

Chronic Kidney Disease in Children Cohort Study (CKiD)

QUESTION BY QUESTION SPECIFICATIONS

HBP: HOME BLOOD PRESSURE FORM

The purpose of this form is to assess whether the CKiD participant is eligible for the Home Blood Pressure (HBP) protocol. For eligible participants additional information such as dispensing of the QardioArm monitor to the participant, questions regarding medications, and QardioArm BP measurements will be documented. Refer to the MOP and Coordinator Guide for more details regarding enrolling the participant into the Home BP protocol, downloading the QardioArm App onto the participant smart device, logging into the app and obtaining the Home BP measurements during the study visit. Follow the skip patterns as they appear on the form.

SECTION A: GENERAL INFORMATION

- A1.** Record the participant's I.D. number or affix label in space provided.
- A2.** The form version is pre-printed. Use the form version dated 06/01/2020.
- A3.** Record the date of the visit - the month, day and year. Example: 03/01/2007.
- A4.** Record the examiner's initials. Example: _K__I__D_

SECTION B: ELIGIBILITY AND DISPENSING OF THE MONITOR

- B1.** Record whether the participant's mid arm circumference is between 24 and 36 cm. Circle 1 for "Yes." Otherwise circle 2 for "No." If "No" is selected, then **END FORM** here.
- B2.** Record whether the QardioArm device was given to the participant/family during the study visit to take home. Circle 1 if the answer is "Yes." If "YES" is selected **skip to question B4.** Otherwise, circle 2 if the answer is "No." If "No" was selected **answer questions 1-5 under B3.**
- B3.** Record the reasons why the QardioArm device was not given to the participant/family by answering sub-questions 1-5. Next to each sub-question indicate the type of problem encountered by circling 1 for "Yes" for each problem that applies or 2 for "No" for each problem that is not applicable. If the QardioArm device was issued to the participant/family at a previous study visit please select 1 "Yes" for question number 4 and then **END FORM** here. If "Yes" is selected for sub-question 5 "Other," **specify the type of problem in sub question i.** **B4.** Record whether the CKiD QardioArm Participant Guide was reviewed with the family during the study visit and sent home with the family for reference. Circle 1 if the answer is "Yes." If "Yes" is selected **skip to question B5a.** Circle 2 if the answer is "No." If "No" is selected **answer question B4a.**

- B4a.** Record why the Participant Guide was not reviewed with the participant/family during the study visit and/or not sent home with the participant/family for reference. Document this by free text write in.
- B5a.** Record the exact date that the participant will begin to obtain home BP readings. This should be discussed with the participant and family during the study visit so that an exact date and a plan can be determined prior to the family leaving the study visit. The format of the date should be recorded in the following format: MM/DD/YYYY. Example: May 01, 2020 should be documented as 05/01/2020.
- B5b.** Record the age of the participant in years at the time the HBP form is completed.
- B6.** Three QardioArm BP measurements should be obtained during the study visit after pairing the QardioArm device with the participant's smart device.
- B6a.** Record which arm is used to take the 3 QardioArm BP measurements during the study visit. The 3 BP measurements should be taken on the same arm, If the right arm is used circle 1, and if the left arm is used circle 2. The participant should use the same arm to take BPs at home that was used during the study visit. The participant should rest 5 minutes prior to collecting the BPs and should wait 1 minute in between each reading.
- B6b.** Record the first BP obtained using the QardioArm device.
- B6c.** Record the second BP obtained using the QardioArm device.
- B6d.** Record the third BP obtained using the QardioArm device.
- B7.** Record the approximate time that the 3 Mabis Manual BP readings were obtained during the study visit. Please refer to the Physical Exam form for the time. Document the time using 12hr clock time format and not 24hr (military) time format. Circle 1 for "a.m." and circle 2 for "p.m." For example, if the Mabis Manual BPs were obtained at ten o'clock in the morning you will document this as "10:00" and then circle 1 for "a.m."
- B8.** Record the approximate time that the 3 QardioArm BP readings were obtained during the study visit. Document the time using 12hr clock time format and not 24hr (military) time format. Circle 1 for "a.m." and circle 2 for "p.m." For example, if the QardioArm BPs were obtained at noon you will document this as "12:00" and then circle 2 for "p.m."
- B9.** For this question the ABPM readings refer to the 2 practice BP readings that are obtained during the study visit when placing the ABPM on the participant. Record the approximate time that the 2 ABPM BP readings were obtained during the study visit. Document the time using 12hr clock time format and not 24hr (military) time format. Circle 1 for "a.m." and circle 2 for "p.m." For example, if the ABPM practice readings were obtained at two o'clock in the afternoon you will document this as "2:00" and then circle 2 for "p.m." Typically, the ABPM is only done during an even numbered study visit (V2, V4...). If this is not an even study visit or the ABPM is not issued during the visit circle "NA."
- B10.** Record whether the participant is prescribed any BP medications or diuretics. Circle 1 if the answer is "Yes" or circle 2 if the answer is "No." If "No" is selected then **End Form** here. Please refer to the appendix at the end of this QxQ for a list of medications for reference.

