



Symptoms Form

CRISP -FORM # 12

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 baseline visit for physical exam.

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

2. **Symptoms:** Please check yes or no for each symptom listed

Symptom	No	Yes	Date of Diagnosis	Number of episodes
			<u> </u> / <u> </u> / <u> </u> 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. **History of 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

ID of Data Entry Person: **DEIDNUM** Date Form Entered: / / **DEDATE**
Month Day Year

Clinical Center: **PCCN**
Participant ID: **PKDID**
Visit Number: **VISNUM**