



Current Symptoms Form

CRISP -FORM # 30

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 at the participant's annual visit for physical exam.

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

2. **Symptoms:** Please check yes or no for each symptom which has been observed since the Baseline Visit. *Do not input Date of First Diagnosis if the symptom has been observed in a previous Clinic Visit and the Date was given previously.

Symptom	No	Yes	Date of Diagnosis this year	# of episodes this year
			_____/_____/_____ Month Day Year	
Hypertension	HDYN		HDDATE	
			Date of First Diagnosis*	
Gross Hematuria	GHDYN		GHDDATE	GHNE
Ruptured/symptomatic ICA	ICADYN		ICADATE	ICANE
Nephrolithiasis	NDYN		NDATE	NNE
Lower UTI	LUDYN		LUDATE	LUNE
Cyst or kidney infection	CKIDYN		CKIDATE	CKINE

3. **Renal Pain:** (In each category circle ONE option only)

3a) **Frequency in the last year:** never rarely sometimes often usually always **FREQRP**

3b) **Location:** no pain right kidney left kidney both kidneys **LOCRP**

3c) **Severity:** (Indicate on a scale from 0 to 10, where 0 = no pain and 10 = pain as bad as you can imagine) **SEVERE**

0 1 2 3 4 5 6 7 8 9 10

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