CRISP

Annual Clinic Visit - Meds and Events

CRISP -FORM # 28

Missing Codes:
A-Participant refused
B-Reading not possible
C-Investigator forgot

Use Missing Codes to indicate reason for absent information.

This form is to be completed for participant's annual clinic visits.

1. **Date of Visit**: _____ / _____ / _____ DVDATE
   Month Day Year

2. **Has the participant had any illnesses since last study contact (**circle one**)**: yes no ILYN

   If yes, please specify briefly: _____ ILL _____

   _____

3. **Has the participant visited their primary care or any other physician since last study contact (**circle one**)**: yes no PVYN

   If the response is yes, then record 3a-c,g. Use 3d-f for additional visit (If 3e is identical to 3b, then enter SAME for Name in 3e**):**

   3a. Date of physician visit: _____ / _____ / _____ PVDATE **Check if there are multiple visits of this type:** MVC1
   Month Day Year

   3b. Name and address of physician treating participant: Name: _____ PVNME _____

   Address: _____ PVADDS _____

   3c. Specify reason for visit: _____ PVREASON _____

   3d. Date of additional physician visit: _____ PV2DATE _____ **Check if there are multiple visits of this type:** MVC2
   Month Day Year

   3e. Name and address of physician treating participant: Name: _____ PV2NME _____

   Address: _____ PV2ADDS _____

   3f. Specify reason for visit: _____ PV2REASON _____

   3g. Was there any renal surgery performed? yes no RSURGPYN

   If yes, was the intent cyst reduction: yes no CREDUCYN

   For any renal surgery provide a date and short description:

   Date of intervention: _____ RSIDATE _____ **Description:** _____ RSIDESC _____
   Month Day Year

4. **Has the participant been hospitalized since the last study contact (**circle one**)**: yes no HVYN

   If the response is yes, then record the following**:**

   4a. Date admitted to hospital: _____ / _____ / _____ HADATE
   Month Day Year

   4b. Date discharged from hospital: _____ / _____ / _____ HDDATE
   Month Day Year

4c. Name and address of hospital: Name:_____HNME_____

Address: _____HADDS_____

4d. Name and address of physician treating participant: Name:_____PHNME_____

Address:_____PHADDS_____

4e. What was the diagnosis? _____HDIAG_____

4f. If this hospitalization was unplanned, has it been reported to the local IRB? Yes No NA
(NA means this is **not** an SAE**)** AEYN

5. Smoking and Tobacco:

5a. Do they currently smoke cigarettes (circle): no yes CSYN **5b. If yes, number of packs per year:** PPY

5c. If they quit smoking since the last clinic visit, please indicate when (n/a for never smoked): QSM / QSY
Month Year

During the past year if any of the following products were used, please indicate below:

5d. Pipe yes no PIPEYN

5e. Cigars (number in the last year - enter 0 if none smoked) CIGAR

5f. Chewing tobacco yes no CHEWYN

6. Caffeinated Beverage/Alcohol Intake since the last clinic visit (please check a single time period for 6a, 6b, and 6c if a number is given):

6a. Average number of cups of caffeinated coffee/tea: CUPCAF daily in the last month _____
weekly in the last month ___ CCAFUNIT
monthly in the last year ____

6b. Average number of 12 oz portions of other caffeinated beverages (e.g. soda): GLASSC daily in the last month _____
SCAFUNIT weekly in the last month ___
monthly in the last year ____

6c. Average number of alcoholic drinks: NAD daily in the last month _____
(drink = 1 bottle of beer, 4 oz. of wine, 1 shot of liquor) weekly in the last month ___ ALCOUNIT
monthly in the last year ____

6d. Enter N/A if none of the above are applicable: _____ NACA

7. Analgesic Use History: Record the average number per month over the last year.

7a. Acetaminophen tablets: ___ACETT____ **7b. Aspirin tablets**: ____ASPRT_____
Avg. number / month Avg. number / month

7c. Combination analgesics: ____COMBOT_____ **7d. NSAID's**: _____NSAIDT_____
Avg. number / month Avg. number / month

7e. Enter N/A if none of the above are applicable ___NAAU___

8. Drug Use (circle all that were in use in the last year):

None DUN Marijuana DUM Cocaine DUC Heroin DUH Angel Dust DUAD Other DUO If Other, Specify: _____ OTHR _____

9. Natural Product Use History: (If yes is circled, please specify products)

9a. Protein supplement: yes no PSYN Specify:_____ PSTXT _____

9b. Other: yes no ONPYN Specify:_____ ONPTXT _____

10. Comments: _____ COMMENT _____

_____

_____

_____

11. Prescribed medications changes:

11a. Have prescribed drugs been added (circle one**)**: yes no PAYN

If yes, then please record:

#	Prescribed Medications **added** PMA1 - PMA10	Date (month, day, year)
		DPMADATE1 -
		DPMADATE10
		/ /
		/ /
		/ /

11b. Have prescribed drugs been stopped/discontinued (circle one**)**: yes no PDYN

If yes, then please record:

#	Prescribed Medications **discontinued** PMD1-PMD10	Date (month, day, year)
		DPMDDATE1 -
		DPMDDATE10
		/ /
		/ /
		/ /

12. Over-the-counter medications changes:

12a. Have OTC drugs been added (circle one): yes no OAYN

If yes, then please record:

#	OTC Medications **added** OMA1 - OMA10	Date (month,day, year)
		DOMADATE1 -
		DOMADATE10
		/ /
		/ /
		/ /

12b. Have OTC drugs been stopped/discontinued (circle one): yes no ODYN

If yes, then please record:

#	OTC Medications **discontinued** OMD1 - OMD10	Date (month day, year)
		DOMDDATE1 -
		DOMDDATE10
		/ /
		/ /
		/ /

13. Indicate the best way to contact the participant for the 3 month telephone interview (check all that apply)**:**

regular mail _ RMAIL _ email _ EMAIL _ telephone _ PHONE _

Best time to contact: __ TIME __

Please review all contact information on the Identification Form including phone number and email address.

CRISP Member completing this form_____ CMIDNUM____ Date form completed: _____ / _____ / _____ CDDATE
Month Day Year

Contents of Form Reviewed by Principal Investigator (required signature): _____

Date Principal Investigator signed: _____ / _____ / _____ RSDATE
Month Day Year

Data Entry Status: Please check to indicate that the above information has been entered ☐

Data Entry Person _____ DEIDNUM _____ Date Form Entered: _____ / _____ / _____ DEDATE
Month Day Year