



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

MEDICAL HISTORY – UPDATE

Last CRIC clinic visit date: ___ / ___ / _____

PERSONAL MEDICAL HISTORY:

Since your last CRIC clinic visit, were you diagnosed or treated by a doctor or other health professional:

1. For any cancer?

₁ Yes → **Answer Questions a through l**

₀ No → **Go to Question 2**

₈₈ Don't know → **Go to Question 2**

a. Was it for bladder cancer? ₁ Yes ₀ No ₈₈ Don't know

b. Was it for breast cancer? ₁ Yes ₀ No ₈₈ Don't know

c. Was it for colon or rectal cancer? ₁ Yes ₀ No ₈₈ Don't know

d. Was it for uterine cancer? ₁ Yes ₀ No ₈₈ Don't know

e. Was it for cancer of the head and neck? ₁ Yes ₀ No ₈₈ Don't know

f. Was it for blood cancer? ₁ Yes ₀ No ₈₈ Don't know

g. Was it for lung cancer? ₁ Yes ₀ No ₈₈ Don't know

h. Was it for cancer of the lymph nodes? ₁ Yes ₀ No ₈₈ Don't know

i. Was it for melanoma or skin cancer? ₁ Yes ₀ No ₈₈ Don't know

j. Was it for ovarian cancer? ₁ Yes ₀ No ₈₈ Don't know

k. Was it for prostate cancer? ₁ Yes ₀ No ₈₈ Don't know

l. Was it for any other type of cancer? ₁ Yes ₀ No ₈₈ Don't know

1. Specify type of cancer: _____



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

MEDICAL HISTORY – UPDATE

Since your last CRIC clinic visit, were you diagnosed or treated by a doctor or other health professional:

- 2. For Asthma or Reactive Airway Disease? ₁ Yes ₀ No ₈₈ Don't know
- 3. For Chronic Obstructive Pulmonary Disease (emphysema or chronic bronchitis)? ₁ Yes ₀ No ₈₈ Don't know
- 4. For Hepatitis (B or C) infection? ₁ Yes ₀ No ₈₈ Don't know
- 5. For Rheumatoid Arthritis? ₁ Yes ₀ No ₈₈ Don't know
- 6. For Gout? ₁ Yes ₀ No ₈₈ Don't know

WOMEN'S HEALTH HISTORY:

Questions 7 through 10 should only be answered by women. Men should go to Question 11.

These next questions ask about your reproductive history and your general health as a woman.

- 7. Were you pregnant in the time period since your last CRIC clinic visit?
 - ₁ Yes —————→ **Answer Questions a through c**
 - ₀ No —————→ **Go to Question 8**
 - a. Are you currently pregnant?
 - ₁ Yes ₀ No
 - b. How many live births did you have since your last CRIC clinic visit?
 - ___ ___ live births
 - c. Did a doctor or other health professional tell you that you had pre-eclampsia (problems with high blood pressure) during your pregnancy(s), since your last CRIC clinic visit?
 - ₁ Yes ₀ No ₈₈ Don't know
- 8. Since your last CRIC clinic visit, did you complete menopause (no menstrual period for 1 year)?
 - ₁ Yes —————→ **Answer Question a**
 - ₂ I still have menstrual periods —————→ **Answer Question a**
 - ₃ I completed menopause prior to the last CRIC visit —————→ **Go to Question 9**
 - ₈₈ Don't know —————→ **Answer Question a**
 - a. When did your last menstrual period begin?
 - ___ ___ / ___ ___ ___ ___ (mm/yyyy) ₈₈ Don't know



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

MEDICAL HISTORY – UPDATE

9. Since your last CRIC clinic visit, did you have a hysterectomy?

₁ Yes ₀ No

10. Since your last CRIC clinic visit, did you have surgery to remove your ovaries?

₁ Yes → **Answer Question a**

₀ No → **Go to Question 11**

a. If “Yes”, how many ovaries were removed?

₁ One ₂ Both ₈₈ Don't know

RENAL HISTORY:

11. Since your last CRIC clinic visit, did you see a nephrologist / kidney doctor or any other doctor / health professional(s) (e.g. internist, family practitioner, hypertension specialist) for your kidney problems?

