	CRISPII Attention - DO NOT enter patient dat preprinted CRISP ID number, clinica	ta on this form if the header does not conta I center ID, and visit number.	in
	Participant ID: pkdid visit:	Clinical Center: po	cn
	Missing Data Codes: A-Participant Refuse	ed B-Reading Not Possible C-Institutional Er	ror
	Biannual Clinic Visit/M	eds and Events	
	This form is to be completed at Visits 10 and	12.	
1.	Date of visit dvdate /		
2.	Since last contact, has the participant had a	•) □ No 1 □ Yes Go to #3)
	If yes, please specify briefly: iii		
2a.	Have you been newly diagnosed with hyper	rtension since last contact? hypert ()□No 1□Yes
	If yes, Date of diagnosis:/// hypmt hypda Month Day Year	hypyr	
	How were you diagnosed with hypertension 3		tor visit
2b.		0 □ No 1 □ Yes 2 □ Don't Know If no or don't know, and male participant, go If no or don't know, and female participant, g	
	If yes, date:	Month Day Year	diablowsugarmt diablowsugarda diablowsugaryr
2c.	Since last contact, have you been told by a doctor or other health professional that you have/had diabetes during pregnancy? <i>diabpregn</i>	0 □ No 1 □ Yes 2 □ Don't Know If 2c=no or don't know, go to 3.	9998 □ Missing
	If yes, date:	Month Day Year	diabpregnmt diabpregnda diabpregnyr
2d.	Since last contact, have you taken medications for diabetes?	0 □ No 1 □ Yes 2 □ Don't Know	777 □ Not 9998 □ Applicable Missing

	\mathbf{v}	Participant ID:_		pkdid	Clinica	Center:	pccn	
	_	visit:		prara				
		Missing Data Codes:	A-Partici	pant Refused	B-Reading Not P	ossible C-Institution	al Error	
		Biannual C	linic	Visit/Mec	is and Ev	ents		
			I	f yes, medicati	-		diabmed3 diabmed4	
2e.	taken hypog	last contact, have diabetic pills (also glycemic agents) to blood sugar? dia	called	0 🗆 No	1 🗆 Yes	2 □ Don't Know	777 □ Not Applicable	9998 □ Missing
2f.		last contact, have insulin?	you insulin	0 🗆 No	1 🗆 Yes	2 🛛 Don't Know	v 777 □ Not Applicable	9998 □ Missing
3.	Since pvyn	the last contact, h	as the pa	rticipant visit	ed their primar	y care physician?	0 🗆 No (Go to #4)	1 🗆 Yes
		ate of physician d pvmt pvda	sit:		<i>pvyr</i> ear			
	3b. W	ere there multiple	visits to t	his physician	? Mvci		0 🗆 No	1 🗆 Yes
		ame and address of ame:		•••				
	A	ddress:						
	С	ity, State, Zip:						
	3d. S	pecify reason for v	visit: pvrea	son				

CRISPIN Attention - DO NOT enter patient data on this form if the header does preprinted CRISP ID number, clinical center ID, and visit number.	not contain	
Participant ID: pkdid Clinical Center:	pccn	
Missing Data Codes: A-Participant Refused B-Reading Not Possible C-Ins	titutional Error	
Biannual Clinic Visit/Meds and Events		
4. Since last contact, has the participant visited any physician other than the primary care physician listed in question 3? <i>pvotphyld</i>	0 □ No (Go to #5)	1 🗆 Yes
If yes, complete Section #4 <u>Physician #1</u> a. Date of additional physician visit:// pv2yr pv2mt pv2da Month Day Year		
b. Were there multiple visits to this physician? m2vc	0 🗆 No	1 🗆 Yes
c. Name and address of physician treating participant:		
Name:		
Address:		
City, State, Zip:		
d. Specify reason for visit: pv2reason		
Physician #2 a. Date of additional physician visit:/// pv2yr pv2mt pv2da Month Day Year		
b. Were there multiple visits to this physician? m2vc	0 🗆 No	1 🗆 Yes
c. Name and address of physician treating participant:		
Name:		
Address:		
City, State, Zip:		
d. Specify reason for visit: pv2reason		

