

Participant ID:	Participant Initials:

CRF Date: RC ID:

MEDICAL HISTORY – UPDATE

Last C	RIC clinic visit date:///				
PERSO	ONAL MEDICAL HISTORY:				
Since	your last CRIC clinic visit, were you diagnose	d or treated by	a doctor or othe	er health professional:	
1. Fo	For any cancer? ☐ Yes → Answer Questions a through I ☐ No → Go to Question 2 ☐ Bas 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:				

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		MEDIC	AL HISTORY -	- UPDATE	
Sir	nce your last CRIC	clinic visit, were you diagn	osed or treated by	y a doctor or c	other health professional:
2.	For Asthma or Rea	ctive Airway Disease?	□₁ Yes	\square_0 No	☐ ₈₈ Don't know
3.	For Chronic Obstru (emphysema or chr	ctive Pulmonary Disease ronic 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 Ar	thritis?	□₁ Yes	□₀ No	□ ₈₈ Don't know
6.	For Gout?		□₁ Yes	□₀ No	☐ ₈₈ Don't know
	ese next questions Were you pregnant	ask about your reproduction in the time period since your Answer Questions Go to Question 8	ve history and yo	ur general hea	
	a. Are you <u>current</u> ☐₁ Yes	<u>tly</u> pregnant? □₀ No			
	b. How many live	births did you have <u>since you</u> irths	ur last CRIC clinic	visit?	
		other health professional tell g your pregnancy(s), <u>since y</u> □ ₀ No □ ₁	our last CRIC clinic		(problems with high blood
8.	☐ ₁ Yes ———————————————————————————————————	C clinic visit, did you comple menstrual periods—ed menopause prior to the lasw—last menstrual period begin?	st CRIC visit ——	→ Answer Qu → Answer Qu → Go to Ques	estion a estion a stion 9

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 $___/__$ (mm/yyyy) \square_{88} Don't know

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	MEDICAL HIST	ORY – UF	DATE		
9. <u>S</u>	ince your last CRIC clinic visit, did you have a hysterecto \square_1 Yes \square_0 No	my?			
10. <u>S</u>	ince your last CRIC clinic visit, did you have surgery to re ☐₁ Yes → Answer Question a ☐₀ No → Go to Question 11	emove your c	varies?		
a		Don't know			
RENA	AL HISTORY:				
	ince your last CRIC clinic visit, did you see a nephrologis rofessional(s) (e.g. internist, family practitioner, hypertens ☐₁ Yes → Go to Question 12 ☐₀ No → Go to Question 29 ☐₀88 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?				
	ince your last CRIC clinic visit, how many times did you sther health professionals for your kidney problems?	see —			
	ollowing questions address any health care you have de a response for each item listed below.	received <u>si</u>	nce your	last CRIC visit. Please	
14. V	/as the level of protein in your urine measured?	□₁ Yes	□ ₀ No	☐ ₈₈ Don't know	
	las your kidney function measured by a 24-hour rine test or I-lothalamate clearance test?	□₁ Yes	□ ₀ No	□ ₈₈ Don't know	
16. D	id you have a kidney ultrasound?	□₁ Yes	□ ₀ No	□ ₈₈ Don't know	
17. D	id you have a kidney biopsy?	□₁ Yes	□ ₀ No	□ ₈₈ Don't know	
18. D	id you have other blood tests done?	□₁ Yes	□ ₀ No	□ ₈₈ Don't know	
	id you have any vaccination to lower your sk of infection?	□₁ Yes	□ ₀ No	□ ₈₈ Don't know	
а	 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	

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MEDICAL	HISTOR	Y – l	JPDATE	

20.	Did you have any other medical or laboratory procedures? a. If "Yes", please specify:	□₁ Yes	□ ₀ No	☐ ₈₈ Don't know	
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	\square_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? a. If "Yes", please specify:			□ ₈₈ Don't know	
PΕ	RIPHERAL VASCULAR HISTORY:				
29.	Since your last CRIC clinic visit, did you have pain of walking that was relieved by resting?	or cramping	(not due t	o arthritis) in your c	alves or legs when
	\square_1 Yes \square_0 No	□ ₈₈ Don	't know		
30.	Since your last CRIC clinic visit, did you have a toe(□₁ Yes □₀ No	s) or foot s	urgically a	mputated?	

