

# Home Blood Pressure Form (HBP)

## CKiD Chronic Kidney Disease in Children Cohort Study SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER ONLY IF LABEL IS NOT AVAILABLE

|\_| - |\_|\_| - |\_|\_|\_|

A2. FORM VERSION: 1 0 / 0 1 / 1 8

A3. DATE FORM COMPLETED:         /         /                  
M M D D Y Y Y Y

A4. FORM COMPLETED BY (INITIALS)            

### SECTION B

B1. Is the participant's mid arm circumference between 24 and 36 cm?

Yes..... 1

No..... 2 (END FORM- DO NOT Issue QardioArm)

B2. Was the QardioArm device given to the participant/family to take home?

Yes..... 1 (Skip to B4)

No..... 2

B3. Please specify why the QardioArm device was not given (Circle "yes" to all that apply):

	<u>Yes</u>	<u>No</u>
1. Participant/Family refused.....	1	2
2. Site decision (participant not a good candidate)....	1	2
3. QardioArm device not available.....	1	2
4. Other.....	1	2 (END)

i. Please specify: \_\_\_\_\_

B4. Was the CKiD QardioArm Family instruction guide reviewed with the family and sent home for reference?

Yes..... 1 (Skip to B5a)

No..... 2

B4a. Please explain why the instruction guide was not reviewed and/or sent home for reference.

\_\_\_\_\_

B5a. What is the exact date that the participant will begin to obtain home BP readings?

        /         /                  
M M D D Y Y Y Y

B5b. How old is the participant?

        years old

B6. Blood Pressure (QardioArm) Measurements:

**Please ensure that the participant rests for five minutes prior to the readings.**

a. Which arm was used for the QardioArm BP? Right Arm..... 1

Left Arm..... 2

b. First reading:         /        

c. Second reading:         /