Participant ID: __ __ - __ __ - __ __ __ __ **Participant Initials:** __ __ __

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

CRF Date: __ __ /__ __ /__ __ __ __ **RC ID:** __ __ __ __

MEDICAL HISTORY

PERSONAL MEDICAL HISTORY:

1. Has a doctor or other health professional ever told you that you have any of the conditions listed below?

   a. Diagnosed or treated for any cancer within the last 5 years? ❑1 Yes ❑0 No ❑88 Don't know

   If ***YES,*** was it:

Cancer of the bladder?	❑1 Yes	❑0 No
Breast cancer?	❑1 Yes	❑0 No
Colon or rectal cancer?	❑1 Yes	❑0 No
Cancer of the uterus?	❑1 Yes	❑0 No
Cancer of the head and neck?	❑1 Yes	❑0 No
Blood cancer?	❑1 Yes	❑0 No
Lung cancer?	❑1 Yes	❑0 No
Cancer of the lymph nodes?	❑1 Yes	❑0 No
Melanoma or skin cancer?	❑1 Yes	❑0 No
Cancer of the ovaries?	❑1 Yes	❑0 No
Prostate cancer?	❑1 Yes	❑0 No
Any other type of cancer?	❑1 Yes	❑0 No

   If ***YES***, ***specify***: _____

   b. Asthma or reactive airway disease? ❑1 Yes ❑0 No ❑88 Don't know
   c. Chronic Obstructive Pulmonary Disease (emphysema)? ❑1 Yes ❑0 No ❑88 Don't know
   d. Hepatitis (B or C) infection? ❑1 Yes ❑0 No ❑88 Don't know
   e. Rheumatoid Arthritis? ❑1 Yes ❑0 No ❑88 Don't know
   f. Gout? ❑1 Yes ❑0 No ❑88 Don't know

For female participants only.
Male participants skip to Question #12 – RENAL HISTORY.

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

2. How old were you when you had your first menstrual period? ___ ___ years old
   ❑88 Don't know

3. What was the date of your last menstrual period? __ __ / __ __ / __ __ __ __
   MM DD YYYY
   ❑88 Don't know

4. Have you ever been pregnant? ❑1 Yes ❑0 No

   If ***NO***, skip to Question ***#8***.

5. How many live births have you had? ___ ___ live births

   If ***"0"***, skip to Question ***#7***.

6. How old were you at your first live birth? ___ ___ years old
   ❑88 Don't know

MEDICAL HISTORY

7. Has a doctor or other health professional ever told you that you had pre-eclampsia during one or more of your pregnancies? ❑1 Yes ❑0 No ❑88 Don't know

8. Have you had surgery to remove your ovaries? ❑1 Yes ❑0 No

   a. If ***YES***, how many ovaries were removed? ❑1 One ❑2 Both ❑88 Don't know

9. At what age did you complete your menopause (no menstrual period for 1 year)? ___ ___ years old
   ❑88 Don't know
   ❑99 I still have menstrual periods

10. Do you take or did you ever take estrogen either as pill, injection or patch? ***(Do not include creams or birth control containing estrogen)*** ❑1 Yes ❑0 No ❑88 Don't know

    a. If ***YES***, how many years have you taken estrogen? ___ ___ years
    ❑88 Don't know

11. Do you or did you ever take progestin with estrogen? ***(Do not include creams)*** ❑1 Yes ❑0 No ❑88 Don't know

    a. If ***YES***, how many years have you taken progestin with estrogen? ___ ___ years
    ❑88 Don't know

RENAL HISTORY:

12. When were you first made aware of your kidney problem or protein in the urine?
    ❑1 During CRIC evaluation
    ❑2 Within the previous 6 months
    ❑3 6 months to under 1 year ago
    ❑4 1 year to under 3 years ago
    ❑5 3 years to under 5 years ago
    ❑6 5 years ago or longer
    ❑88 Don't know

