Participant ID: | **Participant Initials:**

Clinical Center: | **Site:** | **Visit Number:**

CRF Date: | **RC ID:**

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:

1a. For any cancer?

☐0 No ☐1 Yes ☐88 Don't know

If "Yes" in question #1a, check a response in item #s 1a1-1a12 below. If "No" or "Don't know" in question #1a, skip to question #1b.

Was it...		No	New diagnosis or new treatment	On-going treatment for a pre-existing diagnosis	Don't know
1a1.	Cancer of the bladder?	☐0	☐1	☐2	☐88
1a2.	Breast cancer?	☐0	☐1	☐2	☐88
1a3.	Colon or rectal cancer?	☐0	☐1	☐2	☐88
1a4.	Cancer of the uterus?	☐0	☐1	☐2	☐88
1a5.	Cancer of the head and neck?	☐0	☐1	☐2	☐88
1a6.	Blood cancer?	☐0	☐1	☐2	☐88
1a7.	Lung cancer?	☐0	☐1	☐2	☐88
1a8.	Cancer of the lymph nodes?	☐0	☐1	☐2	☐88
1a9.	Melanoma or skin cancer?	☐0	☐1	☐2	☐88
1a10.	Cancer of the ovaries?	☐0	☐1	☐2	☐88
1a11.	Prostate cancer?	☐0	☐1	☐2	☐88
1a12.	Any other type of cancer?	☐0	☐1	☐2	☐88

Specify: ______________________________

MEDICAL HISTORY – UPDATE

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

Check a response in item #s 1b-1f.

		No	New diagnosis or new treatment	On-going treatment for a pre-existing diagnosis	Don't know
1b.	For Asthma or Reactive Airway Disease?	☐0	☐1	☐2	☐88
1c.	For Chronic Obstructive Pulmonary Disease (emphysema)?	☐0	☐1	☐2	☐88
1d.	For Hepatitis (B or C) infection?	☐0	☐1	☐2	☐88
1e.	For Rheumatoid Arthritis?	☐0	☐1	☐2	☐88
1f.	For Gout?	☐0	☐1	☐2	☐88

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 ☐1 Yes

If "No" in question #2, skip to question #3. If "Yes" in question #2, continue.

2a. Are you currently pregnant?

☐0 No ☐1 Yes

If "No" in question #2a, skip to question #3. If "Yes" in question #2a, provide responses to question #s 2b and 2c.

2b. How many live births did you have since the last CRIC clinic visit?

___ ___ live births

2c. 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

Participant ID: **Participant Initials:**

Clinical Center: **Site:** **Visit Number:**

CRF Date: **RC ID:**

MEDICAL HISTORY – UPDATE

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 completed menopause prior to the last CRIC visit
☐88 Don't know

If you have completed menopause prior to the last CRIC clinic visit, skip to question #4. For all other responses, continue to question #3a.

3a. What was the first date of your last menstrual period?

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

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

☐0 No ☐1 Yes

If "No" in question #4, skip to question #7. If "Yes" in question #4, go to question #4a.

4a. If "Yes" to question #4, how many ovaries were removed?

☐1 One ☐2 Both ☐88 Don't know

~~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)~~

~~5a. 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)~~

~~6a. Since the last CRIC clinic visit, how many months did you take progestin with estrogen?~~

~~___ ___ months ☐88 Don't know~~

Participant ID: **Participant Initials:**

Clinical Center: **Site:** **Visit Number:**

CRF Date: **RC ID:**

MEDICAL HISTORY – UPDATE

RENAL HISTORY:

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?

☐0 No ☐1 Yes ☐88 Don't know

If "No" in question #7, skip to question # 8 – PERIPHERAL VASCULAR HISTORY. If "Yes" in question #7, provide a response in question #7a1 and 7a2.

7a1. Since the last CRIC clinic visit, how many times did you see a nephrologist / kidney doctor for your kidney problems?

___ ___

7a2. Since the last CRIC clinic visit, how many times did you see other health professional for your kidney problems?

___ ___

	Yes	No	Don't know
7b. Were any of the following medical or laboratory procedures recommended, ordered, or prescribed at the visits for your kidney problems?..	☐1	☐0	☐88

If Yes in question #7b, provide a response in each item below.

	Yes	No	Don't know
7b1. Measure the level of protein in your urine………………….....	☐1	☐0	☐88
7b2. Measure your kidney function by a 24-hour urine test or Iothalamate clearance test……………………………........	☐1	☐0	☐88
7b3. Kidney ultrasound……………………………......................	☐1	☐0	☐88
7b4. Kidney biopsy……………………………………...................	☐1	☐0	☐88
7b5. Other blood tests…………………………………………......	☐1	☐0	☐88
7b6. Gave you one or more vaccines to prevent bacterial infection...	☐1	☐0	☐88
7b7. Any other medical or laboratory procedures?......................	☐1	☐0	☐88

If Yes, please specify: ______________________________

Participant ID: **Participant Initials:**

Clinical Center: **Site:** **Visit Number:**

CRF Date: **RC ID:**

MEDICAL HISTORY – UPDATE

	Yes	No	Don't know
7c. Were any of the following medications or prescriptions recommended, or ordered at the visits for your kidney problems?......	☐1	☐0	☐88

If Yes in question #7c, provide a response in each item below.

