Essential Hypertension

IDGN-HT-A14

I. INCLUSION AND EXCLUSION CRITERIA

INCLUSION CRITERIA

	Yes	No
1. Subject is diagnosed with hypertension according to **all** of the followings:		
a. A systolic blood pressure reading ≥ 140 mm Hg.		
b. A diastolic blood pressure reading ≥ 90 mm Hg.		
c. At least two abnormal blood pressure readings on different occasions over a two-week period or more (one week interval is enough if the first reading was higher than 180 systolic or 110 diastolic).		
d. Treated with anti-hypertensive medication.	☐	☐
2. 30 ≤ age at onset ≤ 60.	☐	☐
3. All 4 grandparents are of Ashkenazi Jewish origin, as declared by the subject.	☐	☐
4. Subject or subject's legal representative has signed the informed consent form.	☐	☐

EXCLUSION CRITERIA

	Yes	No
1. Hypertension associated with:		
Renovascular or renal parenchymal disease; polycystic kidneys; serum creatinine ≤ 110 µmol (1.2 mg%); pheochromocytoma, Cushing syndrome, primary aldosteronism, hypothyroidism, hyperparathyroidism, acromegaly; rare genetic abnormalities (e.g. 11-beta-hydroxylase deficiency); pregnancy; collagen vascular disease; use of medication/drugs (amphetamines, cocaine, sympathomimetics, licorice, systemic glucocorticoids, anabolic steroids, oral cortaceptives, monoamine oxidase inhibitors, bromocriptine, erythropoetin, chronic NSAIDs use).	☐	☐
2. Conditions in which phlebotomy is contra-indicated or subject is a known carrier of a blood transmitted infectious disease.	☐	☐

Subject is eligible for the study, if all INCLUSION criteria are YES and all EXCLUSION criteria are NO.

INVESTIGATOR'S STATEMENT

I have verified the data entered in the Case Report Form and have determined that it is complete, accurate and compatible with the source documents.

Investigator's name (printed)	Investigator's signature	Day	Month	Year
_____	_____	☐☐ /	☐☐ /	☐☐

Where appropriate mark like this ☒ (not like this √)

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SUBJECT BARCODE STICKER

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II. DEMOGRAPHICS

1. Sex: ☐ **Male** ☐ **Female**

2. Year of birth: ☐☐☐☐

3. Country of birth: _____

4. Year of immigration: ☐☐☐☐

5. Height*: ☐☐☐ cm

6. Weight*: ☐☐☐ kg

* If measurements cannot be carried out, subject declaration is sufficient.

III. FAMILY HISTORY

1. Mother	Country of birth	**2. Father**	Country of birth
1.1 Mother:	_____	2.1 Father:	_____
1.2 Grandfather:	_____	2.2 Grandfather:	_____
1.3 Grandmother:	_____	2.3 Grandmother:	_____

3. Blood relatives:

3.1 Specify total number of siblings (including patient): ☐☐

3.2 For close relatives **known to be diagnosed with hypertension**, mark gender and age at onset, and whether considered to be overweight :

	Gender		**Hypertension**		**Overweight**
	M	F	Yes	Age at onset	Yes
Mother			☐	☐☐	☐
Father			☐	☐☐	☐
Sib. 1	☐	☐	☐	☐☐	☐
Sib. 2	☐	☐	☐	☐☐	☐
Sib. 3	☐	☐	☐	☐☐	☐
Child 1	☐	☐	☐	☐☐	☐
Child 2	☐	☐	☐	☐☐	☐

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IV. CLINICAL CHARACTERISTICS

1. Age at diagnosis: ☐☐

2. Highest blood pressure recorded before treatment: ☐☐☐ / ☐☐☐

3. Latest blood pressure: ☐☐☐ / ☐☐☐

Specify: supine ☐ sitting ☐ unknown ☐

4. Complications:	**Yes**	**No**	**Unknown**
a. Did the patient experience a CVA/TIA[1]?	☐	☐	
b. Did the patient experience AP/MI[2]?	☐	☐	
c. Did an echo study identify myocardial hypertrophy?	☐	☐	☐
5. Is the patient diagnosed with Diabetes Mellitus?	☐ *	☐	
*If yes, is the patient treated with hypoglycemic medications (including insulin)?	☐	☐	

6. Specify patient's fasting lipid levels:

	Before or without lipid lowering therapy	**Latest (if not the same as the previous)**
Not available	☐	☐
Total cholesterol	☐☐☐ mg% or ☐.☐ mmol/L	☐☐☐ mg% or ☐.☐ mmol/L
LDL cholesterol	☐☐☐ mg% or ☐.☐ mmol/L	☐☐☐ mg% or ☐.☐ mmol/L
HDL cholesterol	☐☐☐ mg% or ☐.☐ mmol/L	☐☐☐ mg% or ☐.☐ mmol/L
Triglycerides	☐☐☐ mg% or ☐.☐ mmol/L	☐☐☐ mg% or ☐.☐ mmol/L
Is the patient on lipid-lowering therapy?		Yes ☐ No ☐

[1]CVA/TIA - cerebrovascular accident / transient ischemic attack.
[2]AP/MI – angina pectoris / myocardial infarction.

