Participant ID: **Participant Initials:**

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MEDICAL HISTORY – UPDATE

Last CRIC Clinic Visit Date: __ __ / __ __ / __ __ __ __

PERSONAL MEDICAL HISTORY:

1. Since the last CRIC clinic visit, were you diagnosed or treated by a doctor or other health professional for any of the conditions listed below?

   a. Diagnoses or treatment for any cancer?

   ❑0 No ***(Skip to Question #1b)*** ❑1 Yes ❑88 Don't know

If *YES*, was it...?	**No**	**New diagnosis or treatment**	**Earlier diagnosis or treatment**
i. Cancer of the bladder?	❑0	❑1	❑2
ii. Breast cancer?	❑0	❑1	❑2
iii. Colon or rectal cancer?	❑0	❑1	❑2
iv. Cancer of the uterus?	❑0	❑1	❑2
v. Cancer of the head and neck?	❑0	❑1	❑2
vi. Blood cancer?	❑0	❑1	❑2
vii. Lung cancer?	❑0	❑1	❑2
viii. Cancer of the lymph nodes?	❑0	❑1	❑2
ix. Melanoma or skin cancer?	❑0	❑1	❑2
x. Cancer of the ovaries?	❑0	❑1	❑2
xi. Prostate cancer?	❑0	❑1	❑2
xii. Any other type of cancer?	❑0	❑1	❑2

   Specify: ___________________________

   b. Asthma or reactive airway disease?

   ❑0 No ❑2 Earlier diagnosis/treatment
   ❑1 New diagnosis/treatment ❑88 Don't know

   c. Chronic Obstructive Pulmonary Disease (emphysema)?

   ❑0 No ❑2 Earlier diagnosis/treatment
   ❑1 New diagnosis/treatment ❑88 Don't know

MEDICAL HISTORY – UPDATE

d. Hepatitis (B or C) infection?

- ❑0 No
- ❑1 New diagnosis/treatment
- ❑2 Earlier diagnosis/treatment
- ❑88 Don't know

e. Rheumatoid Arthritis?

- ❑0 No
- ❑1 New diagnosis/treatment
- ❑2 Earlier diagnosis/treatment
- ❑88 Don't know

f. Gout?

- ❑0 No
- ❑1 New diagnosis/treatment
- ❑2 Earlier diagnosis/treatment
- ❑88 Don't know

WOMEN'S HEALTH HISTORY:

For female participants only; male participants skip to Question #7 – RENAL HISTORY.

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

2. Were you pregnant in the time period since the last CRIC clinic visit?

   - ❑0 No ***(Skip to Question #3)***
   - ❑1 Yes

   a. Are you currently pregnant?

   - ❑0 No
   - ❑1 Yes

   b. How many live births did you have since the last CRIC clinic visit?

   ___ ___ live births

   c. Since the last CRIC clinic visit, did a doctor or other health professional tell you that you had pre-eclampsia (***problems with high blood pressure***) during your pregnancy(s)?

   - ❑0 No
   - ❑1 Yes
   - ❑88 Don't know

3. Since the last CRIC clinic visit, did you complete menopause (***no menstrual period for 1 year***)?

   - ❑1 Yes
   - ❑2 I still have menstrual periods
   - ❑3 I was menopausal prior to the last CRIC visit ***(Skip to Question #4)***
   - ❑88 Don't know

   a. What was the first date of your last menstrual period?

   __ __ / __ __/ __ __ __ __ ***(mm/dd/yyyy)*** ❑88 Don't know

If no menstrual period for the past 1 year, skip to Question #4

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

   - ❑0 No ***(Skip to Question #5)***
   - ❑1 Yes

   a. If ***YES***, how many ovaries were removed?