	Yes	No	Don't know
7c1. Told to avoid anti-inflammatory drugs (e.g., NSAIDs) or other drugs that might harm your kidneys......	☐1	☐0	☐88
7c2. Started or changed doses of drugs to lower your blood pressure......	☐1	☐0	☐88
7c3. Started drugs to raise your blood counts (i.e., treat anemia).	☐1	☐0	☐88
7c4. Started or changed doses of drugs to treat your cholesterol levels......	☐1	☐0	☐88
7c5. Started or changed doses of drugs to treat diabetes or high blood sugar......	☐1	☐0	☐88
7c6. Started drugs to lower phosphate levels in your blood......	☐1	☐0	☐88
7c7. Any other medications or prescriptions?......	☐1	☐0	☐88

If Yes, please specify: ______________________________

	Yes	No	Don't know
7d. Were any of the following lifestyle changes recommended, ordered, or prescribed at the visits for your kidney problems?......	☐1	☐0	☐88

If Yes in question #7d, provide a response in each item below.

	Yes	No	Don't know
7d1. Told to cut down on amount of protein you eat......	☐1	☐0	☐88
7d2. Told to cut down on the amount of salt or sodium you eat....	☐1	☐0	☐88
7d3. Told to cut down on the amount of potassium you eat......	☐1	☐0	☐88
7d4. Referred you to a nutritionist or someone to review your diet......	☐1	☐0	☐88
7d5. Told you to stop smoking tobacco......	☐1	☐0	☐88
7d6. Told you to cut down on alcohol use......	☐1	☐0	☐88
7d7. Any other lifestyle changes?......	☐1	☐0	☐88

If Yes, please specify: ______________________________

Participant ID: **Participant Initials:**

Clinical Center: **Site:** **Visit Number:**

CRF Date: **RC ID:**

MEDICAL HISTORY – UPDATE

PERIPHERAL VASCULAR 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 Yes, a continued problem
☐1 Yes, a 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 ☐1 Yes

If "No" in question #9, skip to question #10 – HYPERTENSION HISTORY. If "Yes" to question #9, continue.

9a. If "Yes" in question #9, was the amputation due to infection or poor circulation?

☐0 No ☐1 Yes ☐88 Don't know

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 ☐2 Yes, a pre-existing diagnosis
☐1 Yes, a new diagnosis ☐88 Don't know

If "No" in question #11, skip to question #12 – HIGH CHOLESTEROL HISTORY.
If "new diagnosis" in question #11, go to #11a.
If "pre-existing diagnosis" or "Don't know" in question #11, skip to question #11b.

11a. If "new diagnosis" in question #11, when you were first told you had this condition?

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

11b. Do you currently take prescribed medication for your hypertension or high blood pressure?

☐0 No ☐1 Yes ☐88 Don't know

Participant ID: **Participant Initials:**

Clinical Center: **Site:** **Visit Number:**

CRF Date: **RC ID:**

MEDICAL HISTORY – UPDATE

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 ☐2 Yes, a pre-existing diagnosis
 ☐1 Yes, a new diagnosis ☐88 Don't know

If "No" in question #13, skip to question #14.
If "new diagnosis" in question #13, go to #13a.
If "pre-existing diagnosis" or "Don't know" in question #13, skip to question #13b.

13a. If "new diagnosis" in question #13, when were you told you had this condition?

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

13b. 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 ☐2 Yes, a pre-existing diagnosis
 ☐1 Yes, a new diagnosis ☐88 Don't know

If "No" in question #14, skip to question #19.
If "new diagnosis" in question #14, go to #14a.
If "pre-existing diagnosis" or "Don't know" in question #14, skip to question #14b.

14a. If "new diagnosis" in question #14, when did a doctor or other health professional tell you that you had diabetes?

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

14b. Are you currently taking insulin?

 ☐0 No ☐1 Yes

14c. Do you currently take diabetes pills to lower your blood sugar? (These are sometimes called oral agents or oral hypoglycemic agents.)

 ☐0 No ☐1 Yes

If "No" in question #s14b and 14c, skip to question #14e.

14d. When did you first start taking insulin or diabetes pills?

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

MEDICAL HISTORY – UPDATE

14e. 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

If you do not test your blood sugar, skip to question #15.

14e1. 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 Yes, a new diagnosis
- ☐2 Yes, a pre-existing 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 Yes, a new diagnosis
- ☐2 Yes, a pre-existing diagnosis
- ☐88 Don't know

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

18a. 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

18b. Loss of sensation in your hands or feet?