V 1	Participant ID: visit:		pkdid	Clinical Center	r: pccn	
Ν	lissing Data Codes:	A-Participa	ant Refused	B-Reading Not Possible	C-Institutional Error	
Physici		linic V	′isit/Me	ds and Events		
	of additional phys	sician visi pv2da	t:/_ / Month Day	/ pv2yr		
b. Were	there multiple vis	its to this	physician?	m2vc	0 🗆 No	1 🗆 Ye
c. Nam	e and address of	physician	treating pa	rticipant:		
Nam	ne:					
Add	ress:					
	, State, Zip: cify reason for vis					
d. Spec	cify reason for visi an #4 of additional physical	it: pv2reasor	ı	I pv2yr		
d. Spec <u>Physici</u> a. Date	cify reason for visi an #4 of additional physical	it: pv2reasor sician visi pv2da	• t:/ Month Day	/ <i>pv2yr</i> Year		1 🗆 Ye
d. Speci Physici a. Date b. Were	cify reason for visi an #4 of additional phys pv2mt	it: pv2reasor sician visi pv2da iits to this	t: /_ Month Day physician?	/ pv2yr Year ? m2vc		
d. Spec <u>Physici</u> a. Date b. Were c. Nam	cify reason for vision of additional physion of additional physion of additional physion of additional physion of a statement of the statement	it: pv2reasor sician visi ^{pv2da} sits to this physician	,/ Month Day physician? treating par	/ pv2yr Year ? m2vc	0 🗆 No	1 🗆 Ye
d. Spec Physici a. Date b. Were c. Nam Nam	an #4 of additional phys pv2mt there multiple vis e and address of p	it: pv2reasor sician visi ^{pv2da} sits to this physician	t:/ Month Day physician? treating pa	/ <i>pv2yr</i> Year <i>m2vc</i> rticipant:	0 🗆 No	1 🗆 Ye
d. Spec <u>Physici</u> a. Date b. Were c. Nam Nam Add	an #4 of additional phys pv2mt e there multiple vis e and address of p ne:	it: pv2reasor sician visi ^{pv2da} sits to this physician	t:/_ Month Day physician? treating par	<i>pv2yr</i> Year <i>m2vc</i> rticipant:	0 🗆 No	1 🗆 Ye
d. Spee Physici a. Date b. Were c. Nam Nam Add City	an #4 of additional phys pv2mt there multiple vis e and address of p ne: ress:	it: pv2reasor sician visi pv2da sits to this physician	t:/_ Month Day physician? treating par	/ pv2yr Year ? m2vc rticipant:	0 🗆 No	1 🗆 Ye

	Participant ID: visit:		pkdid	Clinical Cente	r : pccn	
Ν	Aissing Data Codes:	A-Participa	ant Refused	B-Reading Not Possible	C-Institutional Error	7
Physici		linic V	isit/Me	ds and Events		
	of additional phys	sician visit pv2da	:/_ Month Day	/ <i>pv2yr</i> Year		
b. Were	there multiple vis	its to this	physician?	m2vc	0 🗆 No	1 🗆 Ye
c. Nam	e and address of	physician	treating pa	rticipant:		
Nam	ne:					
Add	ress:					
	Ototo Zini					
City	, State, Zip:					
d. Spec	cify reason for visi an #6 of additional physical	it: pv2reason		I pv2yr		
d. Spec Physici a. Date	cify reason for visi an #6 of additional physical	it: pv2reason sician visit pv2da	::/ Month Day	<i>I pv2yr</i> Year	0 🗆 No	1 🗆 Ye
d. Speci Physici a. Date b. Were	cify reason for visi an #6 of additional phys	it: pv2reason sician visit pv2da its to this	::/ Month Day physician?	/ <i>pv2yr</i> Year ? <i>m2vc</i>		
d. Spec <u>Physici</u> a. Date b. Were c. Nam	cify reason for vision and the second	it: pv2reason sician visit pv2da sits to this physician t	::/ Month Day physician? treating par	/ pv2yr Year m2vc rticipant:	0 🗆 No	1 🗆 Ye
d. Spec Physici a. Date b. Were c. Nam Nam	an #6 of additional phys pv2mt there multiple vis e and address of p	it: pv2reason sician visit ^{pv2da} sits to this physician t	::/ Month Day physician? treating pa	/ <i>pv2yr</i> Year ? <i>m2vc</i>	0 🗆 No	1 🗆 Ye
d. Spec <u>Physici</u> a. Date b. Were c. Nam Nam Add	an #6 of additional phys pv2mt there multiple vis a and address of p ne:	it: pv2reason sician visit pv2da sits to this physician t	::/_ Month Day physician? treating pa	/ <i>pv2yr</i> Year ? <i>m2vc</i> rticipant:	0 🗆 No	1 🗆 Ye
d. Spee Physici a. Date b. Were c. Nam Nam Add City	an #6 of additional phys pv2mt there multiple vis a there multiple vis a there multiple vis a there multiple vis a there multiple vis a there multiple vis a	it: pv2reason	::/ Month Day physician? treating par	/ <i>pv2yr</i> Year <i>m2vc</i> rticipant:	0 🗆 No	1 🗆 Yu

