

ELIGIBILITY

- h. Malignant or accelerated hypertension within the last six months HTN
- i. Known secondary cause of hypertension (such as renal vascular hypertension or endocrine hypertension) HTN2
- j. Clinical or biopsy evidence of any other renal disease other than hypertensive nephrosclerosis RENALDIS
- k. Patient has HIV/AIDS HIV/AIDS
- l. Patient has other serious systemic disease (including cancer) that might influence survival (specify disease: _____) .. SSD1
- m. Patient has serious systemic disease that might influence the course of renal disease but does not influence survival (include diseases requiring chronic oral steroid therapy) (specify disease: _____) SSD2
- n. Current or recent (within 6 months) evidence of congestive heart failure; documentation of ejection fraction < 35%; or heart block > first degree CHF
- o. Serum potassium > 5.5 mEq/L confirmed by repeated measurements within the past year (for participants not on potassium supplements) (0=no, 1=yes, 9=unknown) SPOTASS55
- p. Laboratory evidence of nephrotic range proteinuria > 3.5 g/day PROTEINU
- q. Obesity (0=no, arm size ≤ 41 cm, 1=no, arm size > 41 cm and ≤ 52 cm, but long enough for thigh cuff, 2=yes, arm size > 41 and ≤ 52 cm, and arm is too short for thigh cuff, 3=yes, arm size > 52 cm) ... OBESITY
- 7. To confirm item 13 on Form 2
 - a. Female who is pregnant or planning to become pregnant during the next 5 years? (0=no, 1=yes, 9=not applicable) PLANPREO
 - b. Drinks more than 21 drinks of wine, beer or alcohol during an average week in the last 2 years? ALCOHOL
 - c. Possible drug abuse problem DRUGS
 - d. Treated for asthma for over 2 continuous weeks in the last 6 months? ASTHMA

ELIGIBILITY

- e. Participating in any other health studies that involve an active intervention and would exclude the patient from this study? OTH-STUDY
If yes, specify: _____
(not key entered)
- f. Planning to move more than 50 miles from this area in the next five years? MOVING
- g. Difficulty emptying bladder? VOIDING
- h. Allergic to iodine IODINE
- 8. Team Judgment:
 - a. Likely not to be able to adhere to medications MEOS-AD+
 - b. Likely not to be able to follow the visit schedule SCHED-AD
- 9. Does the participant appear to be eligible? (0=not eligible, 1=eligible) ELIG
IF 0, will skip to Q301

If not eligible, skip to end

Part #2: Diagnosis Details

- 10. Has the participant had any of the following tests? (0=no, 1=yes, 9=unknown):
 - a. Kidney arteriogram ARTIGRAM
(Remember, it must be normal for eligibility)
 - b. Kidney biopsy BIOPSY
(Remember, it must not show a disease other than hypertensive nephropathy)

Part #3: Comorbidities (current or past) that are not exclusion criteria (0=no, 1=yes, 9=unknown)

DIAGNOSIS - DETAIL

- 11. a. Diagnosed or treated for any cancer within the last 5 years? CA
If yes, describe: _____
(not key entered)
- b. Ischemic Heart Disease ISCHEMIA
- c. Congestive Heart Failure (CHF) (over 6 months ago) CHF
- d. Left ventricular hypertrophy (LVH) or diastolic dysfunction LVH
- e. Arrhythmias or conduction problems ARRHYTHMIA

DIAGNOSIS - DETAIL

- f. Cerebrovascular disease CVA-DIS
- g. Peripheral vascular disease PVA-DIS
- h. Hepatitis (B or C) HEPATITIS
- i. Cirrhosis CIRRHOSIS
- j. Legally blind BLIND
- k. Deaf DEAF
- l. Chest, shoulder or left arm pain on exertion lasting over 3 minutes PAIN
- m. Psychiatric problem ^{can be left blank} PSYCHO
- 12. a. How long has the participant had hypertension? (years) HTN-YEAR
- b. Is the patient on ACE Inhibitors? (0=not on ACE, 1=arrived at SV2 on ACE but is now being taken off ACE, 2=arrived at SV2 on ACE and is still on ACE) ACE
- 13. For women, ask whether any of the following applies (0=no, 1=yes, 9=unknown):
 - a. Menopause MENOPAUSE
 - b. Hysterectomy HYSTERECTOMY
 - c. Tubal ligation TUBAL
 - d. Uses Norplant NORPLANT
 - e. Uses birth control pills BC-PILL
 - f. Uses other birth control methods (including abstinence) BC-OTH

Note: Unless A, B, or C are 1, you will need to do a pregnancy test prior to each GFR.