- B11.** Record whether the participant missed any blood pressure or diuretic medications that were due **during the study visit**. This does not include medications that were due prior to the beginning of the study visit. Circle 1 if the answer is “Yes” or circle 2 if the answer is “No.” Please refer to the appendix at the end of this QxQ for a list of medications for reference.
- B12.** Record whether the participant took any BP medications or diuretics during the study visit. Circle 1 if the answer is “Yes” and then **skip to question B12a**. Circle 2 if the answer is “No” and then **End Form**.
- B12a.** Record any BP medications or diuretics the participant took during the study visit in the provided table. Record the name of the medication in the left column, and the time the medication was taken in the right column. Document the time using 12hr clock time format and not 24hr (military) time format. Circle 1 for “a.m.” and circle 2 for “p.m.” For example, if the medication was taken at 2:30 in the afternoon you will document this as “2:30” and then circle 2 for “p.m.” Please see the example below:

Name of Medication	Time Medication Was Taken
Enalapril	<u>2</u> : <u>30</u> 1 = AM 2 = PM

Please refer to the appendix at the end of this QxQ for a list of medications for reference.

List of Blood Pressure and Diuretic Medications

ACE INHIBITORS 1-00-00

Benazepril (Lotensin, Lotrel)
Captopril
Enalapril (Epaned, Vaserec, Vasotec)
Fosinopril
Lisinopril (Prinivil, Zestoretic, Zestril)
Moexipril
Perindopril (Prestalia)
Quinapril (Accupril, Accuretic, Quinaretic)
Ramipril (Altace)
Trandolapril (Mavik, Tarka)

BETA BLOCKERS

1-03-00 Acebutolol (Sectral)
1-03-00 Atenolol (Tenoretic, Tenormin)
1-03-00 Betaxolol
1-03-00 Bisoprolol (Ziac)
Carvedilol (Coreg) 1-05-00
Labetalol (Trandate) 1-05-00
1-03-00 Metoprolol (Dutoprol, Lopressor, Toprol-XL)
1-03-00 Nadolol (Corgard, Corzide)
1-03-00 Nebivolol (Bystolic, Byvalson)
1-03-00 Pindolol
1-03-00 Propranolol (Inderal, Innopran XL)
1-03-00 Timolol

CALCIUM CHANNEL BLOCKERS 1-06-00

Amlodipine (Azor, Exforge, Norvasc)
Diltiazem (Cardizem, Cartia XL, Diltzac)
Felodipine
Isradipine
Nicardipine (Cardene)
Nifedipine (Adalat CC, Afeditab CR, Procardia)
Nisoldipine (Sular)
Verapamil (Calan, Tarka, Verelan)

LOOP DIURETICS 1-09-01

Bumetanide (Bumex)
Furosemide (Lasix)
Torsemide (Demadex)

ALDOSTERONE ANTAGONISTS 1-11-00

Eplerenone (Inspra)
Spironolactone (Aldactazide, Aldactone, CaroSpir)

ANGIOTENSIN RECEPTOR BLOCKERS 1-02-00

Azilsartan (Edarbi, Edarbyclor)
Candesartan (Atacand)
Eprosartan (Teveten)
Irbesartan (Avalide, Avapro)
Losartan (Cozaar, Hyzaar)
Olmesartan (Azor, Benicar, Tribenzor)
Telmisartan (Micardis, Twynsta)
Valsartan (Byvalson, Diovan, Entresto)

THIAZIDE DIURETICS 1-09-02

Bendroflumethiazide (Corzide)
Chlorothiazide (Diuril)
Chlorthalidone (Clorpres, Edarbyclor, Tenoretic)
Hydrochlorothiazide (HCTZ) (Accuretic, Microzide)
Indapamide
Methylclothiazide
Metolazone (Zaroxolyn)

VASODILATOR 1-08-00

Hydralazine (BiDil, Hydra-Zide)