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MEDICAL HISTORY – UPDATE
HYPERTENSION HISTORY:
31. How long has it been since you <u>last</u> had your blood pressure taken by a doctor or other health professional? months
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 ☐₀ No ☐₀ Don't know
a. Do you <u>currently</u> take prescribed medication for your hypertension or high blood pressure? $\square_1 \text{ Yes} \qquad \square_0 \text{ No} \qquad \square_{88} \text{ Don't know}$
HIGH CHOLESTEROL HISTORY:
33. How long has it been since you <u>last</u> had your blood cholesterol measured by a doctor or other health professional?
months \text{88} Don't know
34. Since your last CRIC clinic visit, did a doctor or other health professional tell you that your blood cholesterol leve was high? ☐ Yes ☐ No ☐ No ☐ B8 Don't know
a. Do you currently take prescribed medication for your high blood cholesterol?
\square_1 Yes \square_0 No \square_{88} Don't know
DIABETIC HISTORY: 35.1 Have you ever been told (except during pregnancy) that you have diabetes or high blood sugar? \[\sum_1 \text{ Yes} \ightharpoonum Answer Question 35}\]
□ 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?
\square_1 Yes \square_0 No \square_{88} Don't know
a. Are you <u>currently</u> taking insulin?
☐ ₁ Yes ☐ ₀ No ☐ ₈₈ Don't know

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	ME	DICAL HISTORY – U	PDATE
b. Are you <u>curre</u>	ntly taking injectable drugs	, other than insulin, to ma	nage your blood sugar?

			MEDICAL	HISTORY – UPDA	ТЕ
	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 <u>currently</u> take of oral hypoglycemic agei		r blood sugar? (These	are sometimes called oral agents or
		□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 b	lood sugar?	
		□₁ 1 day	□ ₅ 5 days		
		☐ ₂ 2 days	□ ₆ 6 days		
		□₃ 3 days	\square_7 7 days		
		☐ ₄ 4 days	□ ₉₉ None		
	f.	Of the days that you chresponse only)	neck your blood sugar, ho	ow many times a day do	you usually test it? (check one
		☐₁ Once a day	\square_3 3 times a day	\square_5 5 times a day	□ ₉₉ I do not test my blood sugar
		☐ ₂ Twice a day	\square_4 4 times a day	☐ ₆ 6 times a day or m	nore
36.	Wh	en was the <u>last</u> time you	ı had your eyes examine	d by a doctor?	
		/ (m	nm/yyyy)	☐ ₈₈ Don't know	
37.		ce your last CRIC clinic nopathy?	visit, did a doctor tell you	that diabetes has affect	ted your eyes or that you have
		□₁ Yes	□₀ No	☐ ₈₈ Don't know	
38.	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	\square_{88} Don't know	
39.	Do	you <u>currently</u> have any	of these problems:		
	a.	Numbness or tingling in	n your hands or feet (othe	er than falling asleep bed	cause you laid on your arm or leg)?
		□₁ Yes	□ ₀ No	☐ ₈₈ Don't know	
	b.	Loss of sensation in yo	ur hands or feet?		
		□ ₁ Yes	□ ₀ No	☐ ₈₈ Don't know	
	c.	Decreased ability to fee	el the hotness or coldnes	s of things you touch?	
		□₁ Yes	□ ₀ No	☐ ₈₈ Don't know	
	d.	Sores or ulcers on you	r feet or ankles?		
		□₁ Yes	□ _o No	☐ ₈₈ Don't know	

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MEDICAL HISTORY – UPDATE

LIFES	TYLE MODIFICATIONS:			
40. Are	e you <u>currently</u> doing any of the following:			
a.	Controlling or trying to lose weight?	□₁ Yes	\square_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	\square_{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:		-	
PRES	CRIPTION MEDICATIONS:			
41. Are	e you on any prescription medications? ☐₁ Yes → Answer Question a ☐₀ No → Go to Question 42	=		
a.	In the past week, how many days did you for \Box_0 0 days \Box_1 1 day \Box_2 2 days	•	•	
b.	In the past week, how many days did you \underline{n}_0 0 days $\underline{\qquad}_1$ 1 day or more	ot take a pill on pu	ırpose?	
C.	In the past week, how many days did you ad \Box_0 0 days \Box_1 1 day or more	ld an extra pill?		



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CRF Date:	RC ID:
	MEDICAL HISTORY – UPDATE
SOCIAL HISTORY:	
Smoking History:	
42. Since your last CRIC clinic visit, have ☐₁ Yes — → Go to compare G	Question 43
43. Have you smoked more than 100 ci ☐₁ Yes ☐₀ No	garettes (approximately 5 packs), since your last CRIC clinic visit?
44. Do you smoke cigarettes <u>now</u> ? ☐₁ Yes ☐₀ No	
45. How many cigarettes do you or did cigs/day	you <u>usually</u> smoke per day? \square_0 Less than 1 per day
46. How many months did you smoke the months or	
47. Since your last CRIC clinic visit, have ☐₁ Yes → Go to compare Go	Question 48
48. Have you smoked at least 20 cigars ☐₁ Yes ☐₀ No	s, since your last CRIC clinic visit?
49. Do you <u>currently</u> smoke cigars? ☐₁ Yes ☐₀ No	
50. How many cigars do you or did you cigars	usually smoke per day? ☐₀ Less than 1 per day