V 12	Participant ID: visit:		pkdid	Clinical Center	r : pccn	
Ν	Aissing Data Codes:	A-Participa	ant Refused	B-Reading Not Possible	C-Institutional Error	7
Physici		linic V	isit/Me	ds and Events		
	of additional phy	sician visit pv2da		/ pv2yr Year		
b. Were	there multiple vis	its to this	physician?	m2vc	0 🗆 No	1 🗆 Y
c. Nam	e and address of	physician t	treating par	rticipant:		
Nan	ne:					
Add	ress:					
	Otata Zin					
d. Spec	cify reason for vis an #8 of additional physical	it: pv2reason		I pv2yr		
d. Spec Physici a. Date	cify reason for vis an #8 of additional physical	it: pv2reason sician visit pv2da	::/ Month Day	/ <i>pv2yr</i> Year	0 🗆 No	1 🗆 Y
d. Species of the second secon	cify reason for vis an #8 of additional phys pv2mt	it: pv2reason sician visit pv2da sits to this	::/ MonthDay physician?	/ pv2yr Year ' m2vc		
d. Spee <u>Physici</u> a. Date b. Were c. Nam	an #8 of additional phy pv2mt there multiple vis	it: pv2reason sician visit pv2da sits to this physician t	::/ Month Day physician? treating par	/ pv2yr Year ' m2vc	0 🗆 No	1 🗆 Y
d. Spec Physici a. Date b. Were c. Nam Nan	an #8 of additional phys pv2mt there multiple vis a and address of p	it: pv2reason sician visit pv2da sits to this physician t	::/ Month Day physician? treating par	<i>I pv2yr</i> Year ? <i>m2vc</i> rticipant:	0 🗆 No	1 🗆 Yı
d. Spec Physici a. Date b. Were c. Nam Nan Add	an #8 of additional phys pv2mt e there multiple vis he and address of p ne:	it: pv2reason sician visit pv2da sits to this physician t	::/_ Month Day physician?	/ pv2yr Year ? m2vc rticipant:	0 🗆 No	1 🗆 Y
d. Spee Physici a. Date b. Were c. Nam Nan Add City	an #8 of additional phy pv2mt there multiple vis a there multiple vis a there multiple vis a there multiple vis a	it: pv2reason sician visit pv2da sits to this physician t	::/_ Month Day physician? treating par	/ pv2yr Year ? m2vc rticipant:	0 🗆 No	1 🗆 Yı

V 12	Participant ID: visit:	pkdid	Clinical Center	: pccn	
Π	Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error	
Physici		linic Visit/Me	ds and Events		
	of additional phy	sician visit:/ <i>pv2da</i> Month Day	/ <i>pv2yr</i> Year		
b. Were	e there multiple vis	sits to this physician	? m2vc	0 🗆 No	1 🗆 Ye
c. Nam	e and address of	physician treating pa	rticipant:		
Nan	ne:				
Add	lress:				
Citv	, State, Zip:				
	cify reason for vis	it: pv2reason			
d. Spec	cify reason for vis ian #10 e of additional physical	sician visit:/_	I pv2yr		
d. Spec Physici a. Date	cify reason for vis	sician visit:/_ <i>pv2da</i> Month Day	/ <i>pv2yr</i> / Year		
d. Spec <u>Physici</u> a. Date b. Were	cify reason for vis ian #10 e of additional phys pv2mt e there multiple vis	sician visit:/_ pv2da Month Day sits to this physician'	/ pv2yr / Year ? m2vc0	0 🗆 No	1 🗆 Ye
d. Spece Physici a. Date b. Were c. Nam	cify reason for visitian #10 e of additional physical products of a product of a second constraints of the second constrai	sician visit:/ pv2da Month Day sits to this physician' physician treating pa	/ pv2yr /Year ? m2vc0 rticipant:	0 🗆 No	
d. Spece Physici a. Date b. Were c. Nam	cify reason for visitian #10 e of additional physical products of a product of a second constraints of the second constrai	sician visit:/ pv2da Month Day sits to this physician' physician treating pa	/ pv2yr / Year ? m2vc0	0 🗆 No	
d. Spec <u>Physici</u> a. Date b. Were c. Nam Nan	cify reason for visit ian #10 e of additional phys pv2mt e there multiple vision ne and address of points	sician visit:/_ pv2da Month Day sits to this physician physician treating pa	/ pv2yr Year ? m2vc0 irticipant:	0 🗆 No	
d. Spec Physici a. Date b. Were c. Nam Nan Add	cify reason for visit	sician visit:/_ pv2da Month Day sits to this physician' physician treating pa	/ pv2yr /Year ? m2vc0 irticipant:	0 🗆 No	
d. Spec Physici a. Date b. Were c. Nam Nan Add	cify reason for visit	sician visit:/_ pv2da Month Day sits to this physician' physician treating pa	/ pv2yr Year ? m2vc0 irticipant:	0 🗆 No	
d. Species of the second secon	cify reason for visit ian #10 of additional physic pv2mt there multiple visit ne: lress: , State, Zip:	sician visit:/_ pv2da Month Day sits to this physician' physician treating pa	/ pv2yr /Year ? m2vc0 irticipant:	0 🗆 No	1 🗆 Ya

