

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY
CLINICAL MANAGEMENT SUBCOMMITTEE STOP POINT REVIEW FORM # 31

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1. Identification Number.....

2. Name Code.....

3a. Date of Review: mm/dd/yyyy

3b. Date of Stop Point: mm/dd/yyyy STOP

CMS - STOP POINT

4. Certification ID of Primary Clinical Management Subcommittee stop point reviewer (first letter of first name and first seven letters of last name; must be in AASK directory.) CMS -

5. Certification ID of primary DCC stop point reviewer dcc-rev

6. Stop point the clinic felt the patient had reached? Stop - P
0=CC unblinded to randomized meds, but not a stop point
1=GFR Decline
2=Pregnancy
3=Need for a new blood pressure goal
4=Need additional medication for blood pressure control
5=Need additional medication due to a serious medical condition
6=Need to stop blinded medication due to serious medical condition
7=Need to stop blinded medication due to hypotensive side effect
8=Need to stop blinded medication due to other side effects
9=Need to begin dialysis or have a transplant

7. a. Consensus of Clinical Management Subcommittee and DCC Consensus
0=Not a stop point
1=Confirm the stop point the clinic felt the patient had reached
2=A different stop point

b. If "2", which stop point? (use codes from item 6) diff stop

8. Necessity of Unblinding unblind
1=Do not unblind, 2=Unblind

9. a. What blood pressure goal does the reviewer believe the patient was on? (1=low, 2=moderate, 9=couldn't tell) bp goal

b. Which blinded medication does the reviewer believe the patient was on? (1=ACE, 2=Beta Blockers, 3=Calcium Channel Blockers, 9=couldn't tell) blind med

c. Does the reviewer think this was related to the patient's randomized study blood pressure goal intervention? (0=no, 1=yes, 9=couldn't tell) bp relat

d. Does the reviewer think this was related to the patient's randomized blinded drug intervention? (0=no, 1=yes, 9=couldn't tell) med relat

10. ^{REQUIRED:} Optional: Comments of reviewer. (Write in as much as you wish. Use back of sheet if necessary. Key enter but do not rekey verify.)

*When adding additional info to this field, type "UPDATED by KBRTAE on mm/dd/yyyy" before adding text.

rev-text

11. Comment on item #6:

CODE - COMMENT

12. Clinical comment:

CLIN - COMMENT

201. Certification ID of person completing this form _____ COMPL -

202. Certification ID of person entering this form _____ ENTER

For Clinical Center Use Only

Date Entered __/__/____

Verified? _____