

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
HEALTH MAINTENANCE QUESTIONNAIRE FORM # 175**

This form is completed once for each non-ESRD participant.

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1. Identification Number

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2. Name Code

For items 3 thru 6, please code as 0 = no, 1 = yes, 8 = not applicable, 9 = unknown.

- 3. If you are female over the age of 40, did you have a mammogram during the past year? _____
- 4. Have you had a pap smear sometime during the past 3 years?..... _____
- 5. If you are over the age of 50, have you had colonoscopy or a barium enema?..... _____
- 6. If you are over the age of 50, have you had a PSA (prostate specific antigen) test during the past year?..... _____

For items 7 thru 11a, please code as 0 = no, 1 = yes, 9 = unknown.

- 7. Did you have a flu shot during the past year?..... _____
- 8. Have you ever received the Hepatitis B vaccine (3 shots over 6 months)?..... _____
- 9. Have you ever received the pneumococcal vaccine?..... _____
- 10. a. Do you have a personal care provider?..... _____
(Note, if Q10a=no, then the cursor will skip to Q200.)
- b. Have you seen your personal care provider during the past year? _____
- c. Does your personal care provider usually order these tests and procedures listed above for you?..... _____
- 11. a. Do you have an appointment to see your personal care provider in the next 6 months?..... _____
- b. If Q11a is '1' (yes), when is your next scheduled appointment with your personal care provider? (mm/dd/yyyy)..... ___/___/_____

200. Date this form completed (mm/dd/yyyy)..... ___/___/_____

201. Certification ID of person administering this form..... _____

For Clinical Use Only:

Certification ID of person entering this form: _____

Date Entered: ___/___/_____