

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
COHORT DEMOGRAPHIC MEDICAL HISTORY FORM # 84

This form is completed once for each participant, at the beginning of the Cohort Study. It contains data that are unlikely to change. Form 85 is also completed at the beginning of the Cohort Study, and annually thereafter. (Form 85 contains data that may change from year to year.)

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1. Identification Number...

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2. Name Code...

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3. Visit Date: mm/dd/yyyy...

Section 1: MEDICAL EVALUATION QUESTIONS: Diagnosis Details, and Comorbidity at the start of the Cohort Study

Ask participant: "Do you have, or have you ever had any of the following problems?" (0=no, 1=yes)

4. Chronic dialysis CHRO-DIAL

5. Kidney transplant KID-TRANSPLT

Note: If 4 or 5 = yes, the participant may NOT enroll in the Cohort study.

6. Is this patient participating in any other health studies that involve an active intervention? OTH-STUDY

If yes, specify: _____ OTH-COMMENTS _____
(key enter 20 characters)

PLEASE REVIEW AASK CHART AND RESPONSES TO QUESTIONS 7 - 8 WITH AN AASK STUDY CLINICIAN BEFORE ENTERING DATA.

Diagnosis Details

7. Has the participant had any of the following tests? (0=no, 1=yes, 9=unknown):

a. Kidney arteriogram KID-ARTERIO

b. Kidney biopsy KID-BIO

Comorbidities (current or past)

Answer these questions based on your knowledge of the patient. Double check your responses by asking the patient.

8. a. Has this patient ever been diagnosed with any of the comorbidities listed below? (0=no, 1=yes) DIAL - Como

If no, skip to item 9. If yes, continue on answering items 8 b-t.
Unless specified otherwise, for each item in question 8 b-t, answer 0=no, 1=yes.

b. Diagnosed or treated for any cancer within the last 5 years? CANCER

If yes, describe: CANCER_COMMENTS
(key enter 20 characters)

- c. Coronary artery disease (heart attack, angina) ARTERY
- d. Heart failure or diastolic dysfunction HRT - FAIL
- e. Left ventricular hypertrophy (LVH) LVH
- f. Heart rhythm or conduction problems HRT_RHYTHM
- g. Stroke STROKE
- h. Peripheral vascular disease (claudication) PERI - VAS
- i. Asthma or COPD (obstructive airway disease) COPD
- j. Hepatitis (B or C) HB
- k. Cirrhosis CIRRHOSIS
- l. Blind BLIND
- m. Deaf DEAF
- n. Psychiatric problem PSYCH
- o. Amputation location (0=none, 1=toe, 2=foot, 3=leg, 4=other) AMPUTATION
- p. Diabetes mellitus DIABETE
- q. Gout GOUT
- r. HIV or AIDS HIV
(0=no, 1=yes, 3=refuses to answer, 8=could not ask this question)

s. Has the patient had a Nephrectomy (kidney removed)? KID - REMOVE

t. Any serious systemic disease (not listed above) that might influence survival or course of renal disease (include diseases requiring chronic oral steroid therapy) ... OTHERS

If yes, specify disease(s): OTHER_COMMENTS
(enter 20 characters)

9. Kidney disease other than hypertensive nephrosclerosis OTH_KID
- 0=none
 - 12=Recurrent nephrolithiasis
 - 2=Diabetic nephropathy
 - 13=Recurrent pyelonephritis
 - 3=Focal glomerulosclerosis
 - 14=Obstructive uropathy
 - 4=Membranoproliferative glomerulonephritis
 - 5=Multiple myeloma
 - 6=Allergic Interstitial Nephritis
 - 7=Polycystic Kidney Disease
 - 8=Reaction to contrast dye
 - 9=unknown
 - 10=Renal Artery Stenosis
 - 11=Primary Aldosteronism

(If the reason for question 9 is known but not listed, contact the DCC for a new code number.)

