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

Participant ID:_____*haltid* Clinical Center:_____*clinic* Date of Visit: _____ / _____ / _____

dvm / dvd / dvy

visit _____**Form was not completed** *misfrm*

Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

PHYSICAL FINDINGS--SCREENING FORM   Form # 7

This form is to be completed by designated personnel (if medically trained) and/or PI at the Initial Study Visit. Blood pressure readings for the remainder of the study will be measured in the arm determined at this visit.

1. **Height:** *hght* _____ 0 ☐ cm 1 ☐ inches *uhght*

2. **Weight:** *wght* _____ 0 ☐ kg 1 ☐ lbs *uwght*

3. **During the last 30 minutes, has the participant smoked or consumed caffeine?** 1 ☐ Yes 0 ☐ No
   (If yes, please wait 30 minutes since last cigarette or caffeine unit) *pfsmcf*

   Verify that the participant has fasted (water only for at least 8 hours prior to the S or SB1 visit). If the participant has n followed these instructions, go to Required Lab Results Form 9, check 'non-fasting' and indicate the amount of meat/fish prot eaten.

4. **PCC Blood Pressure Device Used**   **PCC Monitor Serial Number:**_____ *bpmid*

   Determine Arm For Blood Pressure:

5. **Dominance/handedness** (check either)**:** **Dominant Arm:** 1 ☐ Right 0 ☐ Left *domarm*

   Non-Dominant Arm: 1 ☐ Right 0 ☐ Left *ndomarm*

6. **Take BP Readings A:**

Arm Used	Systolic A	Diastolic A
Right Arm	*bparasys*	*bparadia*
Left Arm	*bpalasys*	*bpaladia*
Difference	*bpadifsys*	

7. **Is there a difference of >20 mm Hg between systolic measurements A above?** *diffrd*

   0 ☐ No (If no, use non-dominant arm, go to #9)

   1 ☐ Yes (If yes, take two additional readings and record below**)**

Arm Used	Systolic B	Diastolic B	Systolic C	Diastolic C
Right Arm	*bpbrasys*	*bpbradia*	*bpcrasys*	*bpcradia*
Left Arm	*bpblasys*	*bpbladia*	*bpclasys*	*bpcladia*
Difference	*bpbdiffsys*		*bpcdiffsys*	

Participant ID:_____*haltid*   **Clinical Center:**_____*clinic*   **Date of Visit:** ____ / ____ / _____

dvm / dvd / dvy

visit   ____**Form was not completed** *misfrm*

Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

PHYSICAL FINDINGS--SCREENING FORM   Form # 7

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8.   **Is there a difference of >20 mm Hg in ALL systolic measurements A, B and C above?** *diffall*

0 ☐ No (If no, use non-dominant arm)

1 ☐ Yes (If yes, use the arm with the higher BP)

9.   **Arm used for BP:** (Use non-dominant arm, unless systolic difference is >20 mmHg x3, as above) *armuse*

1 ☐ Right   0 ☐ Left

Timed Blood Pressure Readings:

10.   **SEATED Blood Pressure Readings:**

The participant should be seated quietly in a chair for at least five minutes, with feet on the floor and arm supported at heart level. Take three readings separated by at least 30 seconds.

	Time (24 hour)	Systolic	Diastolic	Pulse Rate BPM
1	__ __:__ __ *hr1 : min1*	*sys1*	*dias1*	*bpm1*
2	__ __:__ __ *hr2 : min2*	*sys2*	*dias2*	*bpm2*
3	__ __:__ __ *hr3 : min3*	*sys3*	*dias3*	*bpm3*
AV	Average Last 2 BPs	*avsys*	*avdias*	

11. STANDING Blood Pressure Reading:
Measure BP after 3 minutes standing with arm supported at heart level.

	Time (24 hour)	Systolic	Diastolic	Pulse Rate BPM
1	__ __:__ __ *sdhr1 : sdmin1*	*sdsys1*	*sddias1*	*sdbpm1*

If the standing systolic BP drops ≥20 mmHg from the average of the last two sitting BPs, consider reducing study medications.

12. **Comments:** *cmt* _____

_____

_____

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HALT PKD staff member completing this form: _____**Date:** _____/_____/_____

cmidnum   Month *cdm* Day *cdd* Year *cdy*