

Participant ID: ___ - ___ - _____

PIP # or Web #: _____

Date Form Completed: ___/___/___
(MM/DD/YYYY)

Follow-Up Site Questionnaire (PFU02)

SCr umol/L to mg/dL umol/L ÷ 88.4 = mg/dL Ex: 72 umol/L = 72 ÷ 88.4 = 0.9 mg/dL

A2k. Serum Creatinine |__| . |__| |__| (mg/dL)

A2k1. Which assay was used to measure serum creatinine?

Enzymatic..... 1

Other..... 3

Don't Know..... -8

A2k2. What laboratory was used to measure serum creatinine

(ie. Quest, Labcorp, local site lab – give institution name, etc.)?

 Don't Know..... -8

CBC Results

A3. Are CBC results available?

Yes..... 1 (Skip to A4)

No, Specify reason below..... 2

A3i. Reason _____ (Skip to A5)

A4. Date CBC was drawn:

___ ___ / ___ ___ / ___ ___ ___
M M D D Y Y Y Y

Use this table if the results below are reported in units of 10³ uL

4.5 x 10 ³ uL	= 4500 cu mm	9.0 x 10 ³ uL	= 9000 cu mm
5.0 x 10 ³ uL	= 5000 cu mm	9.5 x 10 ³ uL	= 9500 cu mm
5.5 x 10 ³ uL	= 5500 cu mm	10.0 x 10 ³ uL	= 10000 cu mm
6.0 x 10 ³ uL	= 6000 cu mm	10.5 x 10 ³ uL	= 10500 cu mm
6.5 x 10 ³ uL	= 6500 cu mm	11.0 x 10 ³ uL	= 11000 cu mm
7.0 x 10 ³ uL	= 7000 cu mm	11.5 x 10 ³ uL	= 11500 cu mm
7.5 x 10 ³ uL	= 7500 cu mm	12.0 x 10 ³ uL	= 12000 cu mm
8.0 x 10 ³ uL	= 8000 cu mm	12.5 x 10 ³ uL	= 12500 cu mm
8.5 x 10 ³ uL	= 8500 cu mm	13.0 x 10 ³ uL	= 13000 cu mm

- A4a. Leukocyte Count (white blood cells) |__| |__| |__| |__| |__| (cu mm)
- A4b. Erythrocyte Count (red blood cells) |__| . |__| |__| (M/cu mm) or (x10⁶uL)
- A4c. Platelet Count (PLTs) |__| |__| |__| (K/cu mm) or (x10³uL)
- A4d. Hemoglobin |__| |__| . |__| (g/dL)
- A4e. Packed Cell Volume (Hematocrit) |__| |__| . |__| (%)
- A4f. Mean Corpuscular Hemoglobin (MCH) |__| |__| . |__| (pg/cell)
- A4g. Mean Corpuscular Hemoglobin Concentration (MCHC) |__| |__| . |__| (g/dL)
- A4h. Mean Corpuscular Volume (MCV) |__| |__| |__| . |__| (fL)
- A4i. Red Blood Cell Distribution Width (RDW) |__| |__| . |__| (%)

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Iron Results

A5. Are Iron studies results available?

Yes..... 1 (Skip to A6)

No, Specify reason below..... 2

A5a.Reason: _____ (Skip to Section B)

A6. Date Iron sample was drawn:

___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

A6a. % Transferrin Saturation (TSAT) |___|___| (%)

A6b. Serum Iron |___|___|___| (ug/dL)

Section B: Physical Exam

B1. a. Clinical Blood Pressure (Systolic/Diastolic)

___ ___ ___ / ___ ___ ___

b. Date clinical BP was measured:

___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Results Not Available..... -8 (Skip to B2)

c. What method was used to obtain blood pressure?

Manual..... 1

Automatic..... 2

Don't Know..... -8

B2. Participant Weight (If weight is measured in pounds (lbs), please convert to kilograms (kg) 1lb = [1 / 2.2]kg Example: 150lbs = 150/2.2 = 68.18 = 68.2 kg.)

a. ___ ___ ___ . ___ (kg)

b. Date of weight measurement:

___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Results Not Available..... -8

B3. Participant Length/Height/Stature (If height is measured in inches, please convert to centimeters (cm) 1in = 2.54cm Example 4 ft 5 in = 53in x 2.54 = 134.6 cm.)

a. ___ ___ ___ . ___ (cm)

b. Date of height measurement:

___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Results Not Available..... -8

Follow-Up Site Questionnaire (PFU02)

Section E: Ambulatory Blood Pressure Monitoring

E1. In the past year, has (*name of participant*) had an ABPM?

- Yes..... 1
 No..... 2 **(END)**
 Don't Know..... -8 **(END)**

E2. Date when ABPM was worn:

Indicate the date when the ABPM device was used. If the month or day is unknown, indicate the year. Otherwise, indicate "Don't Know/Not Sure."

___ ___ / ___ ___ / ___ ___ ___ ___
 M M D D Y Y Y Y
 Don't Know/Not Sure.....-8

E3. 24 hour BP

Load

Systolic (mmHg): ___ ___ ___ ___ ___ ___
 Diastolic (mmHg) ___ ___ ___ ___ ___ ___

E4. Day/Awake BP

Load

Systolic (mmHg): ___ ___ ___ ___ ___ ___
 Diastolic (mmHg) ___ ___ ___ ___ ___ ___

E5. Night/Sleep BP

Load

Dipping

Systolic (mmHg): ___ ___ ___ ___ ___ ___ ___ ___ . ___ ___ %
 Diastolic (mmHg) ___ ___ ___ ___ ___ ___ ___ ___ . ___ ___ %