   - ❑1 One
   - ❑2 Both
   - ❑88 Don't know

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MEDICAL HISTORY – UPDATE

5. Since the last CRIC clinic visit, did you take estrogen either as pill, injection or patch?
(Do not include creams or birth control pills containing estrogen)

❑0 No ***(Skip to Question #6)*** ❑2 Continued use
❑1 New use ❑88 Don't know ***(Skip to Question #6)***

a. Since the last CRIC clinic visit, how many months did you take estrogen?
___ ___ months ❑88 Don't know

6. Since the last CRIC clinic visit, did you take progestin with estrogen? ***(Do not include creams)***

❑0 No ***(Skip to Question #7)*** ❑2 Continued use
❑1 New use ❑88 Don't know ***(Skip to Question #7)***

a. Since the last CRIC clinic visit, how many months did you take progestin with estrogen?
___ ___ months ❑88 Don't know

RENAL HISTORY:

	Yes	No	Don't Know
7. Since the 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	❑0	❑88

If NO, skip to Question # 8.

a. If ***YES***, how many times since the last CRIC clinic visit?
Nephrologist / Kidney Doctor ___ ___
Other health professional ___ ___

	Yes	No	Don't Know
b. Were any of the following medical or laboratory procedures recommended, ordered, or prescribed at the time?..........	❑1	❑0	❑88
If ***YES***, which ones?			
i. Measure the level of protein in your urine..........	❑1	❑0	❑88
ii. Measure your kidney function by a 24-hour urine test or Iothalamate clearance test..........	❑1	❑0	❑88
iii. Kidney ultrasound..........	❑1	❑0	❑88
iv. Kidney biopsy..........	❑1	❑0	❑88
v. Other blood tests..........	❑1	❑0	❑88
vi. Gave you one or more vaccines to prevent bacterial infections..........	❑1	❑0	❑88
vii. Other ***Specify:*** ____________________..........	❑1	❑0	❑88

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MEDICAL HISTORY – UPDATE

	Yes	No	Don't Know
c. Were any of the following medications or prescriptions recommended, or ordered at the time?..........	❑1	❑0	❑88
If ***YES***, which ones?			
i. Told to avoid anti-inflammatory drugs (e.g., NSAIDs) or other drugs that might harm your kidneys..........	❑1	❑0	❑88
ii. Started or changed doses of drugs to lower your blood pressure..........	❑1	❑0	❑88
iii. Started drugs to raise your blood counts (i.e., treat anemia)..........	❑1	❑0	❑88
iv. Started or changed doses of drugs to treat your cholesterol levels..........	❑1	❑0	❑88
v. Started or changed doses of drugs to treat diabetes or high blood sugar......	❑1	❑0	❑88
vi. Started drugs to lower phosphate levels in your blood..........	❑1	❑0	❑88
vii. Other ***Specify:*** ____________________..........	❑1	❑0	❑88
d. Were any of the following lifestyle changes recommended, ordered, or prescribed at the time?..........	❑1	❑0	❑88
If ***YES***, which ones? (***Check all that apply***)			
i. Told to cut down on amount of protein you eat..........	❑1	❑0	❑88
ii. Told to cut down on the amount of salt or sodium you eat..........	❑1	❑0	❑88
iii. Told to cut down on the amount of potassium you eat..........	❑1	❑0	❑88
iv. Referred you to a nutritionist or someone to review your diet..........	❑1	❑0	❑88
v. Told you to stop smoking tobacco..........	❑1	❑0	❑88
vi. Told you to cut down on alcohol use..........	❑1	❑0	❑88
vii. Other ***Specify:*** ____________________..........	❑1	❑0	❑88

PERIPHERALVASCULAR HISTORY:

8. Since the last CRIC clinic visit, did you have pain or cramping in your calves or legs when walking ***(not due to arthritis)*** that was relieved by resting?

❑0 No ❑2 Continued problem
❑1 New problem ❑88 Don't know

9. Since the last CRIC clinic visit, did you have a toe(s) or foot surgically amputated?

❑0 No ***(Skip to Question #10)*** ❑1 Yes

a. Was the amputation due to infection or poor circulation?

❑0 No ❑1 Yes ❑88 Don't Know

MEDICAL HISTORY – UPDATE

HYPERTENSION HISTORY:

10. 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

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

❑0 No ***(Skip to Question #12)*** ❑2 Earlier diagnosis ***(Skip to Question #11b)***
❑1 New diagnosis ❑88 Don't know ***(Skip to Question #12)***

a. If ***"New diagnosis"*** when you were first told you had this condition?

__ __ / __ __/ __ __ __ __ ***(mm/dd/yyyy)*** ❑88 Don't know

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

❑0 No ❑1 Yes ❑88 Don't know

HIGH CHOLESTEROL HISTORY:

12. 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

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

❑0 No ***(Skip to Question #14)*** ❑2 Earlier diagnosis ***(Skip to Question #13b)***
❑1 New diagnosis ❑88 Don't know ***(Skip to Question #14)***

a. If ***"New diagnosis"***, when were you told you had this condition?