13. Has a doctor or other health professional ever told you that your kidney disease was caused by diabetes? ❑1 Yes ❑0 No ❑88 Don't know

14. Has a doctor or other health professional ever told you that your kidney disease was caused by High blood pressure? ❑1 Yes ❑0 No ❑88 Don't know

15. Has a doctor or other health professional ever told you that your kidney disease was caused by glomerulonephritis? ❑1 Yes ❑0 No ❑88 Don't know

    If ***YES*** to glomerulonephritis, ***check one:***

    i. IgA nephropathy: ❑1 Yes ❑0 No ❑88 Don't know

    ii. Lupus nephritis: ❑1 Yes ❑0 No ❑88 Don't know

    iii. Other: ❑1 Yes ❑0 No ❑88 Don't know

MEDICAL HISTORY

16. Has a doctor or other health professional ever told you that your kidney disease was caused by kidney stones or multiple kidney infections or kidney blockage? ❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know

17. Has a doctor or other health professional ever told you that your kidney disease was caused by another condition? ❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know

    If ***YES***, ***specify***: _____

18. Have you ever had:

    a. A kidney arteriogram/X-ray of your kidney with contrast dye? ❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know

       If ***YES***, when? __ __ / __ __ __ __ (MM / YYYY) ❑$_{88}$ Don't know

    b. A kidney biopsy (removal of a small piece of the kidney)? ❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know

       If ***YES***, when? __ __ / __ __ __ __ (MM / YYYY) ❑$_{88}$ Don't know

    c. A kidney ultrasound (pictures of the kidney taken with sound waves)? ❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know

       If ***YES***, when? __ __ / __ __ __ __ (MM / YYYY) ❑$_{88}$ Don't know

For Research Coordinator use only:
If YES is checked for Question # s 18 a, b, and/or c, complete EVENT CRF.

19. Have you ever seen a nephrologist or a kidney doctor? ❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know

    If ***NO*** or ***DON'T KNOW***, skip to Question ***#20***.

    a. If ***YES***, when did you <u>first</u> see a nephrologist or a kidney doctor about your kidney problem?
    - ❑$_1$ During CRIC evaluation
    - ❑$_2$ Within the previous 6 months
    - ❑$_3$ 6 months to under 1 year ago
    - ❑$_4$ 1 year to under 3 years ago
    - ❑$_5$ 3 years to under 5 years ago
    - ❑$_6$ 5 years ago or longer
    - ❑$_{88}$ Don't know

    b. If ***YES***, when did you <u>last</u> see a nephrologist or a kidney doctor about your kidney problem?
    - ❑$_1$ During CRIC evaluation
    - ❑$_2$ Within the previous 6 months
    - ❑$_3$ 6 months to under 1 year ago
    - ❑$_4$ 1 year to under 3 years ago
    - ❑$_5$ 3 years to under 5 years ago
    - ❑$_6$ 5 years ago or longer
    - ❑$_{88}$ Don't know

MEDICAL HISTORY

c. After seeing a nephrologist or a kidney doctor for your kidney problem, were any of the following things recommended, ordered, or prescribed:

i. Medical or laboratory procedures? ❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know

If ***YES***, check all that apply:
- ❑ Measure the level of protein in your urine
- ❑ Measure your kidney function by a 24-hour urine test or iothalamate clearance test
- ❑ Kidney ultrasound
- ❑ Kidney biopsy
- ❑ Other blood tests
- ❑ Gave you one or more vaccines to prevent bacterial infections

ii. Medications/prescriptions? ❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know

If ***YES***, check all that apply:
- ❑ Told to avoid anti-inflammatory drugs (e.g., NSAIDs) or other drugs that might harm your kidneys
- ❑ Started or changed doses of drugs to lower your blood pressure
- ❑ Started drugs to raise your blood counts (i.e., treat anemia)
- ❑ Started or changed doses of drugs to treat your cholesterol levels
- ❑ Started or changed doses of drugs to treat diabetes or high blood sugar
- ❑ Started drugs to lower phosphate levels in your blood

iii. Life style changes? ❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know