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SUBJECT BACODE STICKER

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IV. CLINICAL CHARACTERISTICS – cont.

7. Smoking – specify patient's status:

current smoker ☐ quit within 3 years ☐ quit earlier ☐ never smoked ☐

8. Was the patient diagnosed with obstructive sleep apnea? yes ☐ no ☐ *

***If not:**

a. How often does the patient snore?

almost every day ☐ 3-4 times per week ☐ 1-2 times per week ☐

1-2 times per month ☐ never or almost never ☐ unknown ☐

b. Does the patient feel tired during wake-time?

almost every day ☐ 3-4 times per week ☐ 1-2 times per week ☐

1-2 times per month ☐ Never or almost never ☐

9. Does the patient engage in leisure time physical activity for 20 min or more, and which causes rapid breathing and/or sweating? yes ☐* no ☐

*if yes, specify frequency:

a. ≥ 4 times/week ☐ **d.** 2-3 times/month ☐

b. 2-3 times/week ☐ **e.** once/month ☐

c. once/week ☐ **f.** less than once/month ☐

10. Did the patient's leisure time activity change since the time of diagnosis?

a. Increased considerably ☐

b. Increased a little ☐

c. Did not change ☐

d. Decreased a little ☐

e. Decreased considerably ☐

11. For women: Was the patient diagnosed with hypertension during pregnancy? yes ☐ no ☐ unknown ☐

SUBJECT BACODE STICKER

V. MEDICATIONS

Please indicate the patients medicinal history:

Medication	Currently used at daily dose (mg)	Used in the past and stopped		
		Because of lack of efficacy	Because of an adverse reaction	Specify adverse reaction
Acebutalol	☐☐☐	☐	☐	_____
Amlodipine	☐☐☐	☐	☐	_____
Atenolol	☐☐☐	☐	☐	_____
Benazapril	☐☐☐	☐	☐	_____
Bisoprolol	☐☐☐	☐	☐	_____
Candesartan	☐☐☐	☐	☐	_____
Captopril	☐☐☐	☐	☐	_____
Chlorthalidone	☐☐☐	☐	☐	_____
Cilazapril	☐☐☐	☐	☐	_____
Clonidine	☐☐☐	☐	☐	_____
Diltiazem	☐☐☐	☐	☐	_____
Doxazosin	☐☐☐	☐	☐	_____
Enalapril	☐☐☐	☐	☐	_____
Felodipine	☐☐☐	☐	☐	_____
Fosinopril	☐☐☐	☐	☐	_____
Hydralazine	☐☐☐	☐	☐	_____
Hydrochlorothiazide	☐☐☐	☐	☐	_____
Indapamide	☐☐☐	☐	☐	_____

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V. MEDICATIONS – cont.

Medication	Currently used at daily dose (mg)	Used in the past and stopped		
		Because of lack of efficacy	Because of an adverse reaction	Specify adverse reaction
Irbesartan	☐☐☐	☐	☐	_____
Labetalol	☐☐☐	☐	☐	_____
Lercanidipine	☐☐☐	☐	☐	_____
Lisinopril	☐☐☐	☐	☐	_____
Losartan	☐☐☐	☐	☐	_____
Methyldopa	☐☐☐	☐	☐	_____
Metoprolol	☐☐☐	☐	☐	_____
Minoxidil	☐☐☐	☐	☐	_____
Nifedipine	☐☐☐	☐	☐	_____
Oxprenolol	☐☐☐	☐	☐	_____
Pindolol	☐☐☐	☐	☐	_____
Prazosin	☐☐☐	☐	☐	_____
Propranolol	☐☐☐	☐	☐	_____
Ramipril	☐☐☐	☐	☐	_____
Spironolactone	☐☐☐	☐	☐	_____
Terazosin	☐☐☐	☐	☐	_____
Valsartan	☐☐☐	☐	☐	_____
Verapamil	☐☐☐	☐	☐	_____
Other: _____	☐☐☐	☐	☐	_____

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SUBJECT BARCODE STICKER