

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE  
AASK STUDY  
SCREENING VISIT 1 (SV-1) FORM # 02

This form is completed for all participants. It is done at the SV-1 visit or at a combined SV-1/SV-2 visit.

VISIT

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1. Identification Number.....

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2. Name Code.....

S	V
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3. Visit Number.....

		1
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4. Visit Date: mm/dd/yy.....

Part 1 Questions: May be done in person or on the phone

SCRN-VISIT

- 5. a. Type of contact (1=in person, 2=phone) ..... Contact
- b. Is this a combined SV-1/SV-2 visit? (0=no, 1=yes) ..... Combsv
- c. Date of birth (will be populated if Form 1 is completed). \_\_\_/\_\_\_/\_\_\_ DOB
- d. Age (18 to 70 years) .....

- 6. a. Where did this participant first hear about the study? ..... Referral
  - 1=Relative/Friend heard about it
  - 11=Newspaper advertisement
  - 2=AASK Physician or team member told patient
  - 12=Radio advertisement
  - 3=Other physician or health professional told patient
  - 13=Radio Public Service Announcement
  - 4=Received brochure in mail
  - 14=Radio news report
  - 5=Picked up brochure or flyer
  - 15=Television advertisement
  - 6=Health program or health fair
  - 16=Television Public Service Announcement
  - 7=Poster
  - 17=Television news report
  - 8=Bus
  - 98=Other
  - 9=Church bulletin/newsletter
  - 99=Unknown
  - 10=Newspaper article

- b. Was this person found during a chart or lab review?  
(0=no, 1=yes, 9=unknown) ..... CHARTFND

PATIENT

- c. Satellite center (if any) where blinded drug will be kept  
(0=main center, 1,2,3 etc.=satellite center) ..... CC\_UNIT\_DR
- d. Satellite center (if any) where visits will be held  
(0=main center, 1,2,3 etc.=satellite center) ..... CC\_UNIT\_VI

SCRN-VISIT

- 7. Gender (1=male, 2=female) ..... Gender
- 8. Does this person consider him or herself to be African American or Black?  
(0=no, 1=yes) ..... Race
- 9. Does this person currently have high blood pressure? (0=no, 1=yes, 9=unknown) ..... HTN\_CUR

10. Is this person currently on medication for high blood pressure? (0=no, 1=yes, 2=Not when arrived at SV-1, but prescribed by AASK Team at SV-1, 9=unknown) ..... BP\_meds

11. Was this person enrolled in the AASK Pilot Study? (0=no, 1=yes) ..... PILOT

Note 1: If, at this point, it is apparent that the person is not eligible, stop and skip to item 201:

Note 2: If this is an SV-1 only, ask the patient the following questions. If this is a combined SV-1/SV-2, you can skip from here to Item 201, because these questions are also on the SV-2 Form 4.

**Part 2 Questions: Blood Pressure Measurement and Eligibility Status.**

\*\*\*\*\*Blood Pressure and Lab Values\*\*\*\*\*  
*This section is optional for ineligible patients; you may wish to do items 15 and 16 first to check eligibility.*

SCRN-VISIT

12. a. Date of blood pressure measurement if different from date of Part 1 ..... 1/1/ BPDT\_SCR

b. Visit Number ..... SV 1.0

13. a. Blood pressure measurement <sup>using a standard sphygmomanometer</sup> ..... 1/ SBP\_SCRN DBP\_SCRN

b. Arm circumference (cm) if measured ..... ARM\_SZ

For Question 14 a, b, and c, leave blank if unknown.

14. a. Most recent serum creatinine (mg/dl) ..... SCR\_SCR

b. Most recent serum potassium (mEq/L) ..... SPOTKFS

c. Most recent white blood cell count (M/cumm) ..... WBC\_SCR

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ELIGIBILITY

15. a. Current or previous chronic kidney dialysis? (0=no, 1=yes, 9=unknown) .. PREVDIAL

b. Renal transplant recipient? (0=no, 1=yes, 9=unknown) ..... RENAL\_TX

c. History of diabetes mellitus I or II? (0=no, 1=yes, 9=unknown) ..... DM\_HX

16. a. Female who is pregnant or planning to become pregnant during the next five years? (0=no, 1=yes, 9=not applicable) ..... PLAN PREG

b. Drinks more than 21 drinks of wine, beer or alcohol during an average week in the last 2 years? (0=no, 1=yes) ..... ALCOHOL

c. Possible drug abuse problem (0=no, 1=yes) ..... DRUGS



- d. Treated for asthma for over 2 continuous weeks in the last 6 months? (0=no, 1=yes, 9=unknown) ..... ASTHMA
  - e. Participating in any other health studies that involve an active intervention and would exclude the patient from this study? (0=no, 1=yes) ..... OTH-STD  
If yes, please describe: \_\_\_\_\_
  - f. Planning to move more than 50 miles from this area in the next five years? (0=no, 1=yes) ..... MOVING
  - g. Difficulty emptying bladder? (0=no, 1=yes) ..... VOIDING
  - h. Allergic to iodine? (0=no, 1=yes) ..... IODINE
  - i. 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
17. Screening visit scheduling status: ..... SCHD-ST  
 1=SV-2 Visit was scheduled.  
 2=We intend to schedule a SV-2 visit.  
 3=We do not intend to schedule a SV-2 visit - patient appears ineligible.  
 4=We do not intend to schedule a SV-2 but the patient appears eligible.
18. Is this participant ineligible due to some reason not shown on Form 2? (0=no, 1=yes) ..... OTH-EXCL  
 Specify (enter 32 characters \_\_\_\_\_) EXCL-RSN
19. Does the participant appear to be eligible? (0=not eligible, 1=yes, eligible) ..... ELIG

ELIGIBILITY

- 201. Certification ID of person completing this form ..... COMPL-BY
- 202. Certification ID of person entering this form ..... ENTER-BY

CERTIFICATION

**For Clinical Center use only**

Date Entered: \_\_\_/\_\_\_/\_\_\_

Verified? \_\_\_\_\_