



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*

visit: _____

___ Form was not completed *misfrm*

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

HOME BLOOD PRESSURE FORM

Form #12

Select time period below and refer to the page of instructions for form completion. *ofrmnum*

- Routine BP taken during washout (before start of ACE+ARB at B2)
 Routine BP taken during titration period (not entered)
 Routine BP reported at F7 or F10 visits
 Routine BP taken after F12, e.g. F15 etc. (*not entered*)
 BP taken over 7 consecutive days (For PCC visits, check one) *status*
 0 **Initial** (before PCC visit)
 1 **Repeat** (after PCC visit)

Arm Used: *armuse* 0 **Left** 1 **Right**

DATE	TIME (24 hr)	SYSTOLIC <i>sys1/ sys2/ sys3</i>	DIASTOLIC <i>dias1/ dias2/ dias3</i>	HEART RATE <i>hr1 / hr2 / hr3</i>	*ADDITIONAL READINGS
Day 1 <i>sitm / sitd / sity</i>	morning <i>sithr : sitmin</i>	1			<input type="checkbox"/> No additional readings required. <i>addrdg</i>
		2*	*		<input type="checkbox"/> 4 th reading: / <i>sys4 / dias4</i>
		3*	*		<input type="checkbox"/> 5 th reading: / <i>sys5 / dias5</i>
Day 1	evening	1			<input type="checkbox"/> No additional readings required.
		2*	*		<input type="checkbox"/> 4 th reading: _____ / _____
		3*	*		<input type="checkbox"/> 5 th reading: _____ / _____
Day 2	morning	1			<input type="checkbox"/> No additional readings required.
		2*	*		<input type="checkbox"/> 4 th reading: _____ / _____
		3*	*		<input type="checkbox"/> 5 th reading: _____ / _____
Day 2	evening	1			<input type="checkbox"/> No additional readings required.
		2*	*		<input type="checkbox"/> 4 th reading: _____ / _____
		3*	*		<input type="checkbox"/> 5 th reading: _____ / _____
Day 3	morning	1			<input type="checkbox"/> No additional readings required.
		2*	*		<input type="checkbox"/> 4 th reading: _____ / _____
		3*	*		<input type="checkbox"/> 5 th reading: _____ / _____
Day 3	evening	1			<input type="checkbox"/> No additional readings required.
		2*	*		<input type="checkbox"/> 4 th reading: _____ / _____
		3*	*		<input type="checkbox"/> 5 th reading: _____ / _____
Day 4	morning	1			<input type="checkbox"/> No additional readings required.
		2*	*		<input type="checkbox"/> 4 th reading: _____ / _____
		3*	*		<input type="checkbox"/> 5 th reading: _____ / _____
Day 4	evening	1			<input type="checkbox"/> No additional readings required.
		2*	*		<input type="checkbox"/> 4 th reading: _____ / _____
		3*	*		<input type="checkbox"/> 5 th reading: _____ / _____



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Form #12

DATE	TIME (24 hr)	SYSTOLIC	DIASTOLIC	HEART RATE	*ADDITIONAL READINGS
Day 5	morning	1			<input type="checkbox"/> No additional readings required.
		2*	*		<input type="checkbox"/> 4 th reading: _____ / _____
		3*	*		<input type="checkbox"/> 5 th reading: _____ / _____
Day 5	evening	1			<input type="checkbox"/> No additional readings required.
		2*	*		<input type="checkbox"/> 4 th reading: _____ / _____
		3*	*		<input type="checkbox"/> 5 th reading: _____ / _____
Day 6	morning	1			<input type="checkbox"/> No additional readings required.
		2*	*		<input type="checkbox"/> 4 th reading: _____ / _____
		3*	*		<input type="checkbox"/> 5 th reading: _____ / _____
Day 6	evening	1			<input type="checkbox"/> No additional readings required.
		2*	*		<input type="checkbox"/> 4 th reading: _____ / _____
		3*	*		<input type="checkbox"/> 5 th reading: _____ / _____
Day 7	morning	1			<input type="checkbox"/> No additional readings required.
		2*	*		<input type="checkbox"/> 4 th reading: _____ / _____
		3*	*		<input type="checkbox"/> 5 th reading: _____ / _____
Day 7	evening	1			<input type="checkbox"/> No additional readings required.
		2*	*		<input type="checkbox"/> 4 th reading: _____ / _____
		3*	*		<input type="checkbox"/> 5 th reading: _____ / _____

PCC personnel only: Enter the official BP as calculated by WDES	Systolic	Diastolic	Heart Rate
Official Blood Pressure at/before PCC visit:			

Note: Use the Official Blood Pressure (as calculated by WDES) for dosing. To create required source documentation, print the "successful" page after entering this form and file it in the research chart, or write the Official Blood Pressure (as calculated by WDES) in the space provided above.

Additional pages required, list total number of pages _____

HALT PKD staff member reviewing/completing this form: _____ *cmidnum* Date: ___/___/___
Month *cdm* Day *cdd* Year *cdy*

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

Primary Entered by: _____ *deidnum* Date: ___/___/___
dem Month *ded* Day *dey* Year

Secondary Entered by: _____ Date ___/___/___