

# 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 8 / 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 B6a)

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

## Home Blood Pressure Form (HBP)

### 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

Left Arm..... 2

**Systolic / Diastolic**

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:     \_\_\_ \_\_\_

#### 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 (**Replace device**)

#### 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