



Participant ID:

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### 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?

<sub>1</sub> Yes → **Answer Questions a through l**

<sub>0</sub> No → **Go to Question 2**

<sub>88</sub> Don't know → **Go to Question 2**

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

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

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

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

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

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

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

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

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

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

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

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

1. Specify type of cancer: \_\_\_\_\_



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**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?      <sub>1</sub> Yes      <sub>0</sub> No      <sub>88</sub> Don't know
- 3. For Chronic Obstructive Pulmonary Disease (emphysema or chronic bronchitis)?      <sub>1</sub> Yes      <sub>0</sub> No      <sub>88</sub> Don't know
- 4. For Hepatitis (B or C) infection?      <sub>1</sub> Yes      <sub>0</sub> No      <sub>88</sub> Don't know
- 5. For Rheumatoid Arthritis?      <sub>1</sub> Yes      <sub>0</sub> No      <sub>88</sub> Don't know
- 6. For Gout?      <sub>1</sub> Yes      <sub>0</sub> No      <sub>88</sub> 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?
  - <sub>1</sub> Yes —————→ **Answer Questions a through c**
  - <sub>0</sub> No —————→ **Go to Question 8**
  - a. Are you currently pregnant?
    - <sub>1</sub> Yes                      <sub>0</sub> 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?
    - <sub>1</sub> Yes                      <sub>0</sub> No                      <sub>88</sub> Don't know
- 8. Since your last CRIC clinic visit, did you complete menopause (no menstrual period for 1 year)?
  - <sub>1</sub> Yes —————→ **Answer Question a**
  - <sub>2</sub> I still have menstrual periods —————→ **Answer Question a**
  - <sub>3</sub> I completed menopause prior to the last CRIC visit —————→ **Go to Question 9**
  - <sub>88</sub> Don't know —————→ **Answer Question a**
  - a. When did your last menstrual period begin?
    - \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ (mm/yyyy)      <sub>88</sub> Don't know



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9. Since your last CRIC clinic visit, did you have a hysterectomy?  
<sub>1</sub> Yes                      <sub>0</sub> No
10. Since your last CRIC clinic visit, did you have surgery to remove your ovaries?  
<sub>1</sub> Yes                      → **Answer Question a**  
<sub>0</sub> No                      → **Go to Question 11**
- a. If “Yes”, how many ovaries were removed?  
<sub>1</sub> One                      <sub>2</sub> Both                      <sub>88</sub> 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?  
<sub>1</sub> Yes                      → **Go to Question 12**  
<sub>0</sub> No                      → **Go to Question 29**  
<sub>88</sub> 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?                      <sub>1</sub> Yes    <sub>0</sub> No    <sub>88</sub> Don't know
15. Was your kidney function measured by a 24-hour urine test or I-iothalamate clearance test?                      <sub>1</sub> Yes    <sub>0</sub> No    <sub>88</sub> Don't know
16. Did you have a kidney ultrasound?                      <sub>1</sub> Yes    <sub>0</sub> No    <sub>88</sub> Don't know
17. Did you have a kidney biopsy?                      <sub>1</sub> Yes    <sub>0</sub> No    <sub>88</sub> Don't know
18. Did you have other blood tests done?                      <sub>1</sub> Yes    <sub>0</sub> No    <sub>88</sub> Don't know
19. Did you have any vaccination to lower your risk of infection?                      <sub>1</sub> Yes    <sub>0</sub> No    <sub>88</sub> Don't know
- a. If “Yes”, did you have one or more vaccines to prevent bacterial infection? (e.g. pneumovax)                      <sub>1</sub> Yes    <sub>0</sub> No    <sub>88</sub> Don't know
- b. If “Yes”, did you have a flu vaccine?                      <sub>1</sub> Yes    <sub>0</sub> No    <sub>88</sub> Don't know



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### MEDICAL HISTORY – UPDATE

20. Did you have any other medical or laboratory procedures? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> 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? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
22. Were you told to cut down on the amount of protein that you eat? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
23. Were you told to cut down on the amount of salt or sodium that you eat? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
24. Were you told to cut down on the amount of potassium that you eat? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
25. Were you referred to a nutritionist or someone to review your diet? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
26. Were you told to stop smoking tobacco? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know <sub>99</sub> I don't smoke
27. Were you told to cut down on alcohol use? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know <sub>99</sub> I don't drink
28. Were you told to make any other lifestyle changes? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> 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?  
<sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
30. Since your last CRIC clinic visit, did you have a toe(s) or foot surgically amputated?  
<sub>1</sub> Yes <sub>0</sub> No
-



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## 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      <sub>88</sub> 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?

<sub>1</sub> Yes

<sub>0</sub> No

<sub>88</sub> Don't know

a. Do you currently take prescribed medication for your hypertension or high blood pressure?

<sub>1</sub> Yes

<sub>0</sub> No

<sub>88</sub> Don't know

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### 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      <sub>88</sub> 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?

<sub>1</sub> Yes

<sub>0</sub> No

<sub>88</sub> Don't know

a. Do you currently take prescribed medication for your high blood cholesterol?

