This form is to be completed for the scheduled quarterly phone calls and as needed for unscheduled phone calls and/or visits.

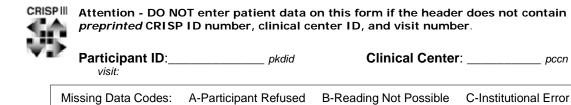
	Check here if data were entered from Electron external data source (e.g., USRDS).	ic Health Records (e.g., Ic	ost to follow up) or other
1.	Date of visit dvdate /	1	
	Type of Event: toe 1 ☐ Scheduled Follow-up Vis	sit 2 ☐ Serious Adverse Even	t
	3 ☐ Other Specify		evoth
2.	Since last contact, has the participant had any illne	esses ? ilyn	0 □ No 1 □ Yes (Go to #3)
	If yes, please specify briefly: ill		
İ			
2a.	Have you been newly diagnosed with hypertension	since last contact? hypert	0 □ No 1 □ Yes
	If yes, Date of diagnosis://	уруг	
	How were you diagnosed with hypertension? hypho 3 ☐ Hospital stay 4 ☐ Other Specify:		Doctor visit
2b.		1 ☐ Yes 2 ☐ Don't Know don't know, and male participa don't know, and female particip	
	Mont	h Day Year	
	If yes, date:	cipant, go to 2d.	diablowsugarmt diablowsugarda diablowsugaryr
0-	·		
2c.	Since last contact, have you been told by a doctor or other health professional that you have/had diabetes during pregnancy?  If 20=n0	1 ☐ Yes 2 ☐ Don't Know or don't know, go to 3.	9998 □ Missing
	diabpregn	o. don't mion, go to o.	
	Mont	n Day Year	
	If yes, date:	/ / / / /	diabpregnmt diabpregnda



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: visit:	pkdid	kdid Clinical Center:	
Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

2d.	Since last contact, have you taken medications for diabetes?	0 □ No	1 □ Yes	2 □ Don't Know	777 □ Not Applicable	9998 □ Missing
	If yes, medications:			diabme diabme diabme	d2 d3 d4	
2e.	Since last contact, have you taken diabetic pills (also called hypoglycemic agents) to lower your blood sugar? diabpills	0 □ No	1 □ Yes	2 □ Don't Know	777 □ Not Applicable	9998 □ Missing
2f.	Since last contact, have you taken insulin?	0 □ No	1 □ Yes	2 □ Don't Know	777 □ Not Applicable	9998 □ Missing
3.	Since last contact, has the participant pvyn	visited their	primary care p	-	□ No <b>Go to #4)</b>	1 ☐ Yes
	If yes, complete Section 3  3a. Date of physician visit:/  pvmt pvda Month Da	<b>/</b>	_pvyr			
	3b. Were there multiple visits to this p	hysician? mv	ci	0	□ No	1 ☐ Yes
	3c. Name and address of physician tro	eating partici	pant:			_
	Address:					
	City, State, Zip:					
	3d. Specify reason for visit: pvreason					



4. Since last contact, has the participant visited any physician other than the primary care physician listed in question 3? pvotphyld	0 □ No (Go to #5)	1 ☐ Yes
If yes, complete Section #4  Physician #1  a. Date of additional physician visit://		
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:/		
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 #3 a. Date of additional physician visit:///		
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		

Please continue on the next page

5.	Since last contact, has the participant been hospitalized? hospid	0 □ No <b>(Go to #6)</b>	1 ☐ Yes
	If yes, complete Section #5  Hospitalization #1		
	a. Was this hospitalization unscheduled? husch	0 □ No	1 ☐ Yes
	•		(See Note)
	Note: If unscheduled, please report the event to the local IRB and se	nd a copy to the D	CIAC
	b. Date admitted to hospital:		
	c. Date discharged from hospital://		
	d Langth of stary		
	d. Length of stay:lenst		
	e. Name and address of hospital:		
	Nama		
	Name:		
	Address:		
	City, State, Zip:		
	f. Name and address of physician treating participant:		
	Nama		
	Name:		
	Address:		
	Address:		
	City, State, Zip:		
	· · · · · · · · · · · · · · · · · · ·		
	g. What was the discharge diagnosis?		hdiag
	h. Was there any renal surgery performed? rsurgpyn If no, go to Hospitalization #2 or Section 6 if no more hospitalizations	0 □ No	1 ☐ Yes
	, <b>G</b>		
	If yes, was the intent cyst reduction? ceducyn	0 □ No	1 ☐ Yes
	<b>,</b> ,	3 = 1.13	
	i. For any renal surgery provide a date and short description:		
	Date of intervention:/ / rsiyr		
	rsimt rsida Month