

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: 0 6 / 0 1 / 2 0

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

A4. FORM COMPLETED BY (INITIALS) ___ ___ ___

SECTION B

B1a. Is the participant's mid arm circumference between 24 and 36 cm?

Yes..... 1

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

B1b. Was the QardioArm device provided at a previous visit?

Yes..... 1 **(END FORM- DO NOT Issue QardioArm)**

No..... 2

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

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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: ___ ___ ___ / ___ ___ ___
- d. Third reading: ___ ___ ___ / ___ ___ ___

B7. Approximately what time were the Mabis BP readings taken? (Refer to Physical Exam (PE) form)

___ ___ : ___ ___ 1 = AM 2 = PM

B8. Approximately what time were the QardioArm BP readings taken?

___ ___ : ___ ___ 1 = AM 2 = PM

For question B9 the ABPM readings refer to the 2 practice BP readings that are obtained during the study visit when placing the ABPM on the participant.

B9. For even study visits, approximately what time were the ABPM BP readings taken?

___ ___ : ___ ___ 1 = AM 2 = PM

Not an even study visit or ABPM not issued at the visit NA

For questions B10 – B12 please refer to the list of medications provided within the Home BP QxQ.

B10. Is the participant prescribed any blood pressure or diuretic medications?

- Yes..... 1
- No..... 2 **(END)**

B11. Were there any blood pressure or diuretic medications that the participant missed during this study visit?

- Yes..... 1
- No..... 2

B12. Were there any blood pressure or diuretic medications taken during this study visit?

- Yes..... 1
- No..... 2 **(END)**

B13. List each blood pressure/diuretic medication, medication (drug) code and time medication was taken.

a. Name of medication	b. Drug Code: <small>(see medication list in QxQ or coding sheets provided in the binder)</small>	c. Time medication was taken
	___ __ __ __	___ ___ : ___ ___ 1 = AM 2 = PM
	___ __ __ __	___ ___ : ___ ___ 1 = AM 2 = PM
	___ __ __ __	___ ___ : ___ ___ 1 = AM 2 = PM
	___ __ __ __	___ ___ : ___ ___ 1 = AM 2 = PM