If ***YES***, check all that apply:
- ❑ Told to cut down on the amount of protein you eat
- ❑ Told to cut down on the amount of salt or sodium you eat
- ❑ Told to cut down on the amount of potassium you eat
- ❑ Referred you to a nutritionist or someone to review your diet
- ❑ Told you to stop smoking tobacco
- ❑ Told you to cut down on alcohol use

20. Have you ever seen any ***<u>other</u>*** doctor or health professional about your kidney problem? ❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know

If ***NO*** or ***DON'T KNOW***, skip to Question ***#21***.

a. If ***YES***, when did you <u>first</u> see the ***<u>other</u>*** doctor or health professional about your kidney problem?
- ❑$_1$ During CRIC evaluation
- ❑$_2$ Within the previous 6 months
- ❑$_3$ 6 months to under 1 year ago
- ❑$_4$ 1 year to under 3 years ago
- ❑$_5$ 3 years to under 5 years ago
- ❑$_6$ 5 years ago or longer
- ❑$_{88}$ Don't know

MEDICAL HISTORY

b. If ***YES***, when did you last see the ***other*** doctor or health professional about your kidney problem?

- ❑$_1$ During CRIC evaluation
- ❑$_2$ Within the previous 6 months
- ❑$_3$ 6 months to under 1 year ago
- ❑$_4$ 1 year to under 3 years ago
- ❑$_5$ 3 years to under 5 years ago
- ❑$_6$ 5 years ago or longer
- ❑$_{88}$ Don't know

c. After seeing ***another*** doctor or health professional for your kidney problem, were any of the following things recommended, ordered, or prescribed:

i. Medical or laboratory procedures? ❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know

If ***YES***, check all that apply:
- ❑ Measure the level of protein in your urine
- ❑ Measure your kidney function by a 24-hour urine test or iothalamate clearance test
- ❑ Kidney ultrasound
- ❑ Kidney biopsy
- ❑ Other blood tests
- ❑ Gave you one or more vaccines to prevent bacterial infections

ii. Medications/prescriptions? ❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know

If ***YES***, check all that apply:
- ❑ Told to avoid anti-inflammatory drugs (e.g., NSAIDs) or other drugs that might harm your kidneys
- ❑ Started or changed doses of drugs to lower your blood pressure
- ❑ Started drugs to raise your blood counts (i.e., treat anemia)
- ❑ Started or changed doses of drugs to treat your cholesterol levels
- ❑ Started or changed doses of drugs to treat diabetes or high blood sugar
- ❑ Started drugs to lower phosphate levels in your blood

iii. Life style changes? ❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know

If ***YES***, check all that apply:
- ❑ Told to cut down on amount of protein you eat
- ❑ Told to cut down on the amount of salt or sodium you eat
- ❑ Told to cut down on the amount of potassium you eat
- ❑ Referred you to a nutritionist or someone to review your diet
- ❑ Told you to stop smoking tobacco
- ❑ Told you to cut down on alcohol use

MEDICAL HISTORY

CARDIOVASCULAR HISTORY:

21. Have you ever been diagnosed with or has a doctor or other health professional ever told you that you have:

a. Coronary artery disease (heart attack, angina)?	❑1 Yes	❑0 No	❑88 Don't know
b. Prior revascularization of your heart blood vessels (e.g. balloon angioplasty, coronary stenting, coronary bypass surgery)?	❑1 Yes	❑0 No	❑88 Don't know
c. Heart failure?	❑1 Yes	❑0 No	❑88 Don't know
d. Atrial fibrillation or atrial flutter (an irregular heart rhythm)?	❑1 Yes	❑0 No	❑88 Don't know
e. Stroke?	❑1 Yes	❑0 No	❑88 Don't know
f. Peripheral vascular disease (claudication, amputation or procedure to open up blood vessels in arms or legs)?	❑1 Yes	❑0 No	❑88 Don't know

