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:

TRANSITIONAL SYMPTOMS FORM

This form is to be completed for the time period between their last CRISP I contact and their Baseline CRISP II visit.

Date of visit: *dvdate* ☐☐ / ☐☐ / ☐☐☐☐

1. Enter symptoms experienced.

CONSTITUTIONAL

Malaise/Feeling sickly or ill *tmal*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tmalspy* _____

HEAD/NECK

Headache *thead*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *theadspy* _____

Blurred Vision/Visual Changes *tblur*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tblurspy* _____

Dry Eyes/Nasal Passages *tdry*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tdryspy* _____

Nasal Congestion *tnas*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tnasspy* _____

Sore Throat *tsore*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tsorespy* _____

Dry Mouth/Excessive Thrist *tdrym*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tdrymspy* _____

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

visit:

TRANSITIONAL SYMPTOMS FORM

CARDIOVASCULAR

Chest Pain *tchest*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tchestspy* _____

Heart Palpitations *theart*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *theartspy* _____

Dizziness/Lightheadedness *tdiz*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tdizspy* _____

Fatigue/Weakness *tfatig*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tfatigspy* _____

Leg Swelling/Edema *tleg*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tlegspy* _____

RESPIRATORY

Shortness of Breath with Exertion *tshbex*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tshbexspy*_____

Shortness of Breath at Rest *tshre*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tshrespy* _____

Cough *tcough*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tcoughspy* _____

MUSCULOSKELETAL

Joint Pain/Aches *tjoint*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tjointspy*_____

Muscle Pain/Cramping/Spasm *tmusc*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tmuscspy* _____

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

visit:

TRANSITIONAL SYMPTOMS FORM

GENITOURINARY

Urinary Changes *turin*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *turinspy*_____

Visible Blood in Urine *tvsbl* Date __ __/__ __ /__ __ __ __ *tvsbldt*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tvsblspy*_____

Impotence/Decreased Libido *timpot*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *timpotspy*_____

Urinary Tract Infection *tuti* Date __ __/__ __ /__ __ __ __ *tutidt*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tutispy*_____

Kidney Stone *tkidst* Date __ __/__ __ /__ __ __ __ *tkidstdt*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tkidstspy*_____

DEMATOLOGIC

Changes of the Skin or Hair *tskin*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tskinspy*_____

GASTROINTESTINAL

Nausea/Vomiting *tnaus*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tnausspy*_____

Diarrhea *tdiar*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tdiarspy*_____

TRANSITIONAL SYMPTOMS FORM

GASTROINTESTINAL (Continued)

Constipation *tconst*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tconstspy*_____

Stomach Discomfort/Abdominal Pain *tstom*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tstomspy*_____

Changes in Appetite *tappe*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tappespy*_____

NEUROLOGICAL

Mood Changes like Anxiety, Restlessness, Depression *tmood*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tmoodspy*_____

Tingling/Numbness *tnumb*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tnumbspy*_____

Problems with Memory *tmem*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tmemspy*_____

Drowsiness *tdrow*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tdrowspy*_____

Insomnia/Problems Sleeping *tinsom*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *tinsomspy*_____

Other Symptoms

totsm1 _____ *totsm1yn*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *totsm1spy*_____

TRANSITIONAL SYMPTOMS FORM

Other Symptoms (Continued)

totsm2 _____ *totsm2yn*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *totsm2spy*_____

totsm3 _____ *totsm3yn*

0 ☐ Never 1 ☐ Once 2 ☐ Once a year 3 ☐ Around 6 time a year 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Daily

Specify/Describe if applicable *totsm3spy*_____

Please complete History of Renal Pain on next page

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

visit:

TRANSITIONAL SYMPTOMS FORM

2. History of Renal Pain in the last year.

2a. Was there pain in the right kidney since last Crisp I visit? *tlocrp* 0 ☐ No 1 ☐ Yes

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

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

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

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

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

2d. Was there pain in the left kidney since last Crisp I visit? *toclp* 0 ☐ No 1 ☐ Yes

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

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

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

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

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

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

visit:

TRANSITIONAL SYMPTOMS FORM

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