



The Medical History and Physical Examination should be completed on all proband/relatives agreeing to participate in the GoKinD Project. The original form should be sent to the Coordinating Center in the weekly GoKinD mailing. Retain a copy in the clinic files.

1. Clinic Number	Clinic	Family	—	—	—
2. Family ID Number	—	—	—	—	—
3. Proband/Relative Code	Relcode				

4. Proband/Relative's Initials **Relinit**                 
F M L

5. Date of Visit **Bjformdt**           /           /            
Month Day Year

1.	Has the proband/relative ever smoked cigarettes daily?	No Bjsmoke1 (1)	Yes (2)
----	--	-----------------------	------------

2. At what age did the proband/relative first become  
a daily cigarette smoker? Bjsmoke2 Yrs of Age

3. Does the proband/relative now smoke cigarettes?	No	Yes
Bismoke3	(1)	(2)

a) On the average, how many cigarettes a day does the proband/relative now smoke? Bjsmoke4

b) How long has it been since the proband/relative Bjsmoke5 quit smoking cigarettes? \_\_\_\_\_/\_\_\_\_\_  
Yrs Mos

4. Since the proband/relative first started smoking, if he/she ever quit smoking, for how many months Bjsmoke6 (or years) altogether, did he/she quit? \_\_\_\_/\_\_\_\_  
Yrs Mos

5. If the proband/relative has never quit, check here.	No	Yes
Bjsmoke7	(1)	(2)

1. During the past year, has the proband/relative consumed an average of at least one alcoholic beverage per week? No Yes

Bjdrinkl1 (1) (2)

2. How many 12-oz. bottles of beer (excluding "light" beer) did the proband/relative consume during Bjdrink2 the past seven days? (IF THE PAST SEVEN DAYS WERE ATYPICAL, CHARACTERIZE A TYPICAL WEEK.) \_\_\_\_\_ Bottles

3. How many 12-oz. bottles of "light" beer did the proband/relative consume during the past seven days? (IF THE PAST SEVEN DAYS WERE ATYPICAL, CHARACTERIZE A TYPICAL WEEK.) Bjdrink3  
\_\_\_\_\_  
Bottles

4. How many 4-oz. glasses of wine did the proband/  
relative consume during the past seven days? (IF THE  
PAST SEVEN DAYS WERE ATYPICAL, CHARACTERIZE BjdDrink4  
A TYPICAL WEEK.) \_\_\_\_\_ Glasses

5. How many 1 1/2-oz. shots of straight hard  
liquor and 1 1/2-oz. mixed drinks did the  
proband/relative consume during the past seven days?  
(IF THE PAST SEVEN DAYS WERE ATYPICAL, BjdDrink5  
CHARACTERIZE A TYPICAL WEEK.) \_\_\_\_\_ Drinks

#### D. EXERCISE AND ACTIVITY

1. Which one of the following best describes the Bjactiv1  
proband/relative's level of activity on the job,  
at school or, for homemakers, in homemaking?

a) Sedentary: (such as office work with occasional  
inter-office walking, etc.; e.g. secretary) (1)

b) Moderate Activity: (requires considerable, but not  
constant, lifting, walking, bending, pulling, etc.;  
e.g., homemaker with family and without domestic  
assistance; policeman; student taking physical  
education course) (2)

c) Strenuous Activity: (requires almost constant lifting,  
bending, pulling, scrubbing, etc.; e.g., furniture  
mover; heavy domestic work) (3)

2. During the past seven days, how many hours and  
minutes did the proband/relative spend in the following  
types of leisure time activities?(IF THE PAST SEVEN  
DAYS WERE ATYPICAL, CHARACTERIZE A TYPICAL WEEK.)

a) Light Activity:  
(Examples: billiards; bowling; ballroom dancing;  
golf with power cart; non-competitive volleyball.)

