

Visit 2			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>
Date of Birth:		<div></div> <div></div> / <div></div> <div></div> / <div></div> <div></div>			
Visit Details					
Visit		<div>V2</div>	Visit Date		<div></div> <div></div> / <div></div> <div></div> / <div></div> <div></div>
ANTHROPOMETRIC MEASUREMENTS					
Weight		<div></div> <div></div> <div></div> . <div></div>	(Kg)		
MEDICAL HISTORY					
Have you had any of the following since your last visit 12 months ago:					
1. High Blood Pressure		<div></div> Yes	<div></div> No		
If YES, enter start month e.g. Jan / YY		<div></div> <div></div> <div></div> / <div></div> <div></div>			
2. Diabetes		<div></div> Yes	<div></div> No		
If YES, month/year diagnosed		<div></div> <div></div> <div></div> / <div></div> <div></div>			
3. Stroke or TIA		<div></div> Yes	<div></div> No		
If YES, month/year diagnosed		<div></div> <div></div> <div></div> / <div></div> <div></div>			
4. Heart Attack or Angina		<div></div> Yes	<div></div> No		
If YES, month/year diagnosed		<div></div> <div></div> <div></div> / <div></div> <div></div>			
5. Heart failure		<div></div> Yes	<div></div> No		
If YES, month/year diagnosed		<div></div> <div></div> <div></div> / <div></div> <div></div>			
6. Peripheral vascular disease		<div></div> Yes	<div></div> No		
If YES, month/year diagnosed		<div></div> <div></div> <div></div> / <div></div> <div></div>			
7. Needed renal replacement <i>E.g. any form of dialysis or transplantation</i>		<div></div> Yes	<div></div> No		
If YES, month/year diagnosed		<div></div> <div></div> <div></div> / <div></div> <div></div>			
If so was this :		<div></div> Temporary			
		<div></div> Permanent			

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CURRENT DRUG THERAPY			
What <b>Prescribed</b> medications are you taking ?		<div><div></div> Yes (enter below)</div> <div><div></div> None</div>	
Medication Name		Dose (if known)	
<b>COMPLETE THIS SECTION (For medications above) AFTER PATIENT VISIT USING A REFERENCE GUIDE (E.g. BNF)</b>			
Any medication for high blood pressure ?		<div><div></div> Yes</div> <div><div></div> No</div>	
If yes, ( Please answer all applicable)			
ACE Inhibitor	<div><div></div> Yes</div>	<div><div></div> No</div>	
Angiotensin receptor blocker	<div><div></div> Yes</div>	<div><div></div> No</div>	
Beta Blocker	<div><div></div> Yes</div>	<div><div></div> No</div>	
Thiazide diuretic	<div><div></div> Yes</div>	<div><div></div> No</div>	
Calcium channel blocker	<div><div></div> Yes</div>	<div><div></div> No</div>	
Alpha-blocker	<div><div></div> Yes</div>	<div><div></div> No</div>	
Are you taking hormone replacement ?		<div><div></div> Yes</div> <div><div></div> No</div>	
Are you taking an antidepressant ?		<div><div></div> Yes</div> <div><div></div> No</div>	
Are you taking regular NSAIDs ? (Regular = more than once a day for the last week)		<div><div></div> Yes</div> <div><div></div> No</div>	
LIFE STYLE ASSESSMENTS			
Since we last saw you, have you changed your smoking habit?		<div><div></div> Yes</div> <div><div></div> No</div>	
If yes, are you a smoker or ex-smoker ?		<div><div></div> Smoker</div>	Start date <div></div>
		<div><div></div> Ex-smoker</div>	Stop date <div></div>
Number of cigarettes smoked per day ?		<div></div> / per day	

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BLOOD PRESSURE AND HEART RATE MEASUREMENTS								
SEATED								
Seated blood pressure		1.	<div>Systolic</div> <div><div></div><div></div><div></div></div>			<div>Diastolic</div> <div><div></div><div></div><div></div></div>		
		2.	<div><div></div><div></div><div></div></div>			<div><div></div><div></div><div></div></div>		
		3.	<div><div></div><div></div><div></div></div>			<div><div></div><div></div><div></div></div>		
Average of last 2 readings			<div><div></div><div></div><div></div></div>			<div><div></div><div></div><div></div></div>		
Seated heart rate (From BP monitor)		1.	<div><div></div><div></div><div></div></div>					
		2.	<div><div></div><div></div><div></div></div>					
		3.	<div><div></div><div></div><div></div></div>					
Average of last 2 readings			<div><div></div><div></div><div></div></div>					
SUPINE								
Supine blood pressure		1.	<div>Systolic</div> <div><div></div><div></div><div></div></div>			<div>Diastolic</div> <div><div></div><div></div><div></div></div>		
		2.	<div><div></div><div></div><div></div></div>			<div><div></div><div></div><div></div></div>		
		3.	<div><div></div><div></div><div></div></div>			<div><div></div><div></div><div></div></div>		
Average of last 2 readings			<div><div></div><div></div><div></div></div>			<div><div></div><div></div><div></div></div>		
Supine heart rate (From BP monitor)		1.	<div><div></div><div></div><div></div></div>					
		2.	<div><div></div><div></div><div></div></div>					
		3.	<div><div></div><div></div><div></div></div>					
Average of last 2 readings			<div><div></div><div></div><div></div></div>					

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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		<u>Systolic</u>		<u>Diastolic</u>			
		1. <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>				
		2. <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>				
		3. <div></div> <div></div> <div></div>	<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 as previous 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		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		
		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>				

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24 h ABPM Results (Attach Printout of the summary report to this CRF)					
ABPM MAKE/Model : Please use the same as used at Visit 1		<div></div>			
FILL BELOW and ATTACH A PRINTOUT OF THE SUMMARY REPORT TO THIS CRF					
		<u>Systolic</u>		<u>Diastolic</u>	
No. of valid day-time measurements recorded	<div></div>	Mean daytime Blood pressure	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
		Mean daytime heart rate	<div></div> <div></div> <div></div>	BPM	
		Standard deviation daytime 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 night time Blood pressure	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
		Mean night time heart rate	<div></div> <div></div> <div></div>	BPM	
		STD dev night time 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	<div></div>			
		<div></div>			
	Right	<div></div>			
		<div></div>			

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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			
Test	Result	Units	
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	
Name of the person Filling the form <div></div> Signature <div></div>			
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