

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 3 / 0 1 / 2 6

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 16 – 42 cm?

Yes..... 1

No..... 2 (END FORM- DO NOT Issue home BP device)

B1b. Was the current Home BP device provided at a previous visit?

Yes..... 1 (END FORM- DO NOT Issue home BP device)

No..... 2

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

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

No..... 2

B3. Please specify why the Home BP 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. Home BP device not available.....	1	2
4. Other.....	1	2 (END)

i. Please specify: _____

B4. Which cuff size was given?

Small (16- 24 cm) 1

Wide Range (22-42cm) 2

B5. Was the Home BP Participant instruction guide reviewed with the family and sent home for reference?

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

No..... 2

B5a. Please explain why the instruction guide was not reviewed and/or sent home for reference.

B6a. What is the exact date that the participant will begin to obtain home BP readings?

____ / ____ / ____
M M D D Y Y Y Y

B6b. How old is the participant?

____ years old

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B7. Blood Pressure Measurements:

The home BP measurements should be taken at the same time as the automatic BP measurement.

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

a. Which arm was used for the Home BP device? Right Arm (**preferred**)..... 1
Systolic / Diastolic Left Arm..... 2

b. First reading: ___ ___ / ___ ___

c. Second reading: ___ ___ / ___ ___

d. Third reading: ___ ___ / ___ ___

e. Average Home BP Systolic: ___ ___

f. Automatic Systolic ___ ___

- Calculate the difference between the average systolic and automatic systolic BP.

g. Difference: ___ ___

SBP Example

Home BP First reading: 133
 Home BP Second reading: 132
 Home BP Third reading: 134
 Automatic systolic (from PE form): 141

EXAMPLE Comparison

e. Average systolic: $(133 + 132 + 134) / 3 = \underline{133}$
 f. Automatic systolic: 141
 Calculate difference: $141 - 133 = 8$
 g. Difference: 8

Interpretation of Difference

- < 10 mm Hg: Device is acceptable for measuring home BP readings
- >= 10 mm Hg: DO NOT use this device. Replace with another home BP device before proceeding with home measurements.

B8. Is the DIFFERENCE < 10 mm Hg?

Yes..... 1

No..... 2 (**END, Replace device**)

For questions B9 – B11 please refer to the list of medications provided on page 3.

B9. Is the participant prescribed any blood pressure or diuretic medications?

Yes..... 1

No..... 2 (**END**)

B10. Were there any blood pressure or diuretic medications that the participant missed during this study visit?

Yes..... 1

No..... 2

B11. Were there any blood pressure or diuretic medications taken during this study visit?

Yes..... 1

No..... 2 (**END**)

B12. 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

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List of Blood Pressure and Diuretic Medications

ACE INHIBITORS 1-00-00

Benazepril (Lotensin, Lotrel)
Captopril
Enalapril (Epaned, Vaseretic, 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)
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

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)