__ __ / __ __/ __ __ __ __ ***(mm/dd/yyyy)*** ❑88 Don't know

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

❑0 No ❑1 Yes ❑88 Don't know

DIABETIC HISTORY:

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

❑0 No ***(Skip to Question #19)*** ❑2 Earlier diagnosis ***(Skip to Question #14b)***
❑1 New diagnosis ❑88 Don't Know ***(Skip to Question #19)***

a. If ***"New diagnosis"***, when did a doctor or other health professional tell you that you had diabetes?

__ __ / __ __/ __ __ __ __ ***(mm/dd/yyyy)*** ❑88 Don't know

b. Are you currently taking insulin?

❑0 No ❑1 Yes

MEDICAL HISTORY – UPDATE

c. Do you currently take diabetes pills to lower your blood sugar? (These are sometimes called oral agents or oral hypoglycemic agents.)

❑0 No ***(Skip to Question #15)*** ❑1 Yes

d. When did you first start taking insulin or diabetes pills?

__ __ / __ __/ __ __ __ __ ***(mm/dd/yyyy)*** ❑88 Don't know

e. How many of the last 7 days did you test your blood sugar?

❑1 1 day
❑2 2 days
❑3 3 days
❑4 4 days
❑5 5 days
❑6 6 days
❑7 7 days
❑8 I don't test my blood sugar ***(Skip to Question #15)***

i. 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
❑2 Twice a day
❑3 3 times a day
❑4 4 times a day
❑5 5 times a day
❑6 6 times a day or more

15. When was the last time you had your eyes examined by a doctor?

__ __ / __ __/ __ __ __ __ ***(mm/dd/yyyy)*** ❑88 Don't Know

16. Since the last CRIC clinic visit, did a doctor tell you that diabetes has affected your eyes or that you have retinopathy?

❑0 No
❑1 New diagnosis
❑2 Earlier diagnosis
❑88 Don't Know

17. Since the last CRIC clinic visit, did a doctor tell you that you have diabetic neuropathy, that is, diabetes has affected the nerves of your hands or feet or any other parts of your body?

❑0 No
❑1 New diagnosis
❑2 Earlier diagnosis
❑88 Don't Know

18. Do you currently have any of these problems that may be related to your diabetes?

a. Numbness or tingling in your hands or feet (other than falling asleep because you laid on your arm or leg)?

❑0 No ❑1 Yes ❑88 Don't Know

b. Loss of sensation in your hands or feet?

❑0 No ❑1 Yes ❑88 Don't Know

c. Decreased ability to feel the hotness or coldness of things you touch?

❑0 No ❑1 Yes ❑88 Don't Know

d. Sores or ulcers on your feet or ankles?

❑0 No ❑1 Yes ❑88 Don't Know

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MEDICAL HISTORY – UPDATE

LIFESTYLE MODIFICATIONS:

If you do not have a diagnosis for hypertension/high blood pressure, high blood cholesterol or diabetes, skip to Question #21 – SOCIAL HISTORY.

19. Because of your hypertension/high blood pressure, high blood cholesterol and/or diabetes, are you currently:

a.	Controlling or trying to lose weight?	❑0 No	❑1 Yes
b.	Exercising?	❑0 No	❑1 Yes
c.	Cutting back on alcohol use?	❑0 No	❑1 Yes
d.	Quitting smoking?	❑0 No	❑1 Yes
e.	Reducing tension/stress?	❑0 No	❑1 Yes
f.	Using less salt or sodium in your diet?	❑0 No	❑1 Yes
g.	Eating low fat diet?	❑0 No	❑1 Yes
h.	Making other diet changes?	❑0 No	❑1 Yes
i.	Doing anything else?	❑0 No	❑1 Yes

Specify: ________________________________

PRESCRIPTION MEDICATIONS:

20. Are you on any prescription medications?

❑0 No ***(Skip to Question #21 - SOCIAL HISTORY)*** ❑1 Yes

a. In the past week, how many days did you forget to take a pill?