Please continue on the next page

	CRISI			on this form if the header enter ID, and visit numbe		
	¥	Participant ID:	pkdid	Clinical Center	: pccn	
		Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error	
	L	Biannual C	linic Visit/Me	ds and Events		
5.	Since	last contact, has the	e participant been hos	spitalized? hospId	0 🗆 No	1 🗆 Yes
					(Go to #6)	
		complete Section #5 italization #1				
			unscheduled? husch		0 🗆 No	1 🗆 Yes
						(See Note)
	N	lote: If unscheduled	, please report the ev	ent to the local IRB and	send a copy to the I	DCIAC
	h Dat	a admitted to been	tal: /	hour		
	D. Dai	te admitted to hospi	hada Month Day	<i>hayr</i> Year		
	c. Da		hospital:////////	<i>hdyr</i> Year		
	d. Le	ngth of stay (in day	s) : lenst			
	e. Na	me and address of	hospital:			
	INC	ame				
	Ad	dress:				
	Cit	y, State, Zip:				
	f. Nar	me and address of p	hysician treating part	ticipant:		
	N	ame:				
	A	ddress:				
_	Cit	ty, State, Zip:				
	g. Wr	nat was the discharg	je diagnosis?			hdiag
			rgery performed? rsur ation #2 or Section 6 if r	_{gpyn} no more hospitalizations	0 🗆 No	1 🗆 Yes
		If yes, was the in	tent cyst reduction?	ceducyn	0 🗆 No	1 🗆 Yes
			provide a date and sl / / nth Day Year			
	De	escription:				rsidesc

∀ ∎P	Participant ID:	pkdid	Clinical Center:	pccn	
	visit: lissing Data Codes: A-Pa		Pooding Not Descible	C Institutional Error	
		•			
	Biannual Clinic	c visit/weas	s and Events		
	<u>alization #2</u> his hospitalization unsc	heduled? husch		0 🗆 N	o 1 □ Y (See No
Not	e: If unscheduled, pleas	se report the even	t to the local IRB and	send a copy to tl	ne DCIAC
b. Date a	admitted to hospital: hamt hada	_/_ / Month Day Ye	<i>hayr</i> ar		
c. Date	discharged from hospit		<i>hdyr</i> ear		
d. Leng	th of stay (in days) :	lenst			
e. Name	e and address of hospit	al:			
Nam	e:				
Addre	ess:				
City,	State, Zip:				
f. Name	and address of physici	an treating partici	pant:		
Nam	ne:				
Addı	ress:				
City,	State, Zip:				
a What	was the discharge diag	inosis?			hdi
	there any renal surgery no, go to Hospitalization			0 🗆 N	lo 1 🗆 Yo
	If yes, was the intent c	yst reduction? ced	ucyn	0 🗆 N	lo 1 🗆 Ye
i. For a	any renal surgery provid	le a date and shor	t description:		
Date rs	e of intervention:/	/ /	siyr		

