

Close-out

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION  
AASK STUDY  
CLOSE OUT FORM # 76

This form must be completed once for each randomized patient. This form is not completed for those patients on dialysis.

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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. Date of Visit: mm/dd/yyyy  
Close-dt

5. a. Has a vascular access for hemodialysis been placed? (0=no, 1=yes) ..... vasc\_acc  
 b. Has a catheter access for peritoneal dialysis been placed? (0=no, 1=yes) .. cath\_acc  
 c. Date access placed (mm/dd/yyyy) .....     /    /     access\_dt
6. Has a kidney transplant been scheduled? (0=no, 1=yes) ..... ren\_tx\_schec
7. If the patient has had no GFR measurement completed since June 1, 2000, please record a local serum creatinine. If you have a central serum creatinine measured after June 1, 2001, you can use that.  
 a. Serum creatinine value .....      Creat\_loc  
 b. Date of serum creatinine (mm/dd/yyyy) .....     /    /     Creat\_Loc\_dt
8. a. What does the PI think is the main reason for this patient's kidney disease? .....      cause\_rf1  
 b. Secondary renal diagnosis .....      cause\_rf2  
 1=Hypertensive nephrosclerosis (as we thought when we enrolled the patient)  
 2=Diabetic nephropathy  
 3=Focal glomerulosclerosis  
 4=Membranoproliferative glomerulonephritis renal\_func\_loss  
 5=Multiple myeloma  
 6=Allergic Interstitial Nephritis  
 7=Polycystic Kidney Disease  
 8=Reaction to contrast dye  
 9=unknown/none  
 10=Renal Artery Stenosis  
 11=Primary Aldosteronism

(If the reason for question 8 is known but not listed, contact the DCC for a new code number.)

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9. Please discuss item a with the patient's AASK physician before answering this question.

a. Over the course of AASK, has this patient developed a serious systemic disease which would have excluded him at the start of AASK? (0=no, 1=yes) ..... exclude

b. If yes, name of disease \_\_\_\_\_ exclude\_disease

c. If yes, approximate year of disease diagnosis ..... disease\_dt

10. Does the patient want to be in the AASK Cohort Study?

(0=no, 1=yes, 9=unknown) ..... AA

Certification

201. Certification ID of person completing this form ..... Compl-b

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

For Clinical Center Use Only

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

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