

Baseline Visit 1

EARNEST

Patient Details

Participant Initials: Subject ID:

Date of Birth: / / Study Title:

Visit Details

Visit V1 Visit Date / /

Patient details

Participant Type (mark with 'X') ☐ DONOR ☐ CONTROL

Has the patient met the inclusion/exclusion criteria ☐ Yes ☐ No

Demographics

Age Years

Gender ☐ Female ☐ Male

Ethnicity ☐ Caucasian ☐ Afro-Caribbean ☐ Asian ☐ Other

ANTHROPOMETRIC MEASUREMENTS

Height . (m)

Weight . (Kg)

Blood pressure history

High Blood Pressure ☐ Yes ☐ No

If YES, Year diagnosed

Name of the person Filling the form

Signature

Baseline Visit 1

EARNEST

Patient Details

Participant Initials: Subject ID: **V1**

CURRENT DRUG THERAPY

Are you taking any **PRESCRIBED** medications? ☐ **Yes (enter below)**
☐ **None**

Medication Name	Dose (if known)

COMPLETE THIS SECTION (For medications above) AFTER PATIENT VISIT USING A REFERENCE GUIDE (E.g. BNF)

Any medication for high blood pressure ? ☐ **Yes** ☐ **No**

If yes, (Please answer all applicable)

ACE Inhibitor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Angiotensin receptor blocker	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Beta Blocker	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Thiazide diuretic	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calcium channel blocker	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alpha-blocker	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you taking hormone replacement ? ☐ **Yes** ☐ **No**

Are you taking an antidepressant ? ☐ **Yes** ☐ **No**

Are you taking regular NSAIDs ? (Regular = more than once a day for the last week) ☐ **Yes** ☐ **No**

LIFE STYLE ASSESSMENTS

Are you a smoker ? ☐ **Never Smoked** ☐ **Current Smoker** ☐ **Ex-Smoker**

If you are a smoker or ex-smoker, number of Cigarettes smoked per day / per day

Number of years smoked ?

TOTAL PACK YEARS [Pack years = (number per day ÷ 20) x number of years]

Name of the person Filling the form

Signature

Baseline Visit 1				EARNEST			
Patient Details							
Participant Initials:		<div></div> <div></div> <div></div>	Subject ID:		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div>V1</div>	
BLOOD PRESSURE AND HEART RATE MEASUREMENTS							
SEATED							
Seated blood pressure		1.	Systolic		Diastolic		
		2.					
		3.					
Average of last 2 readings							
Seated heart rate (From BP monitor)		1.					
		2.					
		3.					
Average of last 2 readings							
SUPINE							
Supine blood pressure		1.	Systolic		Diastolic		
		2.					
		3.					
Average of last 2 readings							
Supine heart rate (From BP monitor)		1.					
		2.					
		3.					
Average of last 2 readings							
Name of the person Filling the form		<div></div>			Signature		<div></div>
EARNEST							
Page : 3 of 6							
Version 2.0 Mar 2014							

Baseline Visit 1				EARNEST			
Patient Details							
Participant Initials:		<div></div> <div></div> <div></div>		Subject ID:		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>V1</div>	
HAEMODYNAMIC MEASUREMENTS							
Supine Augmentation Index		1. <div></div> <div></div> <div></div>		Quality Index		1. <div></div> <div></div> <div></div>	
		2. <div></div> <div></div> <div></div>				2. <div></div> <div></div> <div></div>	
		3. <div></div> <div></div> <div></div>				3. <div></div> <div></div> <div></div>	
Average		<div></div> <div></div> <div></div>		Average		<div></div> <div></div> <div></div>	
Take the average of the first 2 readings if they are within 5% of each other, if not take a third reading and average the closest 2 readings. Please note that these should be realistic readings							
Central blood pressure		Systolic		Diastolic			
		1. <div></div> <div></div> <div></div>		1. <div></div> <div></div> <div></div>			
		2. <div></div> <div></div> <div></div>		2. <div></div> <div></div> <div></div>			
		3. <div></div> <div></div> <div></div>		3. <div></div> <div></div> <div></div>			
Average		<div></div> <div></div> <div></div>		<div></div> <div></div> <div></div>		Average the same 2 readings as used above	
Central (Integrated) Mean blood pressure		1. <div></div> <div></div> <div></div>					
		2. <div></div> <div></div> <div></div>					
		3. <div></div> <div></div> <div></div>					
Average		<div></div> <div></div> <div></div>		Average the same 2 readings as used above			
PWV		Is a calliper being used?		<div></div> Yes		<div></div> No	
						Use the same measuring device at next visit	
Notch to carotid (mm)		<div></div> <div></div> <div></div>					
Notch to femoral (mm)		<div></div> <div></div> <div></div>					
Carotid-femoral Pulse Wave Velocity		1. <div></div> <div></div> . <div></div>		SD			
		2. <div></div> <div></div> . <div></div>		± <div></div> . <div></div>			
		3. <div></div> <div></div> . <div></div>		± <div></div> . <div></div>			
Average		<div></div> <div></div> . <div></div>		± <div></div> . <div></div>		Take the average of the first 2 readings if they are within 0.5 m/s of each other, if not take a third reading and average the closest 2 readings	