Bjactiv2

\_\_\_\_\_  
Hours Minutes

b) Moderate Activity:  
(This level is marked by modest increases in heart  
rate and breathing. Most healthy individuals find  
these activities comfortable and can continue them  
for a few hours without undue fatigue. Examples:  
leisure cycling (5.5 mph); frisbee playing; horseback  
riding; sailing; table tennis; croquet; golf without  
power cart.)

Bjactiv3

\_\_\_\_\_  
Hours Minutes

c) Hard Activity:  
(When exercising at this intensity most people will  
have noticeable increases in breathing and will  
likely perspire. Most untrained people could not  
exercise at this intensity without taking frequent  
rest periods. Examples: cycling (9.4 mph); half-  
court basketball; water skiing; downhill skiing;  
karate or judo; doubles tennis; roller skating;  
gymnastics.)

Bjactiv4

\_\_\_\_\_  
Hours Minutes

d) Very Hard Activity:  
Includes strenuous sports involving a lot of  
movement or running. Only a well-trained individual  
can perform at this intensity for extended periods of  
time. Examples: racing cycling; football; full-court  
basketball; rapid marching; squash; continuous,  
moderate to fast swimming; rope jumping; cross-country  
skiing; cross-country running; singles tennis; field  
hockey.)

Bjactiv5

\_\_\_\_\_  
Hours Minutes

## E. FAMILY MEDICAL HISTORY OF RELATIVE(S)

1. Is there a family history of diseases of the following types? (Consider parents and siblings)

		A. PARENTS			B. SIBLINGS			
		NO	YES	Unknown	NO	YES	Unknown	Not Applicable
1. Hypertension	Bjpar1	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsib1
2. Myocardial Infarction	Bjpar2	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsit2
a) If YES, before age 40?	Bjpar3	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsib3
b) If YES to (2), in a diabetic person?	Bjpar4	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsib4
3. Autoimmune Endocrine Disease (see list below):								
a) Addison's Disease	Bjpar-ad	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis-ad
b) Ulcerative Colitis	Bjpar-uc	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis-uc
c) Crohn's Disease	Bjpar-cd	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis-cd
d) Systemic Lupus Erythematosus	Bjpar-sl	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis-sl
e) Rheumatoid Arthritis	Bjpar-ra	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis-ra
f) Juvenile Rheumatoid Arthritis	Bjpar-jr	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis-jr
g) Multiple Sclerosis	Bjpar-ms	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis-ms
h) Celiac Sprue	Bjpar-cs	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis-cs
i) Grave's Disease (hyperthyroid)	Bjpar-gd	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis-gd
j) Hashimoto's Disease (hypothyroid)	Bjpar-hd	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis-hd
k) Pernicious Anemia	Bjpar-pa	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis-pa
l) Vitiligo	Bjpar-v	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis-v
m) Alopecia	Bjpar-a	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis-a
n) Other	Bjpar-ot	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis-o

Bjpar-ot1

Bjpar-ot2

1. If yes, specify: \_\_\_\_\_

## A. PARENTS

## B. SIBLINGS

		No	Yes	Unknown	No	Yes	Unknown	Not Applicable	
4. Serious Eye Disease or Blindness	Bjpar5	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis5
a) If YES,due to diabetes?	Bjpar6	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis6
5. Renal Disease:	Bjpar7	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis7
a) If YES,due to diabetes?	Bjpar8	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis8
1. Microalbuminuria	Bjpar9	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis9
2. Proteinuria	Bjpar10	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis10
3. Dialysis	Bjpar11	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis11
4. Transplant	Bjpar12	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis12
6. Neurologic Disease	Bjpar13	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis13
a) If YES,due to diabetes?	Bjpar14	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis14
7. Hyperlipidemia	Bjpar15	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis15

## F. REVIEW OF SYSTEMS

e) Other significant skin condition? Bjskin5 (1) (2)

## 1. SKIN

Bjskin6 1. If YES, specify: \_\_\_\_\_

Does the proband/relative have a history  
of any of the following?