₁ Yes → **Go to Question 12**

₀ No → **Go to Question 29**

₈₈ Don't know → **Go to Question 12**

12. Since your last CRIC clinic visit, how many times did you see a nephrologist/kidney doctor for your kidney problems? ___ ___

13. Since your last CRIC clinic visit, how many times did you see other health professionals for your kidney problems? ___ ___

The following questions address any health care you have received since your last CRIC visit. Please provide a response for each item listed below.

14. Was the level of protein in your urine measured? ₁ Yes ₀ No ₈₈ Don't know

15. Was your kidney function measured by a 24-hour urine test or I-iothalamate clearance test? ₁ Yes ₀ No ₈₈ Don't know

16. Did you have a kidney ultrasound? ₁ Yes ₀ No ₈₈ Don't know

17. Did you have a kidney biopsy? ₁ Yes ₀ No ₈₈ Don't know

18. Did you have other blood tests done? ₁ Yes ₀ No ₈₈ Don't know

19. Did you have any vaccination to lower your risk of infection? ₁ Yes ₀ No ₈₈ Don't know

a. If “Yes”, did you have one or more vaccines to prevent bacterial infection? (e.g. pneumovax) ₁ Yes ₀ No ₈₈ Don't know

b. If “Yes”, did you have a flu vaccine? ₁ Yes ₀ No ₈₈ Don't know



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

MEDICAL HISTORY – UPDATE

20. Did you have any other medical or laboratory procedures? ₁ Yes ₀ No ₈₈ Don't know
a. If "Yes", please specify: _____
21. Were you told to avoid anti-inflammatory drugs (e.g., NSAIDs) or other drugs that might harm your kidneys? ₁ Yes ₀ No ₈₈ Don't know
22. Were you told to cut down on the amount of protein that you eat? ₁ Yes ₀ No ₈₈ Don't know
23. Were you told to cut down on the amount of salt or sodium that you eat? ₁ Yes ₀ No ₈₈ Don't know
24. Were you told to cut down on the amount of potassium that you eat? ₁ Yes ₀ No ₈₈ Don't know
25. Were you referred to a nutritionist or someone to review your diet? ₁ Yes ₀ No ₈₈ Don't know
26. Were you told to stop smoking tobacco? ₁ Yes ₀ No ₈₈ Don't know ₉₉ I don't smoke
27. Were you told to cut down on alcohol use? ₁ Yes ₀ No ₈₈ Don't know ₉₉ I don't drink
28. Were you told to make any other lifestyle changes? ₁ Yes ₀ No ₈₈ Don't know
a. If "Yes", please specify: _____
-

PERIPHERAL VASCULAR HISTORY:

29. Since your last CRIC clinic visit, did you have pain or cramping (not due to arthritis) in your calves or legs when walking that was relieved by resting? ₁ Yes ₀ No ₈₈ Don't know
30. Since your last CRIC clinic visit, did you have a toe(s) or foot surgically amputated? ₁ Yes ₀ No
-



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

MEDICAL HISTORY – UPDATE

HYPERTENSION HISTORY:

31. How long has it been since you last had your blood pressure taken by a doctor or other health professional?

___ ___ months ₈₈ Don't know

32. Since your last CRIC clinic visit, did a doctor or other health professional tell you that you have hypertension or high blood pressure?

₁ Yes

₀ No

₈₈ Don't know

a. If "Yes", do you currently take prescribed medication for your hypertension or high blood pressure?

₁ Yes

₀ No

₈₈ Don't know

HIGH CHOLESTEROL HISTORY:

33. How long has it been since you last had your blood cholesterol measured by a doctor or other health professional?

___ ___ months ₈₈ Don't know

34. Since your last CRIC clinic visit, did a doctor or other health professional tell you that your blood cholesterol level was high?

₁ Yes

₀ No

₈₈ Don't know

a. If "Yes", do you currently take prescribed medication for your high blood cholesterol?