<sub>1</sub> Yes

<sub>0</sub> No

<sub>88</sub> Don't know

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### DIABETIC HISTORY:

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

<sub>1</sub> Yes —————→ **Answer Question 35**

<sub>0</sub> No —————→ **Go to Question 40**

<sub>88</sub> 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?

<sub>1</sub> Yes

<sub>0</sub> No

<sub>88</sub> Don't know

a. Are you currently taking insulin?

<sub>1</sub> Yes

<sub>0</sub> No

<sub>88</sub> Don't know



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- b. Are you currently taking injectable drugs, other than insulin, to manage your blood sugar?  
<sub>1</sub> Yes                      <sub>0</sub> No                      <sub>88</sub> 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.)  
<sub>1</sub> Yes                      <sub>0</sub> No                      <sub>88</sub> Don't know
- d. Do you test your blood sugar?  
<sub>1</sub> Yes                      <sub>0</sub> No                      <sub>88</sub> Don't know
- e. How many of the last 7 days did you test your blood sugar?  
<sub>1</sub> 1 day                      <sub>5</sub> 5 days  
<sub>2</sub> 2 days                      <sub>6</sub> 6 days  
<sub>3</sub> 3 days                      <sub>7</sub> 7 days  
<sub>4</sub> 4 days                      <sub>99</sub> 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)  
<sub>1</sub> Once a day                      <sub>3</sub> 3 times a day                      <sub>5</sub> 5 times a day                      <sub>99</sub> I do not test my blood sugar  
<sub>2</sub> Twice a day                      <sub>4</sub> 4 times a day                      <sub>6</sub> 6 times a day or more
36. When was the last time you had your eyes examined by a doctor?  
\_\_\_ / \_\_\_ (mm/yyyy)                      <sub>88</sub> 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?  
<sub>1</sub> Yes                      <sub>0</sub> No                      <sub>88</sub> 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.  
<sub>1</sub> Yes                      <sub>0</sub> No                      <sub>88</sub> 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)?  
<sub>1</sub> Yes                      <sub>0</sub> No                      <sub>88</sub> Don't know
- b. Loss of sensation in your hands or feet?  
<sub>1</sub> Yes                      <sub>0</sub> No                      <sub>88</sub> Don't know
- c. Decreased ability to feel the hotness or coldness of things you touch?  
<sub>1</sub> Yes                      <sub>0</sub> No                      <sub>88</sub> Don't know
- d. Sores or ulcers on your feet or ankles?  
<sub>1</sub> Yes                      <sub>0</sub> No                      <sub>88</sub> Don't know



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### MEDICAL HISTORY – UPDATE

#### LIFESTYLE MODIFICATIONS:

40. Are you currently doing any of the following:

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

1. Specify: \_\_\_\_\_

#### PRESCRIPTION MEDICATIONS:

41. Are you on any prescription medications?

<sub>1</sub> Yes —————→ **Answer Question a through c**

<sub>0</sub> No —————→ **Go to Question 42**

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



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## MEDICAL HISTORY – UPDATE

### SOCIAL HISTORY:

#### Smoking History:

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

<sub>1</sub> Yes —————→ **Go to Question 43**

<sub>0</sub> No —————→ **Go to Question 47**

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

<sub>1</sub> Yes      <sub>0</sub> No

44. Do you smoke cigarettes now?

<sub>1</sub> Yes      <sub>0</sub> No

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

\_\_\_ \_\_\_ cigs/day      <sub>0</sub> Less than 1 per day

46. How many months did you smoke this amount?

\_\_\_ \_\_\_ months      **or**      <sub>88</sub> Don't know

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

<sub>1</sub> Yes —————→ **Go to Question 48**

<sub>0</sub> No —————→ **Go to Question 51**

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

<sub>1</sub> Yes      <sub>0</sub> No

49. Do you currently smoke cigars?

<sub>1</sub> Yes      <sub>0</sub> No

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

\_\_\_ \_\_\_ cigars      <sub>0</sub> Less than 1 per day

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## 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.

- <sub>10</sub> Every day
- <sub>9</sub> 5 to 6 times a week
- <sub>8</sub> 3 to 4 times a week
- <sub>7</sub> 2 times a week
- <sub>6</sub> 1 time a week
- <sub>5</sub> 2 to 3 times a month
- <sub>4</sub> 1 time a month
- <sub>3</sub> 3 to 11 times since your last CRIC clinic visit
- <sub>2</sub> 1 or 2 times since your last CRIC clinic visit
- <sub>1</sub> 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?

- <sub>10</sub> 25 or more drinks
- <sub>9</sub> 19 to 24 drinks
- <sub>8</sub> 16 to 18 drinks
- <sub>7</sub> 12 to 15 drinks
- <sub>6</sub> 9 to 11 drinks
- <sub>5</sub> 7 to 8 drinks
- <sub>4</sub> 5 to 6 drinks
- <sub>3</sub> 3 to 4 drinks
- <sub>2</sub> 2 drinks
- <sub>1</sub> 1 drink
- <sub>98</sub> 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?

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