	ention - DO NOT enter p eprinted CRISP ID numb		his form if the header doe er ID, and visit number.	s not contain	
VP Pa	rticipant ID:	pkdid	Clinical Center:	рссп	
Missin	g Data Codes: A-Particip	bant Refused B-	Reading Not Possible C-In	stitutional Error	
Hospitalizat	tion #3 ospitalization unsched		and Events	0 🗆 No	1 🗆 Yes
					(See No
Note: I	f unscheduled, please	report the even	t to the local IRB and ser	nd a copy to the I	DCIAC
b. Date adm	itted to hospital: hamt hada Mor	_/ / hth Day Year	hayr		
c. Date disc	harged from hospital: hdmt hdda Mo	//_//_//_///_///_////			
d. Length o	f stay (in days) :	lenst			
e. Name and	d address of hospital:				
Name [.]					
Address:_					
City, State	ə, Zip:				
f. Name and	address of physician	treating particip	pant:		
Name:					
Address:					
City, State	ə, Zip:				
g. What was	the discharge diagno	sis?			hdia
	re any renal surgery pe go to Hospitalization #4 (0 🗆 No	1 🗆 Ye
lf ye	es, was the intent cyst	reduction? cedu	cyn	0 🗆 No	1 🗆 Ye
	enal surgery provide a			-	
-			-		
Date of i	ntervention://	_/ <i> rs</i> Year	iyr		
Descripti	on:				rside

			on this form if the header enter ID, and visit numbe		
\forall	Participant ID:	pkdid	Clinical Center	pccn	
Γ	Vissing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error	
	Biannual C	linic Visit/Me	ds and Events		
	alization #4 his hospitalization	unscheduled? husch		0 🗆 No	1 □ Yes (See Not
N	ote: If unscheduled	I, please report the e	vent to the local IRB and	I send a copy to the	DCIAC
b. Date	admitted to hospit	al:// ada Month Day	Year <i>hayr</i>		
c. Date		n ospital:/ / adda Month Day	′ <i> hdyr</i> Year		
d. Len	gth of stay (in days	;) : lenst			
e. Nam	e and address of h	ospital:			
Nan	ne:				
Addr	'ess:				
0:4	Otata Zin				
f. Name	e and address of pl	hysician treating par	ticipant:		
Nar	ne:				
Add	lress:				
Citv	. State. Zip:				
	, , , , , , , , , , , , , , , , , , ,				
g. Wha	t was the discharg	e diagnosis?			hdiag
h. Was	s there any renal su	urgery performed? rs	urgpyn	0 □ No (Go to #6)	1 🗆 Yes)
	If yes, was the inf	ent cyst reduction?	ceducyn	0 🗆 No	1 🗆 Yes
i. For	any renal surgery	provide a date and sl	hort description:		
	e of intervention: _ rsimt rsida Mon	/ / th Day Year	rsiyr		
Des	cription:				rsides

	CRISP			OT enter patient PID number, clin					ot contain		
	¥1		cipant ID:		did		Clinical Cente	er:	рссп		
		Missing I	Data Codes:	A-Participant Ref	used	B-Read	ing Not Possible	C-Institu	itional Error		
		Biar	nnual C	linic Visit/	'Me	ds an	d Events	5			
	•										
6.	Smo	king and	l Tobacco:								
	6a.	Has the	participant	ever smoked ci	garett	es? csyr)		0 □ No (Go to# 6e)	1 🗆	Yes
	6b. /	2 C		Go to #6d) uit since last visit uit prior to last vis	•	o #6c))				
	6c.	If forme	r smoker, q _{qsm}	uit date:///	Yea	(G r	io to #6e)				
		f curren smoke?		ow many packs _ —	per y	ear doe	s the participa	int			
	6e. conta		participant	used any other	types	of toba		otytob	0	1 🗆	Yes
	6f. /	f yes, wl	nich types?								
		6g.	Cigars		0 🗆		cigar				
		6h.	lf yes, <mark>how</mark> r	nany cigars sin	ce the	last co	ntact?	cignm			
		6i.	Pipe		0 🗆 1 🗆		pipeyn				
		6j.	Chewing	Tobacco/Snuff		No Yes	chewyn				
7.	Caffe	einated E	Beverages:								
	7a.	Does the	e participan	t drink caffeinat	ed co	ffee or 1	ea? cucaff		0 □ No (Go to #7b)	1 🗆	Yes
		lf yes, o Interva		terval and enter	the av	erage n	umber of caffei	nated 8 ou	ince cups per		
		0 [] 1 [] 2 []			8 oun	ce cups	s per interval_	ccafi	ınit		