❑0 0 days ❑2 2 days or more
❑1 1 day

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

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MEDICAL HISTORY – UPDATE

SOCIAL HISTORY:

Smoking History:

21. Since the last CRIC clinic visit, have you smoked more than 100 cigarettes ***(approximately 5 packs)***?

☐0 No ***(Skip to Question #23)***
☐1 Yes
☐2 I have never smoked cigarettes ***(Skip to Question #24)***

22. Do you smoke cigarettes ***now***?

☐0 No
☐1 Yes ***(Skip to Question #23)***

a. If ***NO***, when did you quit smoking cigarettes?

__ __/ __ __ __ __ ***(dd/yyyy)***
☐88 Don't Know

23. On average, how many cigarettes do you smoke per day?

☐1 _______ cigs/day
☐0 Less than 1 per day

a. How many months have you smoked this amount?

___ ___ months

24. Have you smoked at least 20 cigars since the last CRIC clinic visit?

☐0 No ***(Skip to Question #27)***
☐1 Yes

25. Do you ***currently*** smoke cigars?

☐0 No ***(Skip to Question #27)***
☐1 Yes

26. On average, how many cigars do you smoke per day?

___ ___ cigars

Alcohol Use History:

27. Since the last CRIC clinic visit, how often have you had a drink of any kind of alcoholic beverage?

☐8 Every day or almost every day
☐7 5 - 6 times a week
☐6 3 - 4 times a week
☐5 1 - 2 times a week
☐4 2 - 4 times a month
☐3 Once a month
☐2 Less than once a month but at least once, since the last CRIC clinic visit
☐1 Not since the last CRIC clinic visit ***(Skip to Question #29 – Recreational Drug Use History.)***

a. If you drank, how many drinks did you consume on an average day? ***(1 drink = a 12-oz can of beer, 4 oz. of wine or a 1 oz. shot of hard liquor)***

_______ drinks

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MEDICAL HISTORY – UPDATE

28. Since the last CRIC clinic visit, what is the largest number of drinks containing alcohol that you had in any single day?

- ❑5 12 or more drinks
- ❑4 8 to 12 drinks
- ❑3 5 to 7 drinks
- ❑2 3 to 4 drinks
- ❑1 1 to 2 drinks
- ❑98 Don't wish to answer ***(Skip to Question #29)***

a. Based on the largest number of drinks on any single day as responded in **Question #28,** how often did you have that many drinks in the time period?

- ❑8 Every day or nearly every day
- ❑7 3 to 4 times a week
- ❑6 Once or twice a week
- ❑5 1 to 3 times a month
- ❑4 7 to 11 times in the past year
- ❑3 3 to 6 times in the past year
- ❑2 Twice in the past year
- ❑1 Once in the past year

Recreational Drug Use History:

29. **Since the last CRIC clinic visit, did you use:**		**If *YES*, how many times since the last CRIC clinic visit did you use……?**	**Did you use within the past 30 days?**
a. Marijuana?.........................	❑0 No ❑1 Yes ❑88 Don't Know	❑1 1 to 2 times ❑2 3 to 10 times ❑3 11 to 99 times ❑4 100 times or more	❑0 No ❑1 Yes ❑88 Don't Know
b. Methamphetamines?...........	❑0 No ❑1 Yes ❑88 Don't Know	❑1 1 to 2 times ❑2 3 to 10 times ❑3 11 to 99 times ❑4 100 times or more	❑0 No ❑1 Yes ❑88 Don't Know
c. Cocaine (snorted, smoked/inhaled)?................	❑0 No ❑1 Yes ❑88 Don't Know	❑1 1 to 2 times ❑2 3 to 10 times ❑3 11 to 99 times ❑4 100 times or more	❑0 No ❑1 Yes ❑88 Don't Know
d. Injected cocaine?................	❑0 No ❑1 Yes ❑88 Don't Know	❑1 1 to 2 times ❑2 3 to 10 times ❑3 11 to 99 times ❑4 100 times or more	❑0 No ❑1 Yes ❑88 Don't Know
e. Injected heroin?..................	❑0 No ❑1 Yes ❑88 Don't Know	❑1 1 to 2 times ❑2 3 to 10 times ❑3 11 to 99 times ❑4 100 times or more	❑0 No ❑1 Yes ❑88 Don't Know
f. Other injected street drugs? If ***YES***, ***specify***: ____________________	❑0 No ❑1 Yes ❑88 Don't Know	❑1 1 to 2 times ❑2 3 to 10 times ❑3 11 to 99 times ❑4 100 times or more	❑0 No ❑1 Yes ❑88 Don't Know

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