☐0 No ☐1 Yes ☐88 Don't know

18c. Decreased ability to feel the hotness or coldness of things you touch?

☐0 No ☐1 Yes ☐88 Don't know

18d. Sores or ulcers on your feet or ankles?

☐0 No ☐1 Yes ☐88 Don't know

Participant ID: | Participant Initials:
Clinical Center: | Site: | Visit Number:
CRF Date: | RC ID:

MEDICAL HISTORY – UPDATE

If you do not have a diagnosis for hypertension/high blood pressure, high blood cholesterol or diabetes, skip to question #20 – PRESCRIPTION MEDICATIONS.

LIFESTYLE MODIFICATIONS:

19. Are you currently doing any of the following because of your hypertension/high blood pressure, high blood cholesterol and/or diabetes:

19a. Controlling or trying to lose weight?	☐0 No	☐1 Yes	
19b. Exercising?	☐0 No	☐1 Yes	
19c. Cutting back on alcohol use? (check N/A, if never used alcohol)	☐0 No	☐1 Yes	☐99 N/A
19d. Quitting smoking? (check N/A, if never smoked)	☐0 No	☐1 Yes	☐99 N/A
19e. Reducing tension/stress?	☐0 No	☐1 Yes s	
19f. Using less salt or sodium in your diet?	☐0 No	☐1 Yes	
19g. Eating low fat diet?	☐0 No	☐1 Yes	
19h. Making other diet changes?	☐0 No	☐1 Yes	
19i. Doing anything else?	☐0 No	☐1 Yes	

Specify: ______________________________________

PRESCRIPTION MEDICATIONS:

20. Are you on any prescription medications?

☐0 No ☐1 Yes

If "No" in question #20, skip to question #21 - SOCIAL HISTORY. If "Yes" in question #20, continue.

20a. 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

20b. In the past week, how many days did you not take a pill on purpose?

☐0 0 days ☐1 1 day or more

20c. 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:

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

☐0 No, I have not smoked more than 100 cigarettes
☐1 Yes, I have smoked more than 100 cigarettes

21a. Since the last CRIC clinic visit, have you smoked any cigarettes?

☐0 No, I have not smoked any cigarettes
☐1 Yes, I have smoked cigarettes

If you have not smoked any cigarettes, skip to question #24. If you have smoked cigarettes, continue.

22. Do you smoke cigarettes now?

☐0 No ☐1 Yes

If "Yes" in question #22, skip to question #23. If "No" in question #22, continue.

22a. If "No" in question #22, 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

23a. 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, I have not smoked (at least) 20 cigars
☐1 Yes, I have smoked more than 20 cigars

24a. Since the last CRIC clinic visit, have you smoked any cigars?

☐0 No, I have not smoked any cigars
☐1 Yes, I have smoked cigars

If you have not smoked any cigars, skip to question #27. If you have smoked cigars, continue.

25. Do you currently smoke cigars?

☐0 No ☐1 Yes

If "No" in question #25, skip to question #27. If "Yes" in question #25, continue.

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

___ ___ cigars

Participant ID: **Participant Initials:**

Clinical Center: **Site:** **Visit Number:**

CRF Date: **RC ID:**

MEDICAL HISTORY – UPDATE

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

If you did not drink any alcoholic beverage since the last CRIC visit, skip to question #29 – Recreational Drug Use History. If you drank any alcoholic beverage, continue.

27a. 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

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

If you did not wish to answer question #28, skip to question #29 – Recreational Drug Use History.

28a. 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

Participant ID: **Participant Initials:**

Clinical Center: **Site:** **Visit Number:**

CRF Date: **RC ID:**

MEDICAL HISTORY – UPDATE

Recreational Drug Use History:

29. Since the last CRIC clinic visit, did you use:		If any "Yes" response in question #s 29a-29f, how many times since the last CRIC clinic visit did you use……?	Did you use within the past 30 days?
29a. 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
29b. 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
29c. 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
29d. 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
29e. 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
29f. 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

Participant ID: **Participant Initials:**

Clinical Center: **Site:** **Visit Number:**

CRF Date: **RC ID:**

MEDICAL HISTORY – UPDATE

HEALTH INSURANCE:

30. Over the past two years, was there ever a time that you were not covered by health insurance for one month or longer?

☐1 Yes ☐0 No

31. Do you currently have health insurance?

☐1 Yes ☐0 No

If "No" in question #31, skip to question #32. If "Yes" in question #31, continue.

31a. What kind of health insurance coverage do you have? (check all that apply)

☐1 Medicare
☐1 Medicaid
☐1 HMO
☐1 Traditional health insurance (Blue Cross, AETNA, Prudential, private insurance)
☐1 VA benefits
☐1 CHAMPUS or other military benefits
☐1 Other Specify: ____________________

32. In the past year, were you ever unable to fill a prescription because of the cost?

☐1 Yes ☐0 No

33. In the past year were you ever 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