

# Data Abstraction – Population Form

Refid: 2. Effects of renal sympathetic denervation on cardiac sympathetic activity and function in patients with therapy resistant hypertension P. M. van Brussel, D. W. Eeftink Schattenkerk, L. C. Dobrowolski, R. J. de Winter, J. A. Reekers, H. J. Verberne, L. Vogt and B. H. van den Born

Attachments

PDF - 2 van Brussel, 2015.pdf ([Standard Version](#)) | ([Annotatable Version](#))

[LINK REFERENCE](#)

[SUBMIT FORM](#) and go to [Next Form, New Instance - This reference](#) or [Skip to Next](#)

## Renal Denervation in the Medicare Population Population Form – Baseline Characteristics

Instructions:  
Only enter data for the first measure that you are able for each row.

	Main Intervention	Comparison A	Comparison B	Comparison C	Comparison D
Total N at enrollment (i.e., at randomization or at beginning or exposure period) <input type="radio"/> Total N not reported <a href="#">Clear Response</a>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age <input type="radio"/> Age not reported <a href="#">Clear Response</a>	<input type="checkbox"/> Mean <input type="text"/> <input type="checkbox"/> Median <input type="text"/> <input type="checkbox"/> %>65 <input type="text"/>	<input type="checkbox"/> Mean <input type="text"/> <input type="checkbox"/> Median <input type="text"/> <input type="checkbox"/> %>65 <input type="text"/>	<input type="checkbox"/> Mean <input type="text"/> <input type="checkbox"/> Median <input type="text"/> <input type="checkbox"/> %>65 <input type="text"/>	<input type="checkbox"/> Mean <input type="text"/> <input type="checkbox"/> Median <input type="text"/> <input type="checkbox"/> %>65 <input type="text"/>	<input type="checkbox"/> Mean <input type="text"/> <input type="checkbox"/> Median <input type="text"/> <input type="checkbox"/> %>65 <input type="text"/>
Male <input type="radio"/> Male not reported <a href="#">Clear Response</a>	<input type="checkbox"/> %: <input type="text"/> <input type="checkbox"/> N: <input type="text"/>	<input type="checkbox"/> %: <input type="text"/> <input type="checkbox"/> N: <input type="text"/>	<input type="checkbox"/> %: <input type="text"/> <input type="checkbox"/> N: <input type="text"/>	<input type="checkbox"/> %: <input type="text"/> <input type="checkbox"/> N: <input type="text"/>	<input type="checkbox"/> %: <input type="text"/> <input type="checkbox"/> N: <input type="text"/>
Race/Ethnicity <input type="radio"/> Race/ethnicity not reported <a href="#">Clear Response</a>	<input type="checkbox"/> Caucasian, %: <input type="text"/> <input type="checkbox"/> Caucasian, N: <input type="text"/> <input type="checkbox"/> African American, %: <input type="text"/> <input type="checkbox"/> African American, N: <input type="text"/> <input type="checkbox"/> Other race/ethnicity, %: <input type="text"/> <input type="checkbox"/> Other race/ethnicity, N: <input type="text"/>	<input type="checkbox"/> Caucasian, %: <input type="text"/> <input type="checkbox"/> Caucasian, N: <input type="text"/> <input type="checkbox"/> African American, %: <input type="text"/> <input type="checkbox"/> African American, N: <input type="text"/> <input type="checkbox"/> Other race/ethnicity, %: <input type="text"/> <input type="checkbox"/> Other race/ethnicity, N: <input type="text"/>	<input type="checkbox"/> Caucasian, %: <input type="text"/> <input type="checkbox"/> Caucasian, N: <input type="text"/> <input type="checkbox"/> African American, %: <input type="text"/> <input type="checkbox"/> African American, N: <input type="text"/> <input type="checkbox"/> Other race/ethnicity, %: <input type="text"/> <input type="checkbox"/> Other race/ethnicity, N: <input type="text"/>	<input type="checkbox"/> Caucasian, %: <input type="text"/> <input type="checkbox"/> Caucasian, N: <input type="text"/> <input type="checkbox"/> African American, %: <input type="text"/> <input type="checkbox"/> African American, N: <input type="text"/> <input type="checkbox"/> Other race/ethnicity, %: <input type="text"/> <input type="checkbox"/> Other race/ethnicity, N: <input type="text"/>	<input type="checkbox"/> Caucasian, %: <input type="text"/> <input type="checkbox"/> Caucasian, N: <input type="text"/> <input type="checkbox"/> African American, %: <input type="text"/> <input type="checkbox"/> African American, N: <input type="text"/> <input type="checkbox"/> Other race/ethnicity, %: <input type="text"/> <input type="checkbox"/> Other race/ethnicity, N: <input type="text"/>
Body mass index <input type="radio"/> BMI not reported <a href="#">Clear Response</a>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/>