22. Do you have pain or cramping in your calves or legs when walking ***(not due to arthritis)*** that is relieved by resting? ❑1 Yes ❑0 No ❑88 Don't Know

23. Have you had a toe(s) or foot surgically amputated due to infection or poor circulation? ❑1 Yes ❑0 No ❑88 Don't Know

24. Have you had a leg surgically amputated due to infection or poor circulation? ❑1 Yes ❑0 No ❑88 Don't Know

25. Have you had a procedure to open blood vessels in your arms or legs (angioplasty, surgical vascular by-pass)? ❑1 Yes ❑0 No ❑88 Don't Know

Hypertension History:

26. How long has it been since you last had your blood pressure taken by a doctor or other health professional?
- ❑0 Never
- ❑1 Within the previous 6 months
- ❑3 6 months to under 1 year ago
- ❑4 1 year to under 3 years ago
- ❑5 3 years to under 5 years ago
- ❑5 5 years ago or longer
- ❑88 Don't know

If ***NEVER***, skip to Question ***#28***.

27. Has a doctor or other health professional ever told you that you have hypertension or high blood pressure? ❑1 Yes ❑0 No

If ***NO***, skip to Question ***#28***.

a. If ***YES***, how old were you when you were first told you had this condition? ___ ___ years old ❑88 Don't know

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

MEDICAL HISTORY

High Cholesterol History:

28. How long has it been since you had your blood cholesterol measured by a doctor or other health professional?

- ❑0 Never
- ❑1 Within the previous 6 months
- ❑3 6 months to under 1 year ago
- ❑4 1 year to under 3 years ago
- ❑5 3 years to under 5 years ago
- ❑5 5 years ago or longer
- ❑88 Don't know

If ***NEVER***, skip to Question ***#30*** – ***DIABETIC HISTORY***.

29. Has a doctor or other health professional ever told you that your blood cholesterol level was high? ❑1 Yes ❑0 No ❑88 Don't know

If ***NO*** or ***DON'T KNOW,*** skip to Question ***#29b***.

a. If ***YES***, how old were you when you were first told you had this condition? ___ ___ years old ❑88 Don't know

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

DIABETIC HISTORY:

30. Has a doctor or other health professional ever told you ***(except during pregnancy)*** that you have diabetes or high blood sugar? ❑1 Yes ❑0 No ❑88 Don't Know

If ***NO*** or ***DON'T KNOW,*** skip to <u>instructions before Question ***#35***</u>.

a. How old were you when a doctor first told you that you had diabetes? ___ ___ years old ❑88 Don't know

b. Are you on a weight loss or exercise program to control your blood sugar? ❑1 Yes ❑0 No ❑88 Don't Know

c. Are you currently taking insulin? ❑1 Yes ❑0 No

d. 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

e. How old were you when you started taking diabetes medications? ___ ___ years old ❑88 Don't know

MEDICAL HISTORY

31. When was the last time you had your eyes examined by a doctor? (***If known, write number and check either days, weeks, months or years***)

_____ ❑1 Days ago
❑2 Weeks ago
❑3 Months ago
❑4 Years ago
❑0 Never
❑88 Don't Know

32. Has a doctor ever told you that diabetes has affected your eyes or that you have retinopathy? ❑1 Yes ❑0 No ❑88 Don't Know

33. Has a doctor ever told 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? ❑1 Yes ❑0 No ❑88 Don't Know

34. Do you have (or had) 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)? ❑1 Yes ❑0 No ❑88 Don't Know
b. Loss of sensation in your hands or feet? ❑1 Yes ❑0 No ❑88 Don't Know
c. Decreased ability to feel the hotness or coldness of things you touch? ❑1 Yes ❑0 No ❑88 Don't Know
d. Sores or ulcers on your feet or ankles? ❑1 Yes ❑0 No ❑88 Don't Know

If you do not have hypertension/high blood pressure, high blood cholesterol, diabetes, skip to Question #36.