Baseline Visit 1			EARNEST		
Patient Details					
Participant Initials:		<div></div> <div></div> <div></div>	Subject ID:		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>V1</div>
24 h ABPM Results (Attach Printout of the summary report to this CRF)					
ABPM MAKE/Model :		<div></div>			
Please use the same ABPM monitor at the next visit					
FILL BELOW and ATTACH A PRINTOUT OF THE SUMMARY REPORT TO THIS CRF					
		Systolic		Diastolic	
No. of valid day-time measurements recorded	<div></div>	Mean <u>daytime</u> Blood pressure	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
		Mean <u>daytime</u> heart rate	<div></div> <div></div> <div></div>	BPM	
		Standard deviation <u>daytime</u> Blood pressure	<div></div> <div></div> <div></div> <div>.</div> <div></div>	<div></div> <div></div> <div></div> <div>.</div> <div></div>	
No. of valid night time measurements recorded	<div></div>	Mean <u>night time</u> Blood pressure	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
		Mean <u>night time</u> heart rate	<div></div> <div></div> <div></div>	BPM	
		STD dev <u>night time</u> Blood pressure	<div></div> <div></div> <div></div> <div>.</div> <div></div>	<div></div> <div></div> <div></div> <div>.</div> <div></div>	
		Mean 24h Blood pressure	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
		Mean 24h heart rate	<div></div> <div></div> <div></div>	BPM	
		STD dev 24h Blood pressure	<div></div> <div></div> <div></div> <div>.</div> <div></div>	<div></div> <div></div> <div></div> <div>.</div> <div></div>	
Isotopic GFR					
[ONLY APPLICABLE FOR DONOR PATIENTS]					
Absolute iGFR (mL/min)		<div></div>			
Normalised iGFR for BSA		<div></div>			
Split iGFR (%) (Enter if reported)	Left	Right			
	<div></div>	<div></div>			
Name of the person Filling the form		<div></div>		Signature <div></div>	
EARNEST		Page : 5 of 6		Version 2.0 Mar 2014	

Baseline Visit 1			EARNEST		
Patient Details					
Participant Initials:		<div></div> <div></div> <div></div>	Subject ID:		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>V1</div>
BLOOD RESULTS					
Test	Result	Units			
WBC		Enter Units			
Hb		Enter Units			
Platelets		Enter Units			
Sodium	<div></div> <div></div> <div></div>	mmol/L			
Potassium	<div></div> . <div></div>	mmol/L			
Urea	<div></div> <div></div> . <div></div> <div></div>	mmol/L			
Creatinine	<div></div> <div></div> <div></div>	umol/L			
eGFR	<div></div> <div></div> <div></div>	ml/min	eGFR: Ensure that the patient has had a meat free diet on the day of this test		
Albumin	<div></div> <div></div> . <div></div>	g/L			
Calcium (corrected)	<div></div> . <div></div> <div></div>	mmol/L			
Phosphate	<div></div> . <div></div> <div></div>	mmol/L			
Magnesium		Enter Units			
PTH (Parathyroid Hormone)		Enter Units			
TSH (Thyroid function)		Enter Units			
Uric acid (Urate)		Enter Units			
CRP		Enter Units	If no value given then enter the value of the cut-off e.g. 0.003 g/L		
Fasting Glucose (Donors only)	<div></div> <div></div> . <div></div> <div></div>	mmol/L	Enter fasting glucose result (if available) from routine clinical tests for donors only		
Urine RESULTS					
Urine albumin : Creatinine ratio		Enter Units	If <1.3 value given then enter the value of the cut-off e.g. 1.3		
Urine creatinine	<div></div> <div></div> <div></div> . <div></div>	mmol/L			
Urine Sodium	<div></div> <div></div> <div></div> . <div></div>	mmol/L			
Nephrectomy details [DONORS ONLY - COMPLETE AFTER SCHEDULED OPERATION]					
Did the patient undergo a nephrectomy?		If YES, date of nephrectomy : (dd/mm/yy)		<div></div> <div></div> / <div></div> <div></div> / <div></div> <div></div>	
		If No, was the patient considered as a control :		<div></div> Yes (use the same subject id)	
				<div></div> No	
Name of the person Filling the form				Signature	