₁ Yes

₀ No

₈₈ Don't know

DIABETIC HISTORY:

35.1 Have you ever been told (except during pregnancy) that you have diabetes or high blood sugar?

₁ Yes —————→ **Answer Question 35**

₀ No —————→ **Go to Question 40**

₈₈ Don't know —————→ **Answer Question 35**

35. Since your last CRIC clinic visit, did a doctor or other health professional tell you (except during pregnancy) that you have diabetes or high blood sugar?

₁ Yes

₀ No

₈₈ Don't know

a. Are you currently taking insulin?

₁ Yes

₀ No

₈₈ Don't know



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

MEDICAL HISTORY – UPDATE

- b. Are you currently taking injectable drugs, other than insulin, to manage your blood sugar?
₁ Yes ₀ No ₈₈ Don't know
- c. Do you currently take diabetes pills to lower your blood sugar? (These are sometimes called oral agents or oral hypoglycemic agents.)
₁ Yes ₀ No ₈₈ Don't know
- d. Do you test your blood sugar?
₁ Yes ₀ No ₈₈ Don't know
- e. How many of the last 7 days did you test your blood sugar?
₁ 1 day ₅ 5 days
₂ 2 days ₆ 6 days
₃ 3 days ₇ 7 days
₄ 4 days ₉₉ None
- f. Of the days that you check your blood sugar, how many times a day do you usually test it? (check one response only)
₁ Once a day ₃ 3 times a day ₅ 5 times a day ₉₉ I do not test my blood sugar
₂ Twice a day ₄ 4 times a day ₆ 6 times a day or more
36. When was the last time you had your eyes examined by a doctor?
___ / ___ (mm/yyyy) ₈₈ Don't know
37. Since your last CRIC clinic visit, did a doctor tell you that diabetes has affected your eyes or that you have retinopathy?
₁ Yes ₀ No ₈₈ Don't know
38. Since your last CRIC clinic visit, did a doctor tell you that you have diabetic neuropathy? Diabetic neuropathy is when diabetes has affected the nerves of your hands or feet or any other parts of your body.
₁ Yes ₀ No ₈₈ Don't know
39. Do you currently have any of these problems:
- a. Numbness or tingling in your hands or feet (other than falling asleep because you laid on your arm or leg)?
₁ Yes ₀ No ₈₈ Don't know
- b. Loss of sensation in your hands or feet?
₁ Yes ₀ No ₈₈ Don't know
- c. Decreased ability to feel the hotness or coldness of things you touch?
₁ Yes ₀ No ₈₈ Don't know
- d. Sores or ulcers on your feet or ankles?
₁ Yes ₀ No ₈₈ Don't know



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

MEDICAL HISTORY – UPDATE

LIFESTYLE MODIFICATIONS:

40. Are you currently doing any of the following:

- a. Controlling or trying to lose weight? ₁ Yes ₀ No
- b. Exercising? ₁ Yes ₀ No
- c. Cutting back on alcohol use? ₁ Yes ₀ No ₉₉ I do not drink
- d. Quitting smoking? ₁ Yes ₀ No ₉₉ I do not smoke
- e. Reducing tension/stress? ₁ Yes ₀ No
- f. Using less salt or sodium in your diet? ₁ Yes ₀ No
- g. Eating low fat diet? ₁ Yes ₀ No
- h. Reducing your protein intake? ₁ Yes ₀ No
- i. Reducing your potassium intake? ₁ Yes ₀ No
- j. Making other diet changes? ₁ Yes ₀ No
- k. Doing anything else? ₁ Yes ₀ No

1. Specify: _____

PRESCRIPTION MEDICATIONS:

41. Are you on any prescription medications?

₁ Yes → **Answer Question a through c**

₀ No → **Go to Question 42**

- a. In the past week, how many days did you forget to take a pill?
₀ 0 days ₁ 1 day ₂ 2 days or more
- b. In the past week, how many days did you not take a pill on purpose?
₀ 0 days ₁ 1 day or more
- c. In the past week, how many days did you add an extra pill?
₀ 0 days ₁ 1 day or more



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

MEDICAL HISTORY – UPDATE

SOCIAL HISTORY:

Smoking History:

42. Since your last CRIC clinic visit, have you smoked any cigarettes?

₁ Yes —————→ **Go to Question 43**

₀ No —————→ **Go to Question 47**

43. Have you smoked more than 100 cigarettes (approximately 5 packs), since your last CRIC clinic visit?

₁ Yes ₀ No

44. Do you smoke cigarettes now?

₁ Yes ₀ No

45. How many cigarettes do you or did you usually smoke per day?

___ ___ cigs/day ₀ Less than 1 per day

46. How many months did you smoke this amount?

___ ___ months **or** ₈₈ Don't know

47. Since your last CRIC clinic visit, have you smoked cigars?

₁ Yes —————→ **Go to Question 48**

₀ No —————→ **Go to Question 51**

48. Have you smoked at least 20 cigars, since your last CRIC clinic visit?

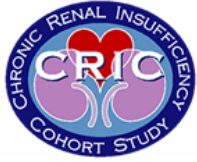
₁ Yes ₀ No

49. Do you currently smoke cigars?

₁ Yes ₀ No

50. How many cigars do you or did you usually smoke per day?

___ ___ cigars ₀ Less than 1 per day



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

MEDICAL HISTORY – UPDATE

Alcohol Use History:

For Questions 51 through 54, an alcoholic drink can be:



12 ounce can of beer

OR



5 ounce glass of wine

OR



1 shot of liquor

51. Since your last CRIC clinic visit, how often have you had an alcoholic drink? Choose only one response.

- ₁₀ Every day
- ₉ 5 to 6 times a week
- ₈ 3 to 4 times a week
- ₇ 2 times a week
- ₆ 1 time a week
- ₅ 2 to 3 times a month
- ₄ 1 time a month
- ₃ 3 to 11 times since your last CRIC clinic visit
- ₂ 1 or 2 times since your last CRIC clinic visit
- ₁ None since your last CRIC clinic visit → **Go to Question 55**

52. Since your last CRIC clinic visit, on the days that you drank, how many alcoholic drinks did you usually have?

- ₁₀ 25 or more drinks
- ₉ 19 to 24 drinks
- ₈ 16 to 18 drinks
- ₇ 12 to 15 drinks
- ₆ 9 to 11 drinks
- ₅ 7 to 8 drinks
- ₄ 5 to 6 drinks
- ₃ 3 to 4 drinks
- ₂ 2 drinks
- ₁ 1 drink
- ₉₈ Don't wish to answer

53. Since your last CRIC clinic visit, what is the largest number of alcoholic drinks that you had in a 24-hour period?

- ₁₀ 36 or more drinks
- ₉ 24 to 35 drinks
- ₈ 18 to 23 drinks
- ₇ 12 to 17 drinks
- ₆ 8 to 11 drinks
- ₅ 5 to 7 drinks
- ₄ 4 drinks
- ₃ 3 drinks
- ₂ 2 drinks
- ₁ 1 drink
- ₉₈ Don't wish to answer



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

MEDICAL HISTORY – UPDATE

For Questions 51 through 54, an alcoholic drink can be:



12 ounce can of beer

OR



5 ounce glass of wine

OR



1 shot of liquor

54. Since your last CRIC clinic visit,

a. **For men**, how often did you have 5 or more alcoholic drinks within a two-hour period?

Choose only one response

- ₉ Every day
- ₈ 5 to 6 days a week
- ₇ 3 to 4 days a week
- ₆ 2 days a week
- ₅ 1 day a week
- ₄ 2 or 3 days a month
- ₃ 1 day a month
- ₂ 3 to 11 days since your last CRIC clinic visit
- ₁ 1 or 2 days since your last CRIC clinic visit
- ₉₈ Don't wish to answer
- ₉₉ None since your last CRIC clinic visit

b. **For women**, how often did you have 4 or more alcoholic drinks within a two-hour period? Choose only one response.

