

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

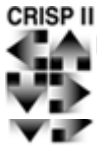
Clinical Center: _____ pccn

visit:

Follow-Up Study and Events Form

This form is to be completed for the scheduled Semi-Annual Phone Call and as needed for unscheduled phone calls and/or visits.

1.	Date of visit <i>dvdate</i>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Type of Event: <i>toe</i> 1 <input type="checkbox"/> Scheduled Follow-up Visit 2 <input type="checkbox"/> Serious Adverse Event 3 <input type="checkbox"/> Other Specify: _____ <i>evoth</i>			
2.	Since the last visit, has the participant had any illnesses ? <i>ilyn</i>	0 <input type="checkbox"/> No (Go to #3)	1 <input type="checkbox"/> Yes
<i>If yes, please specify briefly:</i> <i>ill</i> _____ _____ _____			
2a.	Have you been newly diagnosed with hypertension since last contact? <i>hypert</i>	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes
<i>If yes, Date of diagnosis:</i> __ __ / __ __ / __ __ __ <i>hypyr</i> <i>hypmt hypda Month Day Year</i>			
How were you diagnosed with hypertension? <i>hyphdia</i> 1 <input type="checkbox"/> Home BP monitor 2 <input type="checkbox"/> Doctor visit 3 <input type="checkbox"/> Hospital stay 4 <input type="checkbox"/> Other Specify: _____ <i>hypspc</i>			
3.	Since the last visit, has the participant visited their primary care physician? <i>pvyn</i>	0 <input type="checkbox"/> No (Go to #4)	1 <input type="checkbox"/> Yes
<i>If yes, complete Section 3</i>			
	3a. Date of physician visit: __ __ / __ __ / __ __ __ <i>pvyr</i> <i>pvmt pvda Month Day Year</i>		
	3b. Were there multiple visits to this physician? <i>mvci</i>	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes
3c. Name and address of physician treating participant:			
Name: _____			
Address: _____			
City, State, Zip: _____			
	3d. Specify reason for visit: <i>pvreason</i> _____		



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4. Since the last visit, has the participant visited any physician other than the primary care physician listed in question 3? *pvotphy* 0 No 1 Yes (Go to #5)

If yes, complete Section #4

Physician #1

a. Date of additional physician visit: _____ / _____ / _____ *pv2yr1*
pv2mt1 *pv2da1* Month Day Year

b. Were there multiple visits to this physician? *m2vc1* 0 No 1 Yes

c. Name and address of physician treating participant:

Name: _____

Address: _____

City, State, Zip: _____

d. Specify reason for visit: *pv2reason1* _____

Physician #2

a. Date of additional physician visit: _____ / _____ / _____ *pv2yr2*
pv2mt2 *pv2da2* Month Day Year

b. Were there multiple visits to this physician? *m2vc2* 0 No 1 Yes

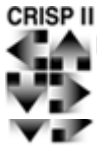
c. Name and address of physician treating participant:

Name: _____

Address: _____

City, State, Zip: _____

d. Specify reason for visit: *pv2reason2* _____



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Physician #3

a. Date of additional physician visit: ____/____/____ *pv2yr3*
pv2mt3 *pv2da3* Month Day Year

b. Were there multiple visits to this physician? *m2vc3* 0 No 1 Yes

c. Name and address of physician treating participant:

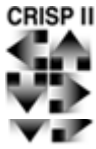
Name: _____

Address: _____

City, State, Zip: _____

d. Specify reason for visit: *pv2reason3* _____

Please continue on the next page



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5. Since the last visit, has the participant been hospitalized? *hyn* 0 No 1 Yes
(Go to #6)

If yes, complete Section #5

Hospitalization #1

a. Was this hospitalization unscheduled? *husch1* 0 No 1 Yes
(See Note)