No Yes

- a) Eruptive Xanthoma Bjskin1 (1) (2)
- b) Xanthelasma Bjskin2 (1) (2)
- c) Necrobiosis Bjskin3 (1) (2)
- d) Shin Spot (diabetic dermopathy) Bjskin4 (1) (2)

## 2. EXTREMITIES

Does the proband/relative have a history of  
any of the following?

No Yes

- a) Gangrene Bjextr1 (1) (2)
- b) Amputation Bjextr2 (1) (2)
- c) Ulcers Bjextr3 (1) (2)

		No	Yes
d) Cellulitis	Bjextr4	(1)	(2)
e) Charcot joints	Bjextr5	(1)	(2)
f) Other significant conditions of the extremities?	Bjextr6	(1)	(2)
	Bjextr7		

1. If YES, specify: \_\_\_\_\_

### 3. EYES

Does the proband/relative have a history of any of the following?

		No	Yes
a) Severe myopia (> 7 diopters in one or both eyes)	Bjeye1	(1)	(2)
b) Pan-retinal Photocoagulation for Diabetic Retinopathy.	Bjeye2	(1)	(2)
	Bjeye3		
c) Focal Photocoagulation for Macular Edema		(1)	(2)
d) Aphakia (cataract extraction)	Bjeye4	(1)	(2)
e) Glaucoma requiring medication	Bjeye5	(1)	(2)
f) Other significant eye pathology?	Bjeye6	(1)	(2)
	Bjeye7		

1. If YES, specify: \_\_\_\_\_

### 4. CARDIOVASCULAR

Does the proband/relative have a history of any of the following?

		No	Yes
a) History of Hypertension (defined as systolic $\geq$ 140 or diastolic $\geq$ 90)	Bjcard1	(1)	(2)
b) Angina	Bjcard2	(1)	(2)
c) Congestive heart failure	Bjcard3	(1)	(2)

		No	Yes
d) Myocardial Infarction	Bjcard4	(1)	(2)
e) Coronary heart disease requiring stent, angioplasty, or bypass surgery	Bjcard5	(1)	(2)
f) Peripheral Vascular Disease (or intermittent claudication)	Bjcard6	(1)	(2)
g) Arrhythmia requiring treatment	Bjcard7	(1)	(2)
h) Transient ischemic attacks requiring treatment	Bjcard8	(1)	(2)
i) Atherothrombotic brain infarction	Bjcard9	(1)	(2)
j) Other significant cardiovascular condition?	Bjcard10	(1)	(2)
	Bjcard11		

1. If YES, specify: \_\_\_\_\_

### 5. GASTROINTESTINAL

Does the proband/relative have a history of any of the following?

		No	Yes
a) Liver disease, jaundice	Bjgastr1	(1)	(2)
	Bjgastr2		
1. If YES, is it a chronic condition?		(1)	(2)
b) Pancreatitis	Bjgastr3	(1)	(2)
1. If YES, is it a chronic condition?		(1)	(2)
	Bjgastr4		
c) Other significant gastrointestinal condition?	Bjgastr5	(1)	(2)
	Bjgastr6		

1. If YES, specify: \_\_\_\_\_

## 6. GENITOURINARY

Does the proband/relative have a history of  
any of the following?

- |   | No  | Yes |
|---|-----|-----|
| a) Dialysis (if yes, proband is eligible to be a case) <span style="float: right;">Bjur1</span>                 | (1) | (2) |
| b) Transplant of the kidney (if yes, proband is eligible to be a case) <span style="float: right;">Bjur2</span> | (1) | (2) |
| c) Transplant of the pancreas <span style="float: right;">Bjur3</span>  | (1) | (2) |
| d) Timed Urine > 208 ug/min (300 mg/24 hr) in past 12 months. <span style="float: right;">Bjur4</span>          | (1) | (2) |
| e) Overnight collection > 200 ug/min in past 12 months. <span style="float: right;">Bjur5</span>                | (1) | (2) |
| f) Total urinary protein > 500 mg/24 hr in past 12 months. <span style="float: right;">Bjur6</span>             | (1) | (2) |
| g) Dipstick (Albustix or Multistix) > 1+ in past 12 months. <span style="float: right;">Bjur7</span>            | (1) | (2) |

(If any items d-g are "yes", the proband may be eligible to be a case, if the next ACR result from the CBL is positive.)