10. For women:
(For question 10 a-b: 0=no, 1=yes, 9=unknown):
- a. Hysterectomy HYSTER
 - b. Menopause MENOPAUSE
 - c. Approximate number of years since menopause was reached MENO_YRS
(enter 0 if still menstruating)
 - d. How many times have you been pregnant? PREG_NO
 - e. How many children have you had (count all live births)? CHILD_NO

Section 2: DEMOGRAPHICS AND BACKGROUND DATA

Ask the participant:

11. Do you have health insurance? (0=no, 1=yes, 9=unknown for each type)
- a. Private, such as Blue Cross PRIVATE
 - b. HMO/Preferred Provider HMO
 - c. Medicaid MEDICAID
 - d. Medicare MEDICARE
 - e. Other health insurance plan OTH_INSURE
12. What is your current employment status? EMPLOY_STATS
- 1=Full-time work
 - 2=Part-time work
 - 3=Full-time homemaker
 - 4=Retired
 - 5=Unemployed, seeking work
 - 6=Unemployed, not seeking work
 - 7=Full-time student
 - 8=Student and work both
 - 9=More than one job
 - 10=Other

13. a. What type of work do you primarily do (or what type of work did you do when you were last employed)? WORK-TYP

0=Not employed, not homemaker 4=Manual labor
1=Professional 5=Full-time homemaker
2=Office work 6=Other
3=Service work

b. What is your total household income? TOT-INCOME

1	1=0-4,999	6=30,000-39,999
	2=5,000-9,999	7=40,000-49,999
	3=10,000-14,999	8=50,000-69,999
2	4=15,000-19,999	9=70,000-99,999
	5=20,000-29,999	10=100,000+
		11=participant declines to provide information

14. a. Current marital status? MARITAL

1=Never married 4=Divorced or separated
2=Presently married 5=Widow/widower
3=Living in a marriage-like relationship

Current living arrangements (0=no, 1=yes, for each)

b. Alone ALONE

c. With partner, spouse, or other relatives WITH_OTHS

d. In an institution INSTITUTION

e. Other (group home, with friends, etc.) OTHER

Parents and Grandparents: (0=no, 1=yes, 9=unknown)

f. Are/were both parents black or of African descent? BLACK-PAR

g. Are/were all four grandparents black or of African descent? BLACK-G-PAR

15. Please indicate which immediate (blood) family members are known to have high blood pressure: (for 15c, e, f, h: code 99 for unknown)

a. Mother (0=no, 1=yes, 9=unknown) BP-MOM

b. Father (0=no, 1=yes, 9=unknown) BP-DAD

c. How many siblings do/did you have/had? (include those who died) BP-SIBLING_NO

d. Do/did any of your siblings have high blood pressure (0=no, 1=yes, 9=unknown) SIBLING-H-BI

e. If yes to 15d, how many siblings have/had high blood pressure? (enter 0 for none) . SH-BP_NO

f. How many children do/did you have/had? (include those who died) BP-CHIL0_NO

g. Do/did your children have/had high blood pressure? (0=no, 1=yes, 9=unknown) CHIL0-H-BP

h. If yes to 15g, how many children have/had high blood pressure? (enter 0 for none) . C-H-BP_NO

16. Please indicate which immediate (blood) family members are known to have been treated for kidney failure with chronic dialysis or kidney transplantation: (for 16 d, f: code 99 for unknown)

- a. Mother (0=no, 1=yes, 9=unknown) KID-mom
- b. Father (0=no, 1=yes, 9=unknown) KID-DAD
- c. Do/did any of your siblings have kidney failure (0=no, 1=yes, 9=unknown) SIBLING-KID
- d. *If yes to 16c*, how many siblings do you know that have/had kidney failure? (enter 0 for none) SIBLING-KID-NO
- e. Do/did your children have/had kidney failure? (0=no, 1=yes, 9=unknown) CHILD-KID
- f. *If yes to Q16e*, how many children that you know have/had kidney failure? (enter 0 for none) CHILD-KID-NO

Communication:

- 17. a. Primary language (1=English, 2=Spanish, 3=French, 4=Other) PRIM-LANG
- b. Can the participant speak English? (0=no, 1=yes) SPK-ENG
- c. Can the participant read English? (0=no, 1=yes) READ-ENG

Smoking History:

- 18. Do you or did you smoke? (1=yes, former smoker, 2=yes, current smoker, 3=never smoked-skip to Item 21.) SMOKE
- 19. a. How old were you when you began to smoke cigarettes regularly? SMOKE-AGE
- b. At approximately what age did you quit smoking? (leave this blank if you are still smoking) QUIT-SMOKE
- 20. In an average day, how many cigarettes do/did you usually smoke? (20 if one pack, 40 if two packs, etc.) CIGARETTES

Drinking History:

