



Attention - DO NOT enter patient data on this form if the header does not contain preprinted CRISP ID number, clinical center ID, and visit number.

Participant ID: _____ pkdid

Clinical Center: _____ pccn

visit:

Current Physical Findings Form

This form is to be completed by designated personnel (if medically trained) and/or PI at each Biannual visit.

<small>dvdate</small> Date of Visit			/			/			
<small>height</small> 1. Height:	_____cm								
Note: If weight is greater than 158.6 kg (350 pounds), participant is not eligible to have a MRI. Change final participant status to Eligible but Modified .									
<small>weight</small> 2. Weight:	_____kg								
3. During the last 30 minutes, has the participant smoked or consumed caffeine? <small>cigcaff</small> (If yes, please wait 30 minutes since last cigarette or caffeine unit)	0 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes						
4. Arm used: Use the arm determined at the initial visit, whenever possible. <small>armused</small>	0 <input type="checkbox"/> Right		1 <input type="checkbox"/> Left						
5. Blood Pressure Monitors Used for Seated BP Readings: <small>bpmonitor</small>									
1 <input type="checkbox"/> automated	2 <input type="checkbox"/> PCC Monitor (non-automated):		Brand _____ <small>bpbrand</small>						
Note: The CRISP II Study Staff person signing this form is to complete the BP readings in items 6 and 7.									
6. SEATED Blood Pressure Readings (sequential): <i>Participant is to rest 5 minutes with arm supported at heart level. Record at least three BP readings at least 30 seconds apart. If there is a difference of more than 10mm Hg (systolic or diastolic) between the second and third readings in one sitting, a fourth and fifth reading should be recorded for that sitting.</i>									

	Time (24 hour)	Systolic	Diastolic	Pulse Rate BPM
1	____:____ <small>r1time</small>	<small>sys1</small>	<small>dial1</small>	<small>r1pr</small>
2	____:____ <small>r2time</small>	<small>sys2</small>	<small>dial2</small>	<small>r2pr</small>
3	____:____ <small>r3time</small>	<small>sys3</small>	<small>dial3</small>	<small>r3pr</small>
4	____:____ <small>r4time</small>	<small>sys4</small>	<small>dial4</small>	<small>r4pr</small>
5	____:____ <small>r5time</small>	<small>sys5</small>	<small>dial5</small>	<small>r5pr</small>



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Please Note: Average blood pressure will be automatically generated at data entry.

7. **STANDING BP Reading:** Measure BP after 3 minutes standing with arm supported at heart level.

	Time (24 hour)	Systolic	Diastolic	Pulse Rate BPM
1	__ __: __ __ <i>d1time</i>	<i>sysd1</i>	<i>diad1</i>	<i>d1pr</i>

CRISP Member completing this form _____ *cdidnum*

Date Form Completed __ __/ __ __/ __ __ __ __ *cddate*

Data Entry Status: Please check to indicate that the above information has been entered

Primary Entered by: _____ Date: __ __/ __ __/ __ __ __ __ *deidnum dedate*

Secondary Entered by: _____ Date __ __/ __ __/ __ __ __ __