Section 2: DEMOGRAPHICS AND BACKGROUND DATA

Demographic

- 14. What is the highest grade of school you completed? EO
 - 1=8th grade or less
 - 2=9-11th high school
 - 3=High school graduate
 - 4=Some college, including junior college, secretarial school, or technical school
 - 5=College graduate
 - 6=Post graduate

15. Do you have health insurance? (enter 0=no, 1=yes for each type)

- a. Private, such as Blue Cross PRIVATE
- b. HMO/Preferred Provider HMO
- c. Medicaid MEDICAID
- d. Medicare MEDICARE
- e. Other OTHER_INS

16. What is your current employment status? EMP_STAT

- 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

17. What type of work do you primarily do (or what type of work did you do when you were last employed)? EMP_TYP

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

18. a. Current marital status? MAR_STAT

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

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

- b. Alone LA_ALONE
- c. With spouse or partner LA_SPOUSE
- d. With children LA_CHILD
- e. With parents LA_PAREN
- f. With other relatives LA_RELAT
- g. In an institution LA_INST
- h. Other LA_OTHER

DEMOGRAPHIC

Demographic

- 19. a. Ethnicity (enter 0 if not Hispanic or Carribbean, 1 if Hispanic, 2 if Carribbean) ETHNIC
- b. Primary language (1=English, 2=Spanish, 3=French, 4=Other) PRI_LANG
- c. Can the participant speak English? (0=no, 1=yes) SPK_ENG
- d. Can the participant read English? (0=no, 1=yes) READ_ENG
- 20. How old were you when you began to smoke cigarettes regularly? SMK_AGE
(leave blank if never smoked)
- 21. At approximately what age did you quit smoking? (leave this blank if you never smoked or are still smoking) SMK_QUIT
- 22. In an average day, how many cigarettes do you usually smoke, or how many did you usually smoke each day? (enter 0 if none, 20 if one pack, 40 if two packs, etc.) CIGS_N
- 23. Do you currently use any other tobacco products such as snuff, chewing tobacco, pipe tobacco or cigars? (0=no, 1=yes) OTH_TBCC
- 24. During a typical week, how many bottles or cans of beer do you drink? (enter 0 if none) BEER_N
- 25. During a typical week, how many glasses of wine do you drink? (enter 0 if none) WINE_N
- 26. During a typical week, how many shots of liquor do you drink? (enter 0 if none) LIQR_N
- 27. Please indicate whether you are currently trying to:
 - a. Reduce the calories in your diet (0=no, 1=yes) REDU_CALOR
 - b. Reduce the cholesterol or fat in your diet (0=no, 1=yes) REDU_CHOL
 - c. Reduce the sugar or starch in your diet (0=no, 1=yes) REDU_SUGR
 - d. Reduce the salt in your diet (0=no, 1=yes) REDU_SALT
 - e. Reduce the protein in your diet (0=no, 1=yes) REDU_PROT
 - f. Alter your diet in a way not listed above (0=no, 1=yes) DIET_ALT

If yes, please specify: _____

DEMOGRAPHIC

28. How many brothers and sisters do you have/had (count all live births)?
(enter 0 for none) SIBL - N

29. How many children do you have/had (count all live births)?
(enter 0 for none) CHLD - N

30. Please indicate which family members are known to have high blood pressure:

a. Mother (0=no, 1=yes, 9=unknown) MOTH - HTN

b. Father (0=no, 1=yes, 9=unknown) FATH - HTN

c. How many brothers or sisters had high blood pressure? (enter 0 for none) .. SIBL - HTN

d. How many of your children had high blood pressure? (enter 0 for none) .. CHLD - HTN

31. Please indicate which family members are known to have kidney disease:

a. Mother (0=no, 1=yes, 9=unknown) MOTH - DIS

b. Father (0=no, 1=yes, 9=unknown) FATH - DIS

c. How many brothers or sisters had kidney disease? (enter 0 for none) .. SIBL - DIS

d. How many children had kidney disease? (enter 0 for none) CHLD - DIS

32. Please indicate which immediate family members are known to have been treated for kidney failure with chronic dialysis or renal transplantation:

a. Mother (0=no, 1=yes, 9=unknown) MOTH - TRT

b. Father (0=no, 1=yes, 9=unknown) FATH - TRT

c. How many brothers or sisters had kidney failure? (enter 0 for none) .. SIBL - TRT

d. How many children had kidney failure? (enter 0 for none) CHLD - TRT

33. What is your total household income? INCOME

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

11=participant declines to provide information

Section 3: INITIAL SYMPTOMS: Symptoms in the past month: (answer 0=no, 1=yes for each)