<p>Estimated GFR or serum creatinine</p> <input type="radio"/> eGFR <input type="radio"/> Serum creatinine <input type="radio"/> eGFR not reported <a href="#">Clear Response</a>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/>	<input type="checkbox"/> Mean: <input type="text"/> <input type="checkbox"/> Median: <input type="text"/>
<p>Chronic Kidney Disease Stages</p> <input type="radio"/> CKD stages not reported <a href="#">Clear Response</a>	<input type="checkbox"/> I, %: <input type="text"/> <input type="checkbox"/> II, %: <input type="text"/> <input type="checkbox"/> III, %: <input type="text"/> <input type="checkbox"/> IV, %: <input type="text"/> <input type="checkbox"/> V, %: <input type="text"/>	<input type="checkbox"/> I, %: <input type="text"/> <input type="checkbox"/> II, %: <input type="text"/> <input type="checkbox"/> III, %: <input type="text"/> <input type="checkbox"/> IV, %: <input type="text"/> <input type="checkbox"/> V, %: <input type="text"/>	<input type="checkbox"/> I, %: <input type="text"/> <input type="checkbox"/> II, %: <input type="text"/> <input type="checkbox"/> III, %: <input type="text"/> <input type="checkbox"/> IV, %: <input type="text"/> <input type="checkbox"/> V, %: <input type="text"/>	<input type="checkbox"/> I, %: <input type="text"/> <input type="checkbox"/> II, %: <input type="text"/> <input type="checkbox"/> III, %: <input type="text"/> <input type="checkbox"/> IV, %: <input type="text"/> <input type="checkbox"/> V, %: <input type="text"/>	<input type="checkbox"/> I, %: <input type="text"/> <input type="checkbox"/> II, %: <input type="text"/> <input type="checkbox"/> III, %: <input type="text"/> <input type="checkbox"/> IV, %: <input type="text"/> <input type="checkbox"/> V, %: <input type="text"/>
<p>Diabetes status</p> <input type="radio"/> Diabetes status not reported <a href="#">Clear Response</a>	<input type="checkbox"/> % with diabetes: <input type="text"/> <input type="checkbox"/> N with diabetes: <input type="text"/>	<input type="checkbox"/> % with diabetes: <input type="text"/> <input type="checkbox"/> N with diabetes: <input type="text"/>	<input type="checkbox"/> % with diabetes: <input type="text"/> <input type="checkbox"/> N with diabetes: <input type="text"/>	<input type="checkbox"/> % with diabetes: <input type="text"/> <input type="checkbox"/> N with diabetes: <input type="text"/>	<input type="checkbox"/> % with diabetes: <input type="text"/> <input type="checkbox"/> N with diabetes: <input type="text"/>
<p>Left ventricular hypertrophy</p> <input type="radio"/> LVH not reported <a href="#">Clear Response</a>	<input type="checkbox"/> % with LVH: <input type="text"/> <input type="checkbox"/> N with LVH: <input type="text"/>	<input type="checkbox"/> % with LVH: <input type="text"/> <input type="checkbox"/> N with LVH: <input type="text"/>	<input type="checkbox"/> % with LVH: <input type="text"/> <input type="checkbox"/> N with LVH: <input type="text"/>	<input type="checkbox"/> % with LVH: <input type="text"/> <input type="checkbox"/> N with LVH: <input type="text"/>	<input type="checkbox"/> % with LVH: <input type="text"/> <input type="checkbox"/> N with LVH: <input type="text"/>
<p>Medication use</p> <input type="radio"/> Medication use not reported <a href="#">Clear Response</a>	<input type="checkbox"/> Mean # of BP medications: <input type="text"/> <input type="checkbox"/> % on diuretics: <input type="text"/> <input type="checkbox"/> N on diuretics: <input type="text"/>	<input type="checkbox"/> Mean # of BP medications: <input type="text"/> <input type="checkbox"/> % on diuretics: <input type="text"/> <input type="checkbox"/> N on diuretics: <input type="text"/>	<input type="checkbox"/> Mean # of BP medications: <input type="text"/> <input type="checkbox"/> % on diuretics: <input type="text"/> <input type="checkbox"/> N on diuretics: <input type="text"/>	<input type="checkbox"/> Mean # of BP medications: <input type="text"/> <input type="checkbox"/> % on diuretics: <input type="text"/> <input type="checkbox"/> N on diuretics: <input type="text"/>	<input type="checkbox"/> Mean # of BP medications: <input type="text"/> <input type="checkbox"/> % on diuretics: <input type="text"/> <input type="checkbox"/> N on diuretics: <input type="text"/>

Comments (limit 250 characters)

Comments (limit 250 characters)

Comments (limit 250 characters)

[SUBMIT FORM](#) and go to [Next Form, New Instance - This reference](#) or [Skip to Next](#)

