurement (mm Hg) SBP_last / DBP_last

- c. Is the participant currently on medication for high blood pressure?
(0=no, 1=yes, 9=unknown) bp-med
- 8. a. Weight (leave blank if unknown). cr-wt
- b. Weight units (1=kg, 2=lbs) cr-wt-u
- 9. a. What category of site did this chart come from? chartc
 1=Our own AASK institutions/University Hospital
 2=Other University Hospital not AASK
 3=Community Hospital
 4=Community Private Clinic
 5=Community Public Clinic
 6=Other
- b. What kind of Clinic or source did this chart come from? chartsp
 1=Nephrology clinic or office
 2=Hypertension clinic or office
 3=Primary care or other type of clinic, Non-HMO
 4=HMO/MMO
 5=Lab records
 6=Other
- c. Local chart number or local ID number _____
- d. Name of Physician _____
- e. Phone number of Physician _____
- 10. a. Most recent serum creatinine level (mg/dl) scr-last
- b. Date of most recent serum creatinine level scr-dt-l

Please answer item 11 for all charts: (0=no, 1=yes, 9=unknown)

- 11. a. Current or previous dialysis pre-dial
- b. Renal transplant recipient renal-tx
- c. History of diabetes mellitus type I or II dm-hx
- 12. Review the following exclusion criteria in any order. If any one of the items in 12 or 13 is marked yes, others may be left blank. (0=no, 1=yes, 9=unknown)
- a. Undisputed medically indicated need for nonsteroidal anti-inflammatory agents (NSAIDs) \geq 15 days/month, excluding aspirin .. nsaid

SCRN-VISIT

ELIGIBILITY

ELIGIBILITY

- b. Medically indicated need for ACE inhibitor for reasons other than hypertension ace
- c. Medically indicated need for beta blocker for reasons other than hypertension bb
- d. Medically indicated need for calcium channel blocker for reasons other than hypertension ccb
- e. History of serious adverse reaction to ACE inhibitor ace-rea
- f. History of serious adverse reaction to beta blocker bb-rea
- g. History of serious adverse reaction to calcium channel blocker ccb-rea
- h. Malignant or accelerated hypertension within the last six months htn
- i. Known secondary cause of hypertension (such as renal vascular hypertension or endocrine hypertension) htn2
- j. Clinical or biopsy evidence of a renal disease other than hypertensive nephrosclerosis renaldis
- k. Patient has HIV/AIDS hivaids
- l. Other serious systemic disease (including cancer) that might influence survival ssd2
- m. Patient has serious systemic disease that might influence the course of renal disease but does not influence survival. Include diseases requiring chronic oral steroid therapy (specify disease: _____) .. ssd2
- n. Current or recent (within 6 months) evidence of congestive heart failure; documentation of ejection fraction < 35%; or heart block > first degree CHF
- o. Drinks more than 21 drinks of wine, beer or hard alcohol during an average week in the last 2 years alcohol
- p. Possible drug abuse problem drugs
- q. Treated for asthma for over 2 continuous weeks in the last 6 months asthma
- r. Serum potassium > 5.5 mEq/L confirmed by repeated measurements within the past year (for participants not on potassium supplements) spotkiss5
- s. Laboratory evidence of nephrotic range proteinuria > 3.5 g/day proteinu

ELIGIBILITY

13. Other exclusions that may be found in the chart:
- a. Obesity (0=no, arm size \leq 41 cm, 1=no, arm size $>$ 41 cm and \leq 52 cm, but long enough for thigh cuff, 2=yes, arm size $>$ 41 cm and \leq 52 cm, and arm is too short for thigh cuff, 3=yes, arm size $>$ 52 cm, 9=unknown) obesity
 - b. Difficulty emptying bladder voiding
 - c. Pregnant or planning to become pregnant during the next five years plan pr
 - d. Leukopenia $<$ 2,500 mm³ leukopen
 - e. Allergic to iodine iodine
 - f. Participating in any other health studies that involve an active intervention and would exclude the patient from this study? (0=no, 1=yes) oth-Stu
If yes, specify: _____
(not key entered)
 - g. Likely not to be able to adhere to medications meds-a
 - h. Likely not to be able to follow the visit schedule schd-a
14. Is this patient ineligible due to some reason not shown on Form 1 (0=no, 1=yes) . oth_exc
15. Does the participant appear to be eligible (He or she did not meet any of the exclusionary criteria listed above) (0=not eligible, 1=yes, eligible) elig

Certification

- 201 Date this form completed ____/____/____ compl-d
- 202. Certification ID of person completing this form _____ compl-

For Clinical Center Use Only

Date Entered: ____/____/____ Verified? _____