35. Because of your hypertension/high blood pressure, high blood cholesterol and/or diabetes, are you <u>currently</u>:

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

Specify: _____

MEDICAL HISTORY

SOCIAL HISTORY:

Smoking History:

36. Have you smoked at least 100 cigarettes during your entire life? ***(approximately 5 packs)*** ❑$_1$ Yes ❑$_0$ No

    If ***NO***, skip to Question ***#41***.

37. How old were you when you first started smoking cigarettes regularly ***(3 or more times a week)***?

    ___ ___ years old
    ❑$_0$ Never smoked regularly
    ❑$_{88}$ Don't Know

38. Do you smoke cigarettes now? ❑$_1$ Yes ❑$_0$ No

    a. If ***NO***, at what age did you quit smoking cigarettes? ___ ___ years old ❑$_{88}$ Don't Know

If you DO NOT smoke cigarettes now, skip to Question #41.

39. How many cigarettes do you smoke per day? (***If known, write number and check either cigarettes/day or packs/day***)

    _____ ❑$_1$ cigs/day
    ❑$_2$ packs/day
    ❑$_1$ Less than 1 per day
    ❑$_2$ Varies

40. How long have you smoked this amount? (***If known, write number and check either months or years***)

    ___ ___ ❑$_1$ months ❑$_2$ years

41. Have you ever smoked at least 20 cigars in your entire life? ❑$_1$ Yes ❑$_0$ No

    If ***NO***, skip to Question ***#44 – Alcohol Use History***.

42. Do you currently smoke cigars? ❑$_1$ Yes ❑$_0$ No

    If ***NO***, skip to Question ***#44 – Alcohol Use History***.

43. How many cigars do you smoke per day? ___ ___ cigars

MEDICAL HISTORY

Alcohol Use History:

44. During the past 12 months, 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 in the past 12 months
- ❑1 Not at all in the past 12 months ***(Skip to Question #46 – Recreational Drug Use History.)***
- ❑0 Never had any beverage containing alcohol ***(Skip to Question #46 – Recreational Drug Use History.)***

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

45. What is the largest number of drinks containing alcohol that you had in any single day during the last 12 months?

- ❑5 12 to 23 drinks
- ❑4 At least 8, but less than 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 #46)***

a. Based on the largest number of drinks on any single day as responded in **Question *#45*** in the last 12 months how often did you have that many drinks?

- ❑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

MEDICAL HISTORY

Recreational Drug Use History:

46. Have you ever used:		If *YES*, how many times in your lifetime have you used……?	Have you used within the past 30 days?
a. Marijuana?	❑1 Yes ❑0 No ❑88 Don't Know	❑1 1 to 2 times ❑2 3 to 10 times ❑3 11 to 99 times ❑4 100 times or more	❑1 Yes ❑0 No ❑88 Don't Know
b. Methamphetamines?	❑1 Yes ❑0 No ❑88 Don't Know	❑1 1 to 2 times ❑2 3 to 10 times ❑3 11 to 99 times ❑4 100 times or more	❑1 Yes ❑0 No ❑88 Don't Know
c. Cocaine (snorted, smoked/inhaled)?	❑1 Yes ❑0 No ❑88 Don't Know	❑1 1 to 2 times ❑2 3 to 10 times ❑3 11 to 99 times ❑4 100 times or more	❑1 Yes ❑0 No ❑88 Don't Know
d. Injected cocaine?	❑1 Yes ❑0 No ❑88 Don't Know	❑1 1 to 2 times ❑2 3 to 10 times ❑3 11 to 99 times ❑4 100 times or more	❑1 Yes ❑0 No ❑88 Don't Know
e. Injected heroin?	❑1 Yes ❑0 No ❑88 Don't Know	❑1 1 to 2 times ❑2 3 to 10 times ❑3 11 to 99 times ❑4 100 times or more	❑1 Yes ❑0 No ❑88 Don't Know
f. Other injected street drugs? If ***YES***, ***specify***: _____	❑1 Yes ❑0 No ❑88 Don't Know	❑1 1 to 2 times ❑2 3 to 10 times ❑3 11 to 99 times ❑4 100 times or more	❑1 Yes ❑0 No ❑88 Don't Know

MEDICAL HISTORY

FAMILY HISTORY:

47. How many half or full brothers and sisters do/did you have?
(include those who died) ___ ___

Has a health care provider ever diagnosed ***your mother or father*** or ***your siblings or children*** with any of the following conditions?