- |  |   |     |
|--|---|-----|
| h) Diseases of the upper urinary tract (e.g., Kidney Calculi, Renal Congenital Abnormalities, Pyelonephritis, etc.) <span style="float: right;">Bjur7-1</span> | No  | Yes |
|  | (1)   | (2) |
|  | <span style="float: right;">Bjur7-1a</span> |     |

1. If YES, specify: \_\_\_\_\_
2. Has this been a chronic problem requiring treatment? Bjur7-1b
- | No  | Yes |
|-----|-----|
| (1) | (2) |
3. How has this been documented? Bjur7-1c
- \_\_\_\_\_
- \_\_\_\_\_

- |   |     |     |
|---|-----|-----|
| i) Diseases of the lower urinary tract (e.g., Cystitis, Gonorrhea, Congenital Abnormalities, etc.) <span style="float: right;">Bjur8</span> | No  | Yes |
|   | (1) | (2) |

Bjur9

1. If YES, specify: \_\_\_\_\_
- \_\_\_\_\_

- |   |     |     |
|---|-----|-----|
| 2. Has this been a chronic problem requiring treatment? <span style="float: right;">Bjur10</span> | No  | Yes |
|   | (1) | (2) |

- |   |     |     |
|---|-----|-----|
| j) Family history of urinary tract diseases (e.g., Alport's, Polycystic Kidney, etc.) <span style="float: right;">Bjur11</span> | No  | Yes |
|   | (1) | (2) |

Bjur12

1. If YES, specify: \_\_\_\_\_
- \_\_\_\_\_

- |  |     |     |
|--|-----|-----|
| k) Kidney or bladder infection requiring antibiotics <span style="float: right;">Bjur13</span> | No  | Yes |
|  | (1) | (2) |

If YES, specify numbers of infections in the past 2 years:

- |  |   |   |
|--|---|---|
| 1. Kidney <span style="float: right;">Bjur14</span>            | — | — |
| 2. Bladder <span style="float: right;">Bjur15</span>           | — | — |
| 3. Both or Uncertain <span style="float: right;">Bjur16</span> | — | — |

## 7. NEUROLOGIC

Does the proband/relative have a history of any of the following?

- |  |  |     |
|--|--|-----|
| a) Severe symptomatic peripheral neuropathy <span style="float: right;">Bjneur1</span> | No   | Yes |
|  | (1)  | (2) |
| b) Seizures <span style="float: right;">Bjneur2</span>                                 | (1)  | (2) |
| c) Other significant neurologic condition? <span style="float: right;">Bjneur3</span>  | (1)  | (2) |
|  | <span style="float: right;">Bjneur4</span> |     |

1. If YES, specify: \_\_\_\_\_
- \_\_\_\_\_

## 8. AUTOIMMUNE DISEASES

Does the proband/relative have a history of any of the following?