			T enter patient data o ID number, clinical co			ot contain	
	Ψ.	Participant ID:	pkdid	Clinical C	Center:	pccn	
		Missing Data Codes:	A-Participant Refused	B-Reading Not Pos	sible C-Institu	itional Error	
	_	Biannual Cl	inic Visit/Me	ds and Eve	nts		
	7b.	Does the participant	drink other caffeina	ted beverages? ca	afotbv	0 □ No (Go to #7c)	1 🗆 Yes
		If yes, check time inte interval: glassc	erval and enter the av	erage number of ca	affeinated 12 o	unce portions pe	ər
		0 Per day 1 Per week 2 Per month	Number of 12 oun	ce portions per in	terval s	scafunit	
	7c.	Does the participant	drink alcohol? alcdr			0	1 🗆 Yes
		If yes, check time inte	rval and enter the ave	erage number of alc	coholic drinks p	oer interval: nad	1
		(1 drink=any of the foll 0 □ Per day 1 □ Per week 2 □ Per month	Number of drinks			s liquor)	
8.	Anal	gesic Use History: R	ecord the average nu	mber per month ov	er the last yea	r. 0=Participant	doesn't use
	8a.	Acetaminophen table	ets: acett Avg. number per mor		Aspirin Tablet	S: aspr Avg. number per	
	8c.	Combination analge	sics: combo Avg. number per mor		ISAIDs: Avg. r	<i>nsaidt</i> number per month	
	8e.	Medical use of mariju	Iana: <i>dum</i> Avg. Number per mon		ox2 Inhibitors	6 <i>cox2</i> Avg. number per m	
9.	Has	the participant used	recreational drugs in	n the last year? illd	lrg	0 🗆 No	1 🗆 Yes
	lf :	yes, check all that ap Heroin duh Marijuana duma Methamphetami Cocaine duc Other duo					othr

CRISPII Attention - DO	CRISPII Attention - DO NOT enter patient data on this form if the header does not contain <i>preprinted</i> CRISP ID number, clinical center ID, and visit number.		
Participant II	D: pkdid	Clinical Cente	r: pccn
Missing Data Code	es: A-Participant Refused	B-Reading Not Possible	C-Institutional Error
Biannual	Clinic Visit/Me		to # 11.
If this is Visit 10 and the 10. List all current pres products/protein su	cription medications, ov		ions and all natural
and then <u>STOP</u>			
Prescribed Medications	ores		
prescribed Medications	pres		
<i>p.</i> 00.0			
Over the Counter	oct		
Medications octid			
All Natural Products/	прр		
Protein Supplements			
nppld			
	<u> </u>		

L



visit:

___ pccn

Missing Data Codes: A-Participant Refused B-Reading Not Possible

C-Institutional Error

Biannual Clinic Visit/Meds and Events

11.	11. Prescribed medications changes:			
	11a. Since last contact, have prescribed drugs been added? pmald			
	If yes, then please record:			
Pres	Prescribed Medications added Date (month/year)			
pma		dpmamt		dpmayr
		apmann	/	upmayr

CRISP 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 visit:

Clinical Center: ___

___ рссп

Missing Data Codes: A-Participant Refused B-Reading Not Possible C-Institutional Error

Biannual Clinic Visit/Meds and Events

11b. Since last contact, have prescribed drugs been stopped/discontinued? pmdld If yes, then please record:			
Prescribed Medications discontinued	Date (month/year)		
pmd	dpmdmt/ dpmdyr		

CRISPII 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: ___

visit:

___ рссп

Missing Data Codes: A-Participant Refused B-Reading Not Possible C-Institutional Error

Biannual Clinic Visit/Meds and Events

12.	Over-the-counter medications changes:			
	12a. Since last contact, have OTC drugs been added? omald			
	If yes, then please record:			
ото	C Medications added	Date (month/	year)	
oma		domamt/	domayr	

12b. Since last contact, have OTC drugs been stopped/discontinued? omdid If yes, then please record:			
OTC Medications discontinued	Date (month/year)		
omd	domdmt/ domdyr		

CRISPIII 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:_ Clinical Center: ___ _____ pkdid

___ рссп

visit:

Missing Data Codes: A-Participant Refused B-Reading Not Possible C-Institutional Error

Biannual Clinic Visit/Meds and Events

13. Natural Product Use Changes:			
13a. Since last contact, have Natural Products/Protein	Supplements been added? nmald		
If yes, then please record:			
Natural Products/Protein Supplements added	Date (month/year)		
nma	Date (month/year)		
	during and the strength of the		
	dnmamt/ dnmayr		

13b. Since last contact, have Natural Products/Protein nmdld If yes, then please record:	Supplements been stopped/discontinued?
Natural Products/Protein Supplements discontinued	Date (month/year)
nmd	
	dnmdmt / dnmdyr

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

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