



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

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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?

- 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? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈₈ Don't know |
| b. Was it for breast cancer? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈₈ Don't know |
| c. Was it for colon or rectal cancer? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈₈ Don't know |
| d. Was it for uterine cancer? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈₈ Don't know |
| e. Was it for cancer of the head and neck? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈₈ Don't know |
| f. Was it for blood cancer? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈₈ Don't know |
| g. Was it for lung cancer? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈₈ Don't know |
| h. Was it for cancer of the lymph nodes? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈₈ Don't know |
| i. Was it for melanoma or skin cancer? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈₈ Don't know |
| j. Was it for ovarian cancer? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈₈ Don't know |
| k. Was it for prostate cancer? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈₈ Don't know |
| l. Was it for any other type of cancer? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈₈ Don't know |

1. Specify type of cancer: _____

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? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈₈ Don't know |
| 3. For Chronic Obstructive Pulmonary Disease (emphysema or chronic bronchitis)? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈₈ Don't know |
| 4. For Hepatitis (B or C) infection? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈₈ Don't know |
| 5. For Lupus or Lupus Erythematosus | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈₈ Don't know |
| 6. For Gout? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈₈ Don't know |



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MEDICAL HISTORY – UPDATE

WOMEN'S HEALTH HISTORY:

Questions 7 through 9 should only be answered by women. Men should go to Question #10.

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 ₀ No
8. Since your last CRIC clinic visit, have you reached menopause (no menstrual period for 1 year)?
- ₁ Yes
- ₂ I still have menstrual periods (or no menstrual period for less than 6 months)
- ₃ I have not had menstrual periods in the last 6 months
- ₈₈ Don't know
9. Since your last CRIC clinic visit, did you have a hysterectomy (removal of ₁ Yes ₀ No the uterus/womb with or without removal of the ovaries)?

RENAL HISTORY:

10. 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 11**
- ₀ No —————→ **Go to Question 25**
- ₈₈ Don't know —————→ **Go to Question 11**
11. Since your last CRIC clinic visit, how many times did you see a nephrologist/kidney doctor for your kidney problems? _____
12. 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.

13. Was the level of protein in your urine measured? ₁ Yes ₀ No ₈₈ Don't know
14. Was your kidney function measured by a 24-hour urine test or I-iothalamate clearance test? ₁ Yes ₀ No ₈₈ Don't know
15. Did you have other blood tests done? ₁ Yes ₀ No ₈₈ Don't know
16. Did you have a flu vaccine? ₁ Yes ₀ No ₈₈ Don't know



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The following questions ask about advice you may have received from a health care provider or professional (e.g. nephrologist/kidney doctor, primary care physician, hypertension specialist).

17. 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
18. Were you told to cut down on the amount of protein that you eat? ₁ Yes ₀ No ₈₈ Don't know
19. Were you told to cut down on the amount of salt or sodium that you eat? ₁ Yes ₀ No ₈₈ Don't know
20. Were you told to cut down on the amount of potassium that you eat? ₁ Yes ₀ No ₈₈ Don't know
21. Were you told to cut down on the amount of phosphorus in your diet? ₁ Yes ₀ No ₈₈ Don't know
22. Were you referred to a nutritionist or someone to review your diet? ₁ Yes ₀ No ₈₈ Don't know
23. Were you told to stop smoking tobacco? ₁ Yes ₀ No ₈₈ Don't know ₉₉ I don't smoke
24. Were you told to cut down on alcohol use? ₁ Yes ₀ No ₈₈ Don't know ₉₉ I don't drink

PERIPHERAL VASCULAR HISTORY:

25. 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
26. Since your last CRIC clinic visit, did you have a toe(s) or foot surgically amputated? ₁ Yes ₀ No

HYPERTENSION HISTORY:

27. 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
28. Do you currently take prescribed medication for your hypertension or high blood pressure? ₁ Yes ₀ No ₈₈ Don't know