- |  |     |     |
|--|-----|-----|
| a) Addison's Disease <span style="float: right;">Bjrel-ad</span> | No  | Yes |
|  | (1) | (2) |

		NO	YES
b) Ulcerative Colitis	Bjrel-uc	(1)	(2)
c) Crohn's Disease	Bjrel-cd	(1)	(2)
d) Systemic Lupus Erythematosus	Bjrel-sl	(1)	(2)
e) Rheumatoid Arthritis	Bjrel-ra	(1)	(2)
f) Juvenile Rheumatoid Arthritis	Bjrel-jr	(1)	(2)
g) Multiple Sclerosis	Bjrel-ms	(1)	(2)
h) Celiac Sprue	Bjrel-cs	(1)	(2)
i) Grave's Disease (hyperthyroid)	Bjrel-gd	(1)	(2)
j) Hashimoto's Disease (hypothyroid)	Bjrel-hd	(1)	(2)
k) Pernicious anemia	Bjrel-pa	(1)	(2)
l) Vitiligo	Bjrel-v	(1)	(2)
m) Alopecia	Bjrel-a	(1)	(2)
n) Other	Bjrel-ot	(1)	(2)
	Bjrel-ot1		

1. If YES, specify: \_\_\_\_\_

#### 9. OTHER

Does the proband/relative have a history of any medical condition other than those listed above?

	NO	YES
Bjoth1	(1)	(2)
Bjoth2		

a) If YES, specify: \_\_\_\_\_

#### G. PHYSICAL EXAMINATION

1. Date of physical examination \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

##### VITAL SIGNS:

2. Sitting Blood Pressure: (RIGHT ARM AT LEVEL OF HEART IN TWO MEASUREMENTS TAKEN 5 min. APART)

a) Systolic1 (mm Hg) Bjsys1 \_\_\_\_\_

b) Diastolic1 (mm Hg) Bjdial1 \_\_\_\_\_

c) Systolic2 (mm Hg) Bjsys2 \_\_\_\_\_

d) Diastolic2 (mm Hg) Bjdial2 \_\_\_\_\_

#### 3. Height (cm):

(To convert inches to centimeters, multiply by 2.54)

a) First measurement Bjheig1 \_\_\_\_\_ . \_\_\_\_\_

b) Second measurement Bjheig2 \_\_\_\_\_ . \_\_\_\_\_

Record (3) and (4) only if first 2 measurements are not within 1.0 cm (10.0 mm)

c) Third measurement Bjheig3 \_\_\_\_\_ . \_\_\_\_\_

d) Fourth measurement Bjheig4 \_\_\_\_\_ . \_\_\_\_\_

#### 4. Weight (kg):

(To convert pounds to kilograms, multiply by 0.454.)

a) First measurement Bjweig1 \_\_\_\_\_ . \_\_\_\_\_

b) Second measurement Bjweig2 \_\_\_\_\_ . \_\_\_\_\_

Record (c) and (d) only if first 2 measurements are not within 0.2 kg (200.0 gm.)

c) Third measurement Bjweig3 \_\_\_\_\_ . \_\_\_\_\_

d) Fourth measurement Bjweig4 \_\_\_\_\_ . \_\_\_\_\_

#### 5. Natural Waist Circumference (cm):

a) First measurement Bjwaist1 \_\_\_\_\_ . \_\_\_\_\_

b) Second measurement Bjwaist2 \_\_\_\_\_ . \_\_\_\_\_

Record (c) and (d) only if first 2 measurements are not within 0.5 cm

c) Third measurement Bjwaist3 \_\_\_\_\_ . \_\_\_\_\_

d) Fourth measurement Bjwaist4 \_\_\_\_\_ . \_\_\_\_\_

\_\_\_\_\_  
FAMILY ID

\_\_\_\_\_  
PROBAND/RELATIVE CODE

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6. Iliac Waist Circumference (cm):

a) First measurement      Bjwaist5      \_ \_ \_ . \_

b) Second measurement      Bjwaist6      \_ \_ \_ . \_

Record (c) and (d) only if first 2 measurements  
are not within 0.5 cm

c) Third measurement      Bjwaist7      \_ \_ \_ . \_

d) Fourth measurement      Bjwaist8      \_ \_ \_ . \_

Type or print name of person completing this form:

\_\_\_\_\_

Certification Number (if any):

Bjcert

\_\_\_\_\_ - \_\_\_\_\_