- 21. a. Do/did you drink alcohol? ALCOHOL
(0=no, 1=yes, in the past, 2=yes, current drinker, 3=refuses to answer, 9=unknown)
- b. Usual number of drinks of wine, beer or liquor during an average week: DRINK-NO
(a drink is 4 oz of wine, a can of beer, or 1-1/2 oz of hard liquor)
- c. Did you ever drink moonshine (or other non-bonded liquor)? MOONSHINE
(0=no, 1=yes, in the past, 2=yes, current drinker, 3=refuses to answer, 9=unknown)

Recreational Drug History:

- 22. Have you ever used: (For Question 22 a-d: 0=no, 1=yes, 3=refuses to answer, 9=unknown)
 - a. IV cocaine IV-COCAINE
 - b. Snorting, smoking or inhaling cocaine SMOK-COCAINE
 - c. IV heroin IV-HEROIN
 - d. Other IV street drugs OTH-IV
 - e. If d=yes, which IV street drugs have you used? (specify but do not enter)
OTH-DRUG

Contrast Dye Exposure:

- 23. Have you ever had a procedure in which you had a dye or contrast material injected? (0=no, 1=yes, 9=unknown) DYE - PROCED
 If no, skip to item 24. If yes, continue: (for items 23 a-d: 0=no, 1=yes, 9=unknown)
 - a. X-rays such as intravenous pyelogram (IVP), CT with contrast, or angiogram: X-RAY
 - b. Nuclear Medicine (e.g., thyroid scan, thallium): NUCLEAR
 - c. Magnetic Resonance with contrast (Magnetic resonance-angiography with contrast) MAGNETIC
 - d. Other: PROCED-CMTS (specify) OTH - PROCED

Past Use of Analgesics:

- 24. Use of drugs containing aspirin (e.g., buffered aspirin, Alka Seltzer, Dristan):
 - a. Have you used these medicines on a daily basis for 3 or more consecutive months? (0=no, skip to item e; 1=yes, continue with item b, 9=unknown) DAILY - ASP
 - b. For how many months did you take these medicines on a daily basis? ASP - MONS
 - c. How old were you when you started using these medicines on a routine basis? ASP - YRS
 - d. On the days when you used these medicines, how many pills did you take? ASP - PILLS
 - e. Have you taken more than the recommended dose to relieve physical discomfort for less than 3 months? (0=no, 1=yes, 9=unknown) ASP - OVER - DOSE

- 25. Use of drugs containing acetaminophen (e.g., Tylenol, Darvocet, and Anacin 3) (for use as relief from joint pain rather than colds, etc.):
 - a. Have you used these medicines on a daily basis for 3 or more consecutive months? (0=no, skip to item e; 1=yes, continue with item b, 9=unknown) DAILY - ACET
 - b. For how many months did you take these medicines on a daily basis? ACET - MONS
 - c. How old were you when you started using these medicines on a routine basis? ACET - YRS
 - d. On the days when you used these medicines, how many pills did you take? ACET - PILLS
 - e. Have you taken more than the recommended dose to relieve physical discomfort for less than 3 months? (0=no, 1=yes, 9=unknown) ACET - OVER - DOSE

- 26. Use of NSAIDS (e.g., Motrin, Advil, Naprosyn, Aleve, Indocin):
 - a. Have you used these medicines on a daily basis for 3 or more consecutive months? (0=no, skip to item e; 1=yes, continue with item b, 9=unknown) NSAIDS
 - b. For how many months did you take these medicines on a daily basis? NSAIDS - MONS
 - c. How old were you when you started using these medicines on a routine basis? NSAIDS - YRS
 - d. On the days when you used these medicines, how many pills did you take? NSAIDS - PILLS
 - e. Have you taken more than the recommended dose to relieve physical discomfort for less than 3 months? (0=no, 1=yes, 9=unknown) NSAIDS - OVER - DOSE

27. Use of Cox 2 inhibitors (e.g., Vioxx, Celebrex):

- a. Have you used these medicines on a daily basis for 3 or more consecutive months? (0=no, skip to item e; 1=yes, continue with item b, 9=unknown) Cox
- b. For how many months did you take these medicines on a daily basis? Cox - months
- c. How old were you when you started using these medicines on a routine basis? Cox - yrs
- d. On the days when you used these medicines, how many pills did you take? Cox - PILLS
- e. Have you taken more than the recommended dose to relieve physical discomfort for less than 3 months? (0=no, 1=yes, 9=unknown) Cox-OVER-DOSE

200. Date this form completed (mm/dd/yyyy) COMPL-DT ____/____/____

201. Certification ID of person completing this form COMPL-BY _____

For Clinical Center Use Only:

Certification ID of person entering this form: _____

Date Entered: ____/____/____