CRISP II

Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* CRISP ID number, clinical center ID, and visit number.

Participant ID:_____ *pkdid* **Clinical Center**: _____ *pccn*

visit:

SYMPTOMS FORM

This form is to be completed by designated personnel and/or PI at each Biannual Clinic Visit.

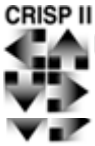
Date of visit: *dvdate* | | | / | | | / | | | | |

Please complete this form before your physical exam, then discuss your answers with designated personnel.

1. Check "yes" or "no" for symptoms experienced <u>since your last visit</u> (or within the past month if this is your first visit). "

Symptoms	Yes	No	Specify/Describe if applicable
CONSTITUTIONAL			
Malaise/Feeling sickly or ill *mal*			*malspy*
HEAD/NECK			
Headache *head*			*headspy*
Blurred Vision/Visual Changes *blur*			*blurspy*
Dry Eyes/Nasal Passages *dry*			*dryspy*
Nasal Congestion *nas*			*nasspy*
Sore Throat *sore*			*sorespy*
Dry Mouth/Excessive Thirst *drym*			*drymspy*
CARDIOVASCULAR			
Chest Pain *chest*			*chestspy*
Heart Palpitations *heart*			*heartspy*
Dizziness/Lightheadedness *diz*			*dizspy*
Fatigue/Weakness *fatig*			*fatigspy*
Leg Swelling/Edema *leg*			*legspy*
RESPIRATORY			
Shortness of Breath with Exertion *shbex*			*shbexspy*
Shortness of Breath at Rest *shre*			*shrespy*
Cough *cough*			*coughspy*
MUSCULOSKELETAL			
Joint Pain/Aches *joint*			*jointspy*
Muscle Pain/Cramping/Spasm *musc*			*muscspy*

Please continue on next page



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visit:

SYMPTOMS FORM

Symptoms	Yes	No	Specify/Describe if applicable
GENITOURINARY			
Urinary Changes *urin*			*urinspy*
Visible Blood in Urine *vsbl*			*vsblspy*
			Date: __ __ /__ __ / __ __ __ __ *vsbldt*
Impotence/Decreased Libido *impot*			*impotspy*
Urinary Tract Infection *uti*			*utispy*
			Date: __ __ /__ __ / __ __ __ __ *utidt*
Kidney Stone *kidst*			*kidstspy*
			Date: __ __ /__ __ / __ __ __ __ *kidstdt*
DEMATOLOGIC			
Changes of the Skin or Hair *skin*			*skinspy*
GASTROINTESTINAL			
Nausea/Vomiting *naus*			*nausspy*
Diarrhea *diar*			*diarspy*
Constipation *const*			*constspy*
Stomach Discomfort/ Abdominal Pain *stom*			*stomspy*
Changes in Appetite *appe*			*appespy*
NEUROLOGICAL			
Mood Changes like Anxiety, Restlessness, Depression *mood*			*moodspy*
Tingling/Numbness *numb*			*numbspy*
Problems with Memory *mem*			*memspy*
Drowsiness *drow*			*drowspy*
Insomnia/Problems Sleeping *insom*			*insomspy*

Other Symptoms				
otsm1			*otsm1yn*	*otsm1spy*
otsm2			*otsm2yn*	*otsm2spy*
otsm3			*otsm3yn*	*otsm3spy*

Please complete History of Renal Pain on next page

SYMPTOMS FORM

2. History of Renal Pain in the last year.

2a. Was there pain in the right kidney in the last year? *locrp* 0 ☐ No 1 ☐ Yes

If no, ***go to 2d*** ***Go to 2b***

2b. *If yes*, **how often?** *freqrp*

0 ☐ Rarely
1 ☐ Sometimes
2 ☐ Often
3 ☐ Usually
4 ☐ Always

2c. Severity: Indicate on a scale of 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

2d. Was there pain in the left kidney in the last year? *loclp* 0 ☐ No 1 ☐ Yes

If no, **Stop** ***Go to 2e***

2e. *If yes*, **how often?** *freqlp*

0 ☐ Rarely
1 ☐ Sometimes
2 ☐ Often
3 ☐ Usually
4 ☐ Always

2F. Severity: Indicate on a scale of 0 to 10, where 0=no pain and 10=pain as bad as you can imagine *severel*

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
0 1 2 3 4 5 6 7 8 9 10

Participant ID:_____ *pkdid* **Clinical Center**: _____ *pccn*

visit:

SYMPTOMS FORM

3.	**For Males Only.**				
					If female, select N/A for Not Applicable
3a.	**Have you ever had seminal vesicle cysts?** *semcysts*	☐ N/A	0 ☐ No	1 ☐ Yes	555555 ☐ Unknown
3b.	**Have you ever had epididymal cysts?** *epidcysts*	☐ N/A	0 ☐ No	1 ☐ Yes	555555 ☐ Unknown

CRISP Member completing this form_____
cdidnum

Date Form Completed __ __/__ __/__ __ __ __
cddate

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

Primary Entered by: _____ Date: __ __/__ __/__ __ __ __ *dedate*
deidnum

Secondary Entered by: _____ Date __ __/__ __/__ __ __ __