

This form is to be completed at the participant's first clinic visit, immediately following signing of informed consent.

	Data of visite to the				
1.	Date of visit: dvdate		/ /		
2.	Informed Consent				
	If participant does not sign informed consent, check no, go to section 14 and check Ineligible for Participant Status: do not complete any other questions or sections.				
lf coi	nsent is signed, check yes and go to	question 3.			
	Did the participant sign written c	onsent? sigcon		0 □ No	1□ Yes
3.	Date the consent form was signed condate	ed:	/ / /		
4.	Is the participant currently enrol	led in another study in a	ddition to CRISP? parter	0 🗆 No	1 🗆 Yes
	If yes, which study? enrol 1 □ Halt (Please complete Halt ID Form) 2 □ Tempo 3 □ Other, Specify:enrolsp				
	Date of Enrollment enroldt/_	_/ or Duration	months years		
			-		
			duramt durayr		
5.	Gender gender	1 🗆 Male	-		
5.	Gender gender	1 D Male	duramt durayr		
			duramt durayr 2 🗆 Female		
5. 6.	Gender gender Birth Weight brwgt pounds		duramt durayr	nt is unknow	n
6.	Birth Weight <i>brwgt</i> pounds	broz OUNCES	duramt durayr 2 Female □ check if birth weight		
		broz OUNCES	duramt durayr 2 Female □ check if birth weight	nt is unknow 0 □ No	n 1 🗆 Yes
6.	Birth Weight <i>brwgt</i> pounds	broz OUNCES	duramt durayr 2 Female check if birth weight cate? brcert	0 🗆 No	1 🗆 Yes
6. 7.	Birth Weight <i>brwgt</i> pounds Was birth weight verified by the Treating physician affiliation:	broz ounces participant's birth certifi	duramt durayr 2 Female check if birth weight cate? brcert	0 🗆 No	1 🗆 Yes
6. 7.	Birth Weight <i>brwgt</i> pounds Was birth weight verified by the Treating physician affiliation:	broz ounces participant's birth certifi 1 □ CRISP physician	duramt durayr 2 Female check if birth weight cate? brcert	0 🗆 No	1 🗆 Yes
6. 7. 8.	Birth Weight <i>brwgt</i> pounds Was birth weight verified by the Treating physician affiliation: <i>phys</i>	broz ounces participant's birth certifi 1 □ CRISP physician	duramt durayr 2 Female check if birth weight cate? brcert	0 🗆 No	1 🗆 Yes

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	ər:	_ pccn	
	visit: Registration Form			
10.	Exclusion Criteria			
If yes is checked for any of the criteria listed in section 10, go to section 14 and check Ineligible for Participant Status; do not complete sections 11, 12, and 13.				
lf all a	are no, go to section 11.			
	Does the participant have a current psychiatric or addiction non-complete that in the discretion of the principal investigator indicates that they will successfully complete the study? <i>curpsyc</i>		0 🗆 No	1 🗆 Yes
	Does the participant have a current medical problem that in the discre- principal investigator would make unsafe their participation in the stud		0 🗆 No	1 🗆 Yes
	Does the participant have another condition that in the discretion of the investigator makes the participant ineligible? <i>ocrit</i>	e principal	0 □ No	1□ Yes
	If yes, please specify:			
11.	Failed to Enroll Criteria			
If the participant is unwilling to enroll in the study, indicate reason(s).				
If yes is checked for any of the criteria listed in section 11, go to section 14 and check Failed to Enroll for Participant Status; do not complete section 12 or 13.				
If all are no, go to section 12.				
	Is the participant unwilling to miss school/work? schwork		0 🗆 No	1 🗆 Yes
	Is the participant unwilling to travel to clinics for visits? travcl		0 🗆 No	1 🗆 Yes
	Is the participant unwilling to make a follow-up commitment? fucom		0 🗆 No	1 🗆 Yes
	Is there any other circumstance that in the discretion of the principal in constitutes a valid reason for failing to enroll? <i>otenr</i>	vestigator	0 🗆 No	1 🗆 Yes
	If yes, please specify		othensp	

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12.	Eligible but Modified Criteria – Part I
con con	view all possible conditions listed in section 12 with the participant. Check any that apply. If any of the MR traindications are checked, go to section 14 and check Eligible but Modified for Participant Status. Do not aplete section 13. one are checked, go to section 13.
	□ Weight > 158.6 kg (350 lbs) <i>weight</i>
	Pregnant preg
	Cardiac Pacemaker cardpac
	Implanted cardioverter defibrillator (ICD) cardef
	Neurostimulation system neuron
	Claustrophobia claust
	Spinal cord stimulator spinal
13.	Eligible but Modified Criteria – Part II
	view all possible conditions listed in section 13 (continued on the next 2 pages) with the participant. Check any t apply. If any are checked, please discuss with the radiologist to determine the Participant Status.
lf n	one are checked, go to section 14 and check Eligible and Enrolled.
	Pene growth/hone fusion stimulator, tester
	Bone growth/bone fusion stimulator <i>bonfus</i>
	Cochlear, otologic, or other ear implant <i>earimp</i>
	Insulin or other infusion pump insul
	□ Implanted drug infusion device druginf
	Eyelid spring or wire eyel
	□ Tissue expander (e.g. breast) tissex
	□ Hx of working with metal <i>hxwkmet</i>
	□ Hx of metal in eyes <i>hxmeteye</i>
	Aneurysm Clip(s) aneu
	Hearing aid hearaid

	Participant ID: pkdid	Clinical Center: pccn
	visit:	
	Registration Form	
_ En	nbolization coils emcoil	
□ Int	ternal electrodes or wires wires	
⊐ Ar	ny type of prosthesis (eye, penile, etc.) prost	
⊐ He	eart valve prosthesis heart	
⊐ Me	etallic stent, filter, or coil metst	
⊐ Ar	tificial or or prosthetic limb proslim	
⊐ Sh	nunt (spinal or intraventricular) shunt	
⊐ Va	ascular access port and/or catheter vascath	
⊐ Ra	adiation seeds or implants radseim	
⊐ Sv	van-Ganz or thermodilution catheter swan	
⊐ Me	edication patch (Nicotine, Nitroglycerine) patch	1
⊐ Ar	ny metallic fragment or foreign body mettrag	
⊐ Wi	ire mesh implant wimeim	
⊐ Sı	urgical staples, clips or metallic sutures surstcl	
⊐ Jo	int replacement (hip, knee, etc.) jorep	
⊐ Bo	one/joint pin, screw, nail, wire, plate, etc. bojpir)
טו ב	D, diaphragm or pessary iud	
] De	entures or partial plates denppl	
⊐Та	attoo or permanent makeup tattoo	
⊐ Bo	ody piercing jewelry bopierc	
	ther implant <i>otimp</i> e specify:	impsp
⊐ Br	reathing problem breatpr	
	ther other	

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	visit:			
	Registration Form			
14.	Participant Status: finenro (Check only one)			
	1 🗆 Ineligible - Stop			
	2 E Failed to Enroll - Stop			
	3 🗆 Eligible but Modified – Continue, no MRI			
	4 Eligible and Enrolled - Continue			

CRISP Member completing this form	
	cdidnum
Date Form Completed//	
Data Entry Status: Please check to indicate that the	he above information has been entered \Box
Primary Entered by:	Date:// dedate
Secondary Entered by:	