Symptom

- 34. Shortness of breath/dyspnea SOB
- 35. Syncope/loss of consciousness SYNCOPE
- 36. Dizzy or feeling faint DIZZY
- 37. Rapid heart rate, heart palpitations HRT_PALP
- 38. Lightheaded on standing LIGHTHEAD
- 39. Muscular weakness MUSCLEWEAK
- 40. Change in weight, gain or loss WT_CHG
- 41. Chest Pain CHESTPAIN
- 42. Edema (swelling) of the extremities EDEMA
- 43. Heart skipping beats HRT_SKIP
- 44. Wheezing WHEEZE
- 45. Cough COUGH
- 46. Fever FEVER
- 47. Headache HEADACHE
- 48. Backache, sore neck, sciatica BACKACHE
- 49. Sore feet, heel spur, shin splints, athlete's foot, ingrown toenail FEET
- 50. Cold, flu, misc. body aches, sinus, allergic rhinitis, sore throat COLD/FLU
- 51. Nosebleeds NOSEBLEED
- 52. Burning on urination, vaginitis U-PAIN
- 53. Increased hair growth HAIR
- 54. Angioedema (swelling of the lips and mouth) ANGIO-EDEM
- 55. Cold Hands HANDS
- 56. Dry mouth MOUTH
- 57. Changes in vision VISION
- 58. Depression DEPRESS

Symptom

- 59. Sexual dysfunction SEXPROB
- 60. Trouble sleeping/insomnia INSOMNIA
- 61. Sleepy, drowsy DROWSY
- 62. Fatigue/lack of pep and energy FATIGUE
- 63. Slow heart rate SLOW-HT
- 64. Nausea/vomiting NAUSEA
- 65. Heartburn/gas/GI reflux HEARTBURN
- 66. Constipation, hemorrhoids CONSTIPATA
- 67. Diarrhea DIARRHEA
- 68. Skin rash SKINRASH
- 69. Hives HIVES
- 70. Joint pain JNTPAIN
- 71. Muscle cramps at rest, muscle aches, musculoskeletal pain CRAMPRES
- 72. Muscle cramps with exercise, claudication CRAMP EXER
- 73. Other (specify but do not key enter: _____) OTH-SYMF

Section 4: PHYSICAL EXAMINATION SECTION

- 74. Measured height ^{* if chg in height, creatinine clearance must be recalculated & GFR report re-run} HT
- 75. Height units (1=cm, 2=inches) HT-UNIT

Physical Exam Results: (list below)

Physical Exam

- 76. Heart: Rhythm (1=regular, 2=Irregular) RHYTHM
- 77. Heart: Cardiomegaly (0=absent, 1=present) C-MEGALY
- 78. Heart: Jugular Venous Distension (0=no, 1=yes) JUGULAR
- 79. Heart: Heart Code (enter first listed code that applies) HT-CO
(0=normal, 1=3rd heart sound, 2=4th heart sound, 3=Rub, 4=Other abnormality)
- 80. Lung Examination:
(0=normal, 1=rales, 2=rhonchi or wheezes, 3=decreased breath sounds) LUNG

Physical - Exam

81. Edema location: Highest spot on the leg EDEMA LOC
(0=none, 1=ankle, 2=pretibial, 3=above knee, 4=presacral, 5=anasarca)
82. Ankle Edema Severity code: (0=none, 1=trace or 1+, 2=2+, 3=3+, 4=4+) EDEMA SEV
83. a. Amputations (0=no, 1=yes) AMP
- b. Location (0=none, 1=toe, 2=foot, 3=leg, 4=other) AMP-LOC

Medication Record

Medication List:

Please code all of the medications (prescription and over-the-counter) which the participant currently takes on a regular basis (at least once a week). The medication name need not be entered. For "Per What?", code 1=per day, 2=per week, 3=per month, and 4=as needed; For Initial Reason, code 1=BP control, 2=ischemic heart disease, 3=to treat other concomitant condition not edema, 4=to treat edema, 5=prophylaxis. (Antibiotics, Prescription Vitamins)

tylenol for headache

MED

Medication and Dose Number (from code list)	Medication Name	How Many?	How Often?	Per What?	Initial Reason Code
<u>NDC</u>		<u>How Many</u>	<u>How Often</u>	<u>Per What</u>	<u>Reason</u>

CERTIFICATION

201. Date this form completed / / COMPL-DT
202. Certification ID of person completing this form COMPL-BY
203. Certification ID of person entering this form ENTER-BY

For Clinical Center use only:

Date form entered ____/____/____

Verified? _____