- ₉ Every day
- ₈ 5 to 6 days a week
- ₇ 3 to 4 days a week
- ₆ 2 days a week
- ₅ 1 day a week
- ₄ 2 or 3 days a month
- ₃ 1 day a month
- ₂ 3 to 11 days since your last CRIC clinic visit
- ₁ 1 or 2 days since your last CRIC clinic visit
- ₉₈ Don't wish to answer
- ₉₉ None since your last CRIC clinic visit

Recreational Drug Use History:

Since your last CRIC clinic visit,

55. Did you smoke marijuana?

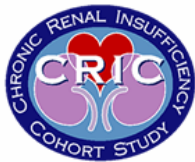
- ₁ Yes → **Answer Questions a and b**
- ₀ No → **Go to Question 56**
- ₈₈ Don't know → **Go to Question 56**

a. How many times did you smoke?

- ₁ 1 to 2 times
- ₂ 3 to 10 times
- ₃ 11 to 99 times
- ₄ 100 times or more

b. Did you smoke within the past 30 days? ₁ Yes

₀ No ₈₈ Don't know



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

MEDICAL HISTORY – UPDATE

56. Did you use methamphetamines?

₁ Yes → **Answer Questions a and b**

₀ No → **Go to Question 57**

₈₈ Don't know → **Go to Question 57**

a. How many times did you use?

₁ 1 to 2 times

₃ 11 to 99 times

₂ 3 to 10 times

₄ 100 times or more

b. Did you use within the past 30 days?

₁ Yes

₀ No

₈₈ Don't know

57. Did you use cocaine (snorted/smoked/inhaled)?

₁ Yes → **Answer Questions a and b**

₀ No → **Go to Question 58**

₈₈ Don't know → **Go to Question 58**

a. How many times did you use?

₁ 1 to 2 times

₃ 11 to 99 times

₂ 3 to 10 times

₄ 100 times or more

b. Did you use within the past 30 days?

₁ Yes

₀ No

₈₈ Don't know

58. Did you use injected cocaine?

₁ Yes → **Answer Questions a and b**

₀ No → **Go to Question 59**

₈₈ Don't know → **Go to Question 59**

a. How many times did you use?

₁ 1 to 2 times

₃ 11 to 99 times

₂ 3 to 10 times

₄ 100 times or more

b. Did you use within the past 30 days?

₁ Yes

₀ No

₈₈ Don't know

59. Did you use injected heroin?

₁ Yes → **Answer Questions a and b**

₀ No → **Go to Question 60**

₈₈ Don't know → **Go to Question 60**

a. How many times did you use?

₁ 1 to 2 times

₃ 11 to 99 times

₂ 3 to 10 times

₄ 100 times or more

b. Did you use within the past 30 days?

₁ Yes

₀ No

₈₈ Don't know



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

MEDICAL HISTORY – UPDATE

60. Did you use other injected street drugs?

- ₁ Yes → **Answer Questions a, b and c**
₀ No → **Go to Question 61**
₈₈ Don't know → **Go to Question 61**

a. Specify: _____

- b. How many times did you use? ₁ 1 to 2 times ₃ 11 to 99 times
 ₂ 3 to 10 times ₄ 100 times or more

- c. Did you use within the past 30 days? ₁ Yes ₀ No ₈₈ Don't know

HEALTH INSURANCE:

61. Do you currently have health insurance?

- ₁ Yes ₀ No

62. What kind of health insurance coverage do you have? (check all that apply)

- ₁ Medicare benefits
₁ Medicaid benefits
₁ Group Health Plan provided by an employer (for example: HMO, PPO, POS)
₁ Veterans Affairs (VA) benefits
₁ CHAMPUS or other military benefits
₁ Other Specify: _____

63. Since your last CRIC clinic visit, was there ever a time when you were not covered by health insurance?

- ₁ Yes ₀ No

a. If "Yes", were you not covered by health insurance one month or more?

- ₁ Yes ₀ No

64. Since your last CRIC clinic visit, were you denied health insurance?

- ₁ Yes ₀ No

65. Since your last CRIC clinic visit, were you unable to fill a prescription because of the cost?

- ₁ Yes ₀ No

66. Since your last CRIC clinic visit, were you unable to see your doctor because of the cost?

- ₁ Yes ₀ No

For Research Coordinator use only: CRF was: ₁ Self-administered ₂ Interviewer-administered