[Check for ***all*** medical conditions that apply. If ***YES***, enter the ***earliest*** age for your parents or any of the siblings and/or children when the condition ***first*** occurred or was ***first*** diagnosed. If the age is not known, check ***"Don't know"***. If you don't have siblings or children, check ***"N/A"*** in the appropriate column.]

Condition	Mother	Father	Any siblings (Brothers and Sisters)	Any children
48. Heart attack, coronary artery bypass surgery, or balloon angioplasty (PTCA)?	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know ❑$_{99}$ N/A	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know ❑$_{99}$ N/A
a. If ***YES***, at what age were they first diagnosed?	___ ___ (age) ❑$_{88}$ Don't know	___ ___ (age) ❑$_{88}$ Don't know	___ ___ (age) ❑$_{88}$ Don't know	___ ___ (age) ❑$_{88}$ Don't know
49. Stroke?	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know ❑$_{99}$ N/A	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know ❑$_{99}$ N/A
a. If ***YES***, at what age were they first diagnosed?	___ ___ (age) ❑$_{88}$ Don't know	___ ___ (age) ❑$_{88}$ Don't know	___ ___ (age) ❑$_{88}$ Don't know	___ ___ (age) ❑$_{88}$ Don't know
50. Heart failure?	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know ❑$_{99}$ N/A	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know ❑$_{99}$ N/A
51. High cholesterol?	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know ❑$_{99}$ N/A	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know ❑$_{99}$ N/A
52. High blood pressure?	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know ❑$_{99}$ N/A	❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Don't know ❑$_{99}$ N/A

MEDICAL HISTORY

Condition	Mother	Father	Any siblings (Brothers and Sisters)	Any children
53. Diabetes or high blood sugar?	❑1 Yes ❑0 No ❑88 Don't know	❑1 Yes ❑0 No ❑88 Don't know	❑1 Yes ❑0 No ❑88 Don't know ❑99 N/A	❑1 Yes ❑0 No ❑88 Don't know ❑99 N/A
54. Peripheral vascular disease (poor circulation in toes, feet and legs)?	❑1 Yes ❑0 No ❑88 Don't know	❑1 Yes ❑0 No ❑88 Don't know	❑1 Yes ❑0 No ❑88 Don't know ❑99 N/A	❑1 Yes ❑0 No ❑88 Don't know ❑99 N/A
55. Treated for kidney failure with dialysis?	❑1 Yes ❑0 No ❑88 Don't know	❑1 Yes ❑0 No ❑88 Don't know	❑1 Yes ❑0 No ❑88 Don't know ❑99 N/A	❑1 Yes ❑0 No ❑88 Don't know ❑99 N/A
a. If ***YES***, at what age were they <u>first</u> treated?	___ ___ (age) ❑88 Don't know	___ ___ (age) ❑88 Don't know	___ ___ (age) ❑88 Don't know	___ ___ (age) ❑88 Don't know
56. Treated for kidney failure with kidney transplantation?	❑1 Yes ❑0 No ❑88 Don't know	❑1 Yes ❑0 No ❑88 Don't know	❑1 Yes ❑0 No ❑88 Don't know ❑99 N/A	❑1 Yes ❑0 No ❑88 Don't know ❑99 N/A
a. If ***YES***, at what age were they <u>first</u> treated?	___ ___ (age) ❑88 Don't know	___ ___ (age) ❑88 Don't know	___ ___ (age) ❑88 Don't know	___ ___ (age) ❑88 Don't know

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