

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION  
AASK STUDY  
POST-AASK PATIENT CARE SURVEY FORM # 70

This form should be completed for each randomized patient by August 1, 2000, to describe plans for the patient at the end of the AASK Study.

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1. Identification Number.....

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2. Name Code.....

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

4. Does this patient have a primary care health provider who can take over hypertension management when AASK is finished? (0=no, 1=yes) ..... prim-care
5. If not, what is your plan to transfer this patient's blood pressure management? ..... bp-manag  
 1 = An AASK Team Physician will take over this patient's care  
 2 = We plan to refer the patient to a private doctor  
 3 = We plan to refer the patient to a HMO type plan  
 4 = We plan to refer the patient to a public health clinic
- 6a. Does this patient already have medical insurance that will cover some of the costs of his or her blood pressure medication? ..... med-coverage  
 0 = no  
 1 = some of the cost will be covered  
 2 = most of the cost (less a small deductible) will be covered  
 3 = all of the cost will be covered.
- 6b. What is the patient's insurance plan? ..... insurance-plan  
 0 = None  
 1 = Yes, the patient has private insurance  
 2 = Yes, the patient is enrolled in Medicare  
 3 = Yes, the patient is enrolled in Medicaid  
 4 = Yes, the patient is part of some other public health system  
 5 = Yes, the patient is part of the VA system
7. If no, what is your plan to help the patient pay for medications? ..... med-pay  
 0 = We have no plan  
 1 = Give the patient information about HMO's and private insurance  
 2 = Give the patient information about Medicare  
 3 = Give the patient information about Medicaid  
 4 = Give the patient information about some other public health system  
 5 = Give the patient information about the VA system
8. Will you provide medications to this patient free of charge? (0=no, 1=yes) ..... free-meds
9. Will you need to refer this patient to Social Services? (0=no, 1=yes) ..... refer-ss

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10. Explanation - Describe your plans to assure continuity of care for this patient after AASK follow up ends.

*Care-plans*

11. Is this patient interested in participating in a follow up study after AASK? ..... *after\_aask*  
0 = no  
1 = yes, definitely  
2 = yes, but only if free antihypertensive medications are provided  
9 = unknown

12. Do you think this patient has some other cause of renal disease other than hypertensive nephrosclerosis? ..... *oth+cause-rd*  
0 = No, we still think this patient has hypertensive nephrosclerosis  
1 = We now think that this patient has polycystic kidney disease.  
2 = We now think that this patient has diabetic nephropathy  
3 = We now think that this patient has focal glomerulonephritis  
4 = We now think that this patient has membranoproliferative glomerulonephritis  
5 = We now think that this patient has multiple myeloma  
6 = We now think that this patient has staghorn calculi  
7 = We now think that this patient has hyperaldosteronism or primary aldosteronism  
(Call the DCC to receive a code for a different diagnosis)

13. Has this patient ever had a renal biopsy? (0=no, 1=yes) ..... *renal-biopsy*

201. Certification ID of person completing this form ..... *compl-by*

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

For Clinical Center Use Only      Date Entered \_\_\_/\_\_\_/\_\_\_      Verified? \_\_\_\_\_

*88.2*