CRISP

Family History Form

Use Missing Codes to indicate reason for absent information.

This form is to be completed for any study participant during their first visit.

Line#	Relation**	First Name	Last Name	Blood relative (Y/N)	Gender (M/F)	Year of Birth	Living or dead (L/D)	If dead, age at death	If dead, cause of death***	PKD (Y/N/U)	Dialysis (Y/N/U)	Kidney transplant (Y/N/U)	Participant in this NIH study (Y/N/U)
LINE	(A)	(B)	(C)	(D*)	(E)	(F*)	(G*)	(H*)	(I*)	(J*)	(K*)	(L*)	(M*)
1.	RELATE			BR	SEX	BYEAR	LOD	CDAGE	CAUS	HPKD	DIAL	KTRANS	TSP
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.													
16.													
17.													
18.													

Y=Yes; N=No; U=Unknown

For **relation and ***cause of death legends see page 2. *Please use U if the information is unknown in columns D, and columns F through M.

**Relation: List Family Members in the following order:

    1 = biologic children;
    2 = mother;
    3 = father;
    4 = full sisters;   Include half-sisters and indicate common parent as follows:
                                    4-M = half-sister with mother as common parent;
                                    4-F = half-sister with father as common parent;
    5 = full brothers;   Include half-brothers and indicate common parent as follows:
                                    5-M = half-brother with mother as common parent;
                                    5-F = half-brother with father as common parent;
    6 = nieces;
    7 = nephews;

    8 = maternal grandparents;   12 = paternal grandparents;
    9 = maternal aunts;   13 = paternal aunts;
    10 = maternal uncles;   14 = paternal uncles;
    11 = maternal cousins;   15 = paternal cousins;

    16 = maternal great grandparents;   20 = paternal great grandparents;
    17 = maternal great aunts;   21 = paternal great aunts;
    18 = maternal great uncles;   22 = paternal great uncles;
    19 = children of maternal great aunts/uncles;   23 = children of paternal great aunts/uncles

***Causes of Death:

    1 = ESRD;
    2 = myocardial infarction;
    3 = congestive heart failure;
    4 = CVA (stroke);
    5 = aortic dissection;
    6 = sepsis/infection;
    7 = transplantation complication;
    8 = other cause;
    U = Unknown

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