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Alcohol Use History:

 \square_6 8 to 11 drinks

 \square_5 5 to 7 drinks

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	
\square_8 3 to 4 times a week	
\square_7 2 times a week	
\square_6 1 time a week	
\square_5 2 to 3 times a month	
\square_4 1 time a month	
\square_3 3 to 11 times since your last	CRIC clinic visit
\square_2 1 or 2 times since your last 0	RIC clinic visit
\square_1 None since your last CRIC c	inic visit—→Go to Question 55
52. Since your last CRIC clinic visit, on th	e days that you drank, how many alcoholic drinks did you usually have?
	\square_4 5 to 6 drinks
\square_9 19 to 24 drinks	\square_3 3 to 4 drinks
\square_8 16 to 18 drinks	\square_2 2 drinks
\square_7 12 to 15 drinks	□ ₁ 1 drink
\square_6 9 to 11 drinks	\square_{98} Don't wish to answer
\square_5 7 to 8 drinks	
53. Since your last CRIC clinic visit, what	is the largest number of alcoholic drinks that you had in a 24-hour period?
\square_{10} 36 or more drinks	\square_4 4 drinks
\square_9 24 to 35 drinks	\square_3 3 drinks
\square_8 18 to 23 drinks	\square_2 2 drinks
\square_7 12 to 17 drinks	□ 1 drink

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☐₉₈ Don't wish to answer

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Questions 51 through 54, an alcoholic drink can be:					

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 9 Son't wish to answer 99 None since your last CRIC clinic visit 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 ☐₃ Don't know → Go to Question 56
a. How many times did you smoke? \square_1 1 to 2 times \square_3 11 to 99 times \square_2 3 to 10 times \square_4 100 times or more
b. Did you smoke within the past 30 days? \square_1 Yes \square_0 No \square_{88} Don't know

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56.	Did you use methamphetamines? ☐₁ Yes → Answer Questions a and b ☐₀ No → Go to Question 57 ☐₃ଃ Don't know → Go to Question 57					
	a.	How many times did you use?	\square_1 1 to 2 times \square_2 3 to 10 times			
	b.	Did you use within the past 30 days?	□₁ Yes	\square_0 No	□ ₈₈ Don't know	
57.	Dic	you use cocaine (snorted/smoked/inhale) ☐ Yes → Answer Question ☐ No → Go to Question ☐ Bas Don't know → Go to Question	tions a and b n 58			
	a.	How many times did you use?	\square_1 1 to 2 times \square_2 3 to 10 times	<u> </u>		
	b.	Did you use within the past 30 days?	□₁ Yes	\square_0 No	□ ₈₈ Don't know	
58.	8. Did you use injected cocaine? ☐₁ Yes → Answer Questions a and b ☐₀ No → Go to Question 59 ☐ଃ® Don't know → Go to Question 59					
	a.	How many times did you use?	\square_1 1 to 2 times \square_2 3 to 10 times	\square_3 11 to 99 ti \square_4 100 times		
	b.	Did you use within the past 30 days?	□₁ Yes	□ ₀ No	□ ₈₈ Don't know	
59.	Did you use injected heroin? ☐ Yes → Answer Questions a and b ☐ No → Go to Question 60 ☐ Bo Don't know → Go to Question 60					
	a.	How many times did you use?	\square_1 1 to 2 times \square_2 3 to 10 times	<u> </u>		
	b.	Did you use within the past 30 days?	□ ₁ Yes	□ ₀ No	☐ ₈₈ Don't know	

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60.	Dic	you use other injected street drugs? ☐₁ Yes → Answer Question ☐₀ No → Go to Question ☐₀ Don't know → Go to Question	n 61			
	a.	Specify:				
	b.	How many times did you use?	\square_1 1 to 2 times \square_2 3 to 10 times	□ ₃ 11 to 9	99 times nes or more	
	c.	Did you use within the past 30 days?	□ ₁ Yes	□ ₀ No	☐ ₈₈ Don't know	
		TH INSURANCE: you currently have health insurance?				
		☐₁ Yes ☐₀ No				
62. What kind of health insurance coverage do you have? (check all that apply) \[\begin{align*} \begin{align*} \mathbb{d} & Medicaid benefits \\ \mathbb{d} & Group Health Plan provided by an employer (for example: HMO, PPO, POS) \\ \mathbb{d} & Veterans Affairs (VA) benefits \\ \mathbb{d} & CHAMPUS or other military benefits \\ \mathbb{d} & Other Specify:						
63.	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? \square_1 Yes \square_0 No					
64.	<u>Sin</u>	nce your last CRIC clinic visit, were you d \square_1 Yes \square_0 No	enied health insurance?			
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	Re	esearch Coordinator use only: CRF wa	as: \square_1 Self-admir	nistered \square_2	Interviewer-administered	

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