Note: If unscheduled, please report the event to the local IRB and send a copy to the DCIAC

b. Date admitted to hospital: ____/____/____ *hayr1*
hamt1 hada1 Month Day Year

c. Date discharged from hospital: ____/____/____ *hdyr1*
hdmt1 hdda1 Month Day Year

d. Length of stay: _____ *lenst1*

e. Name and address of hospital:

Name: _____

Address: _____

City, State, Zip: _____

f. Name and address of physician treating participant:

Name: _____

Address: _____

City, State, Zip: _____

g. What was the discharge diagnosis? _____ *hdiag1*

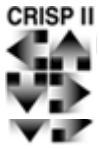
h. Was there any renal surgery performed? *rsurgpyn1* 0 No 1 Yes
If no, go to Hospitalization #2 or Section 6 if no more hospitalizations

If yes, was the intent cyst reduction? *ceducyn1* 0 No 1 Yes

i. For any renal surgery provide a date and short description:

Date of intervention: ____/____/____ *rsiyr1*
rsimt1 rsida1 Month Day Year

Description: _____ *rsidesc1*



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Hospitalization #2

a. Was this hospitalization unscheduled? *husch2*

0 No

1 Yes
(See Note)

Note: If unscheduled, please report the event to the local IRB and send a copy to the DCIAC

b. Date admitted to hospital: _____ / _____ / _____ *hayr2*
hamt2 hada2 Month Day Year

c. Date discharged from hospital: _____ / _____ / _____ *hdyr2*
hdmt2 hdda2 Month Day Year

d. Length of stay: _____ *lenst2*

e. Name and address of hospital:

Name: _____

Address: _____

City, State, Zip: _____

f. Name and address of physician treating participant:

Name: _____

Address: _____

City, State, Zip: _____

g. What was the discharge diagnosis? _____ *hdiag2*

h. Was there any renal surgery performed? *resurgpyn2* 0 No 1 Yes
If no, go to Hospitalization #3 or Section 6 if no more hospitalizations

If yes, was the intent cyst reduction? *ceducyn2* 0 No 1 Yes

i. For any renal surgery provide a date and short description:

Date of intervention: _____ / _____ / _____ *rsiyr2*
rsimt2 rsida2 Month Day Year

Description: _____ *rsidesc2*



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Hospitalization #3

a. Was this hospitalization unscheduled? *husch3*

0 No

1 Yes
(See Note)

Note: If unscheduled, please report the event to the local IRB and send a copy to the DCIAC

b. Date admitted to hospital: ____/____/____ *hayr3*
hamt3 hada3 Month Day Year

c. Date discharged from hospital: ____/____/____ *hdyr3*
hdmt3 hdda3 Month Day Year

d. Length of stay: _____ *lenst3*

e. Name and address of hospital:

Name: _____

Address: _____

City, State, Zip: _____

f. Name and address of physician treating participant:

Name: _____

Address: _____

City, State, Zip: _____

g. What was the discharge diagnosis? _____ *hdiag3*

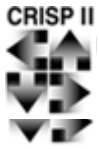
h. Was there any renal surgery performed? *rsurgpyn3* 0 No 1 Yes
If no, go to Hospitalization #4 or Section 6 if no more hospitalizations

If yes, was the intent cyst reduction? *ceducyn3* 0 No 1 Yes

i. For any renal surgery provide a date and short description:

Date of intervention: ____/____/____ *rsiyr3*
rsimt3 rsida3 Month Day Year

Description: _____ *rsidesc3*



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Hospitalization #4

a. Was this hospitalization unscheduled? *husch4*

0 No

1 Yes
(See Note)

Note: If unscheduled, please report the event to the local IRB and send a copy to the DCIAC

b. Date admitted to hospital: _____ / _____ / _____ *hayr4*
hamt4 hada4 Month Day Year

c. Date discharged from hospital: _____ / _____ / _____ *hdyr4*
hdmt4 hdda4 Month Day Year

d. Length of stay: _____ *lenst4*

e. Name and address of hospital:

Name: _____

Address: _____

City, State, Zip: _____

f. Name and address of physician treating participant:

Name: _____

Address: _____

City, State, Zip: _____

g. What was the discharge diagnosis? _____ *hdiag4*

h. Was there any renal surgery performed? *rsurgpyn4*

0 No

1 Yes

(Go to #6)

If yes, was the intent cyst reduction? *ceducyn4*

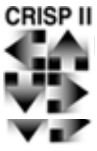
0 No

1 Yes

i. For any renal surgery provide a date and short description:

Date of intervention: _____ / _____ / _____ *rsiyr4*
rsimt4 rsida4 Month Day Year

Description: _____ *rsidesc4*



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6. Prescribed medications changes:

6a. Since the last visit, have prescribed drugs been added? *payn*

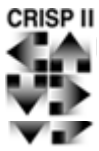
0 No

1 Yes

(Go to #6b)

If yes, then please record:

Prescribed Medications added	Date (month/year)
<i>pma1</i>	<i>dpmamt1</i> ___/___/____ <i>dpmadate1</i>
<i>pma2</i>	<i>dpmamt2</i> ___/___/____ <i>dpmadate2</i>
<i>pma3</i>	<i>dpmamt3</i> ___/___/____ <i>dpmadate3</i>
<i>pma4</i>	<i>dpmamt4</i> ___/___/____ <i>dpmadate4</i>
<i>pma5</i>	<i>dpmamt5</i> ___/___/____ <i>dpmadate5</i>
<i>pma6</i>	<i>dpmamt6</i> ___/___/____ <i>dpmadate6</i>
<i>pma7</i>	<i>dpmamt7</i> ___/___/____ <i>dpmadate7</i>
<i>pma8</i>	<i>dpmamt8</i> ___/___/____ <i>dpmadate8</i>
<i>pma9</i>	<i>dpmamt9</i> ___/___/____ <i>dpmadate9</i>
<i>pma10</i>	<i>dpmamt10</i> ___/___/____ <i>dpmadate10</i>
<i>pma11</i>	<i>dpmamt11</i> ___/___/____ <i>dpmadate11</i>
<i>pma12</i>	<i>dpmamt12</i> ___/___/____ <i>dpmadate12</i>
<i>pma13</i>	<i>dpmamt13</i> ___/___/____ <i>dpmadate13</i>
<i>pma14</i>	<i>dpmamt14</i> ___/___/____ <i>dpmadate14</i>
<i>pma15</i>	<i>dpmamt15</i> ___/___/____ <i>dpmadate15</i>
<i>pma16</i>	<i>dpmamt16</i> ___/___/____ <i>dpmadate16</i>
<i>pma17</i>	<i>dpmamt17</i> ___/___/____ <i>dpmadate17</i>
<i>pma18</i>	<i>dpmamt18</i> ___/___/____ <i>dpmadate18</i>
<i>pma19</i>	<i>dpmamt19</i> ___/___/____ <i>dpmadate19</i>
<i>pma20</i>	<i>dpmamt20</i> ___/___/____ <i>dpmadate20</i>
<i>pma21</i>	<i>dpmamt21</i> ___/___/____ <i>dpmadate21</i>
<i>pma22</i>	<i>dpmamt22</i> ___/___/____ <i>dpmadate22</i>



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pma23	dpmamt23 ___/___/___	dpmadate23
pma24	dpmamt24 ___/___/___	dpmadate24
pma25	dpmamt25 ___/___/___	dpmadate25

6b. Since the last visit, have prescribed drugs been stopped/discontinued?

pdyn

0 No

1 Yes

(Go to #7a)

If yes, then please record:

Prescribed Medications discontinued	Date (month/year)
pmd1	dpmdmt1 ___/___/___ dpmddate1
pmd2	dpmdmt2 ___/___/___ dpmddate2
pmd3	dpmdmt3 ___/___/___ dpmddate3
pmd4	dpmdmt4 ___/___/___ dpmddate4
pmd5	dpmdmt5 ___/___/___ dpmddate5
pmd6	dpmdmt6 ___/___/___ dpmddate6
pmd7	dpmdmt7 ___/___/___ dpmddate7
pmd8	dpmdmt8 ___/___/___ dpmddate8
pmd9	dpmdmt9 ___/___/___ dpmddate9
pmd10	dpmdmt10 ___/___/___ dpmddate10
pmd11	dpmdmt11 ___/___/___ dpmddate11
pmd12	dpmdmt12 ___/___/___ dpmddate12
pmd13	dpmdmt13 ___/___/___ dpmddate13
pmd14	dpmdmt14 ___/___/___ dpmddate14
pmd15	dpmdmt15 ___/___/___ dpmddate15
pmd16	dpmdmt16 ___/___/___ dpmddate16
pmd17	dpmdmt17 ___/___/___ dpmddate17
pmd18	dpmdmt18 ___/___/___ dpmddate18
pmd19	dpmdmt19 ___/___/___ dpmddate19



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pmd20	dpmdmt20 ___/___/___	dpmddate20
pmd21	dpmdmt21 ___/___/___	dpmddate21
pmd22	dpmdmt22 ___/___/___	dpmddate22
pmd23	dpmdmt23 ___/___/___	dpmddate23
pmd24	dpmdmt24 ___/___/___	dpmddate24
pmd25	dpmdmt25 ___/___/___	dpmddate25

7. Over-the-counter medications changes:

7a. Since the last visit, have OTC drugs been added? oayn

0 No 1 Yes

(Go to #7b)

If yes, then please record:

OTC Medications added	Date (month/year)
oma1	domamt1 ___/___/___ domadate1
oma2	domamt2 ___/___/___ domadate2
oma3	domamt3 ___/___/___ domadate3
oma4	domamt4 ___/___/___ domadate4
oma5	domamt5 ___/___/___ domadate5

7b. Since the last visit, have OTC drugs been stopped/discontinued? odyn

0 No 1 Yes

(Go to #8b)

If yes, then please record:

OTC Medications discontinued	Date (month/year)
omd1	domdmt1 ___/___/___ domddate1
omd2	domdmt2 ___/___/___ domddate2
omd3	domdmt3 ___/___/___ domddate3
omd4	domdmt4 ___/___/___ domddate4
omd5	domdmt5 ___/___/___ domddate5



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8. Natural Product Use Changes:

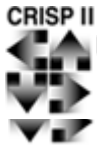
8a. Since the last visit, have Natural Products/Protein Supplements been added? *pnayn* 0 No 1 Yes
(Go to #13b)
If yes, then please record:

Natural Products/Protein Supplements added	Date (month/year)
<i>nps1</i>	<i>dnmam1</i> ___/___/___ <i>dnmadate1</i>
<i>nps2</i>	<i>dnmam2</i> ___/___/___ <i>dnmadate2</i>
<i>nps3</i>	<i>dnmam3</i> ___/___/___ <i>dnmadate3</i>
<i>nps4</i>	<i>dnmam4</i> ___/___/___ <i>dnmadate4</i>
<i>nps5</i>	<i>dnmam5</i> ___/___/___ <i>dnmadate5</i>

8b. Since the last visit, have Natural Products/Protein Supplements been stopped/discontinued? *pndyn* 0 No 1 Yes
(Stop)
If yes, then please record:

Natural Products/Protein Supplements discontinued	Date (month/year)
<i>npds1</i>	<i>dnmadmt1</i> ___/___/___ <i>dnmadate1</i>
<i>npds2</i>	<i>dnmadmt2</i> ___/___/___ <i>dnmadate2</i>
<i>npds3</i>	<i>dnmadmt3</i> ___/___/___ <i>dnmadate3</i>
<i>npds4</i>	<i>dnmadmt4</i> ___/___/___ <i>dnmadate4</i>
<i>npds5</i>	<i>dnmadmt5</i> ___/___/___ <i>dnmadate5</i>

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



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

Date Principal Investigator Signed ___/___/___ pidate

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 ___/___/___