

Frequent Hemodialysis Network NOCTURNAL STUDY GENERATING PATIENT HOME BP WORKSHEET – FORM #213

Instructions: Data entered on this form will generate a worksheet for the patient to take home, complete and then return to the study coordinator. The coordinator will then enter the collected information on Form 215 - Nocturnal Study 2-Day Home Blood Pressure Form.

In cases where the patient can not complete the generated worksheet within the prescribed times, the patient will repeat the process by revisiting the study coordinator and redoing this form to generate a new worksheet.

Schedule: Completed at Baseline, F5 and F14.

1. Patient ID #	2. Alpha Code	3a. Visit Type	3b. Visit Number

BP Tracking Number			

5. Which type of dialysis is the patient currently receiving? (1=Conventional, 2=Nocturnal) __
Note: If the patient is receiving any other type of dialysis, contact the nocturnal trial study coordinator for special help with the collection schedule.

6. Type of home BP collection period patient is attempting? (1=Midweek, 2=Weekend) __

Note: The patient will need to adhere to the appropriate start and stop times listed below. Otherwise she or he will need to recollect the data..

Allowable Start and Stop Times for Collection Periods

Period	Conventional HD	Nocturnal HD
Midweek	Wed. or Thurs. - <u>end</u> of dialysis to Fri. or Sat. - <u>start</u> of dialysis	Wed. or Thurs. - <u>end</u> of dialysis to Fri. or Sat. - <u>start</u> of dialysis
Weekend	Day after Fri. or Sat. dialysis to Mon. or Tues. - <u>start</u> of dialysis	Sun. morning - <u>end</u> of dialysis to Mon. evening - <u>start</u> of dialysis

7. Date when patient will begin collecting BP measures? (dd/mon/yyyy)..... __/__/____

8. Start time for regularly scheduled dialysis? (use 24-hr clock) __: __

9. End time for regularly scheduled dialysis? (use 24-hr clock) __: __

Note: Dialysis Sessions which occur during the 2-Day collection periods need to begin and end at the same times as those listed in Items 8 & 9.

Click on the "Save and Generate Report" button and the patient's worksheet will be generated on your screen. You will need to print off the worksheet to give to the patient. *Note: A tracking number will appear in a box next to the visit number and you should write in this number on your paper copy as you will need it to complete Form 215.*

200. Date this form completed (dd/mon/yyyy)..... __/__/____

201. Username of person reviewing completeness of this form _____

For Clinical Center Use Only:

202. Username of person entering this form: _____

203. Date entered: (dd/mon/yyyy) __/__/____

204. Report last printed: (dd/mon/yyyy) __/__/____