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MEDICAL HISTORY – UPDATE

HIGH CHOLESTEROL HISTORY:

29. 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

30. Do you currently take prescribed medication for your high blood cholesterol? ₁ Yes ₀ No ₈₈ Don't know

DIABETIC HISTORY:

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

₁ Yes —————→ **Answer Question 32**

₀ No —————→ **Go to Question 42**

₈₈ Don't know —→ **Answer Question 32**

32. 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

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. 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

e. 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

33. When was the last time you had your eyes examined by a doctor? _____ (year)

₈₈ Don't know

₉₉ I have never had my eyes examined

34. 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



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35. 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

36. Do you currently have any of these problems:

- a. Numbness or tingling or loss of sensation 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. Decreased ability to feel the hotness or coldness of things you touch? ₁ Yes ₀ No ₈₈ Don't know
- c. Sores or ulcers on your feet or ankles? ₁ Yes ₀ No ₈₈ Don't know

37. In the **PAST 12 MONTHS**, how many times have you experienced episodes of **SEVERE HYPOGLYCEMIA**? (Hypoglycemic episodes when your blood sugar was so low you were unable to treat yourself due to mental confusion or unconsciousness.)

- a. Please check the number of episodes of **severe hypoglycemia** you have had in the past 12 months

<input type="checkbox"/> ₀ 0 episodes	<input type="checkbox"/> ₅ 5 episodes
<input type="checkbox"/> ₁ 1 episode	<input type="checkbox"/> ₆ 6 episodes
<input type="checkbox"/> ₂ 2 episodes	<input type="checkbox"/> ₇ 7 episodes
<input type="checkbox"/> ₃ 3 episodes	<input type="checkbox"/> ₈ 8 episodes
<input type="checkbox"/> ₄ 4 episodes	<input type="checkbox"/> ₉ 9 or more episodes

b. What was your lowest finger stick or blood glucose reading during the episode(s), if measured? _____ (mg/dL) ₈₈ Don't know

38. In the **PAST 6 MONTHS**, how many times have you experienced episodes of **MODERATE HYPOGLYCEMIA**? (Hypoglycemic episodes when you could treat yourself but your blood sugar was so low that it interfered with what you were doing and you had to wait a while to recover.)

- a. Please check the number of episodes of **moderate hypoglycemia** you have had in the past 6 months

<input type="checkbox"/> ₀ 0 episodes	<input type="checkbox"/> ₅ 5 episodes
<input type="checkbox"/> ₁ 1 episode	<input type="checkbox"/> ₆ 6 episodes
<input type="checkbox"/> ₂ 2 episodes	<input type="checkbox"/> ₇ 7 episodes
<input type="checkbox"/> ₃ 3 episodes	<input type="checkbox"/> ₈ 8 episodes
<input type="checkbox"/> ₄ 4 episodes	<input type="checkbox"/> ₉ 9 or more episodes

b. What was your lowest finger stick or blood glucose reading during the episode(s), if measured? _____ (mg/dL) ₈₈ Don't know



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MEDICAL HISTORY – UPDATE

39. In the **PAST MONTH**, how many times have you experienced episodes of **MILD HYPOGLYCEMIA**?
(Hypoglycemic episodes that caused symptoms but these went away quickly after you ate or drank something and did not interfere with your ability to function.)

- a. Please check the number of episodes of **mild hypoglycemia** you have experienced in the past month.
- | | |
|-------------------------------------|---|
| <input type="checkbox"/> 0 episodes | <input type="checkbox"/> 5 episodes |
| <input type="checkbox"/> 1 episode | <input type="checkbox"/> 6 episodes |
| <input type="checkbox"/> 2 episodes | <input type="checkbox"/> 7 episodes |
| <input type="checkbox"/> 3 episodes | <input type="checkbox"/> 8 episodes |
| <input type="checkbox"/> 4 episodes | <input type="checkbox"/> 9 or more episodes |

b. What was your lowest finger stick or blood glucose reading during the episode(s), if measured? _____ (mg/dL) 88 Don't know

40. What was the most recent hemoglobin A1c reading (also called glycosylated hemoglobin and glycated Hb)? _____ % 88 Don't know
(Skip to Q41)

a. What was the date when this A1c test was done? _____ / _____ / _____ 88 Don't know
(mm/yyyy)

41. What is your target range for your blood sugar levels?

a. I try not to let my blood sugar get BELOW _____ (mg/dL) 88 Don't know

b. I try not to let my blood sugar get ABOVE _____ (mg/dL) 88 Don't know

LIFESTYLE MODIFICATIONS:

42. Are you currently doing any of the following:

- | | | | |
|--|--------------------------------|-------------------------------|--|
| a. Controlling or trying to lose weight? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 0 No | |
| b. Exercising? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 0 No | |
| c. Cutting back on alcohol use? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 0 No | <input type="checkbox"/> 99 I do not drink |
| d. Quitting smoking? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 0 No | <input type="checkbox"/> 99 I do not smoke |
| e. Reducing tension/stress? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 0 No | |
| f. Using less salt or sodium in your diet? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 0 No | |
| g. Eating low fat diet? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 0 No | |
| h. Reducing your protein intake? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 0 No | |
| i. Reducing your potassium intake? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 0 No | |



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MEDICAL HISTORY – UPDATE

42. Are you currently doing any of the following:

- j. Reducing your phosphate intake? ₁ Yes ₀ No
- k. Making other diet changes? ₁ Yes ₀ No
- l. Doing anything else? ₁ Yes ₀ No

SOCIAL HISTORY:

Tobacco and Smoking History:

- 43. Since your last CRIC clinic visit, did you use chewing tobacco, snuff, or other smokeless tobacco products? ₁ Yes ₀ No
- 44. Since your last CRIC clinic visit, did you use electronic cigarettes or e-cigarettes? (i.e. vape-pens, hookahpens, e-hookahs, or e-vaporizers) ₁ Yes ₀ No

Cigarettes:

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

- ₁ Yes —————> **Go to Question 46**
- ₀ No —————> **Go to Question 50**

46. Have you smoked more than 100 cigarettes (approximately 5 packs), since your last CRIC clinic visit? ₁ Yes ₀ No

47. Do you smoke cigarettes now? ₁ Yes ₀ No

48. How many cigarettes do you or did you usually smoke per day? _____ cigs/day
₀ Less than 1 per day

49. How many months did you smoke this amount? _____ months
₈₈ Don't know

Cigars:

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

- ₁ Yes —————> **Go to Question 51**
- ₀ No —————> **Go to Question 54**

51. Have you smoked at least 20 cigars, since your last CRIC clinic visit? ₁ Yes ₀ No

52. Do you currently smoke cigars? ₁ Yes ₀ No

53. How many cigars do you or did you usually smoke per day? _____ cigars
₀ Less than 1 per day



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MEDICAL HISTORY – UPDATE

Alcohol Use History:

For Questions 54 through 57, 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, how often have you had an alcoholic drink? Choose only one response.

- | | |
|---|--|
| <input type="checkbox"/> ₁₀ Every day | <input type="checkbox"/> ₅ 2 to 3 times a month |
| <input type="checkbox"/> ₉ 5 to 6 times a week | <input type="checkbox"/> ₄ 1 time a month |
| <input type="checkbox"/> ₈ 3 to 4 times a week | <input type="checkbox"/> ₃ 3 to 11 times <u>since your last CRIC clinic visit</u> |
| <input type="checkbox"/> ₇ 2 times a week | <input type="checkbox"/> ₂ 1 or 2 times <u>since your last CRIC clinic visit</u> |
| <input type="checkbox"/> ₆ 1 time a week | <input type="checkbox"/> ₁ None <u>since your last CRIC clinic visit</u> (Go to Question 58) |

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

- | | |
|--|---|
| <input type="checkbox"/> ₁₀ 25 or more drinks | <input type="checkbox"/> ₄ 5 to 6 drinks |
| <input type="checkbox"/> ₉ 19 to 24 drinks | <input type="checkbox"/> ₃ 3 to 4 drinks |
| <input type="checkbox"/> ₈ 16 to 18 drinks | <input type="checkbox"/> ₂ 2 drinks |
| <input type="checkbox"/> ₇ 12 to 15 drinks | <input type="checkbox"/> ₁ 1 drink |
| <input type="checkbox"/> ₆ 9 to 11 drinks | <input type="checkbox"/> ₉₈ Don't wish to answer |
| <input type="checkbox"/> ₅ 7 to 8 drinks | |

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

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



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12 ounce can of beer

OR



5 ounce glass of wine

OR



1 shot of liquor

57. 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

HEALTH INSURANCE:

58. Do you currently have health insurance?

₁ Yes ₀ No

59. 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: _____

60. 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

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

₁ Yes ₀ No

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

₁ Yes ₀ No

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

₁ Yes ₀ No



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MEDICAL HISTORY – UPDATE

HEALTH CARE UTILIZATION (Adapted from the 2012 NHIS Questionnaire):

64. Is there a place that you USUALLY go to when you are sick or need advice about your health?

- ₁ Yes, there is ONE PLACE
- ₂ Yes, there is MORE THAN ONE place
- ₃ No, there is NO place (**Go to Q#66**)
- ₈₈ Don't know (**Go to Q#67**)

65. What kind of place is it – a clinic, doctor's office, emergency room, or some other place?

(In Q#64 if you responded "MORE THAN ONE PLACE", please indicate to which place you go most often.)

Once you complete this question, go to Q#67.

- ₁ Clinic or health center
- ₂ Doctor's office or HMO
- ₃ Hospital emergency room or urgent care center
- ₄ Some other place
- ₅ Don't go to one place most often
- ₈₈ Don't know

66. If you do not have a usual place to go when you are sick or need advice about your health, what are the reasons? (**Check all that apply**)

- ₁ Have no need for a doctor
- ₁ Mistrust or dislike of doctors
- ₁ Don't know where to go
- ₁ Previous doctor is not available or moved
- ₁ Too expensive or lack of insurance
- ₁ Speak a different language
- ₁ Care not convenient (location or hours)
- ₁ Tend to put it off
- ₁ Other
- ₁ Don't know

67. Is there a place that you USUALLY go to when you need routine or preventive care, such as a physical examination or check up?

- ₁ Yes, there is ONE PLACE
- ₂ Yes, there is MORE THAN ONE place
- ₃ No, there is NO place (**Go to Q#69**)
- ₈₈ Don't know (**Go to Q#70**)

68. What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

(In Q#67 if you responded "MORE THAN ONE PLACE", please indicate to which place you go most often.)

Once you complete this question, go to Q#70.

- ₀ Don't get preventive care anywhere
- ₁ Clinic or health center
- ₂ Doctor's office or HMO
- ₃ Hospital emergency room or urgent care center
- ₄ Some other place
- ₅ Don't go to one place most often
- ₈₈ Don't know



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69. If you don't have a usual source of routine or preventive care, what are the reasons?
(Check all that apply)
- ₁ Have no need for a doctor
 - ₁ Mistrust or dislike of doctors
 - ₁ Don't know where to go
 - ₁ Previous doctor is not available or moved
 - ₁ Too expensive or lack of insurance
 - ₁ Speak a different language
 - ₁ Care not convenient (location or hours)
 - ₁ Tend to put it off
 - ₁ Other
 - ₁ Don't know
70. During the past 12 months, did you receive care AT HOME from a nurse or other health care professional?
- ₁ Yes ₀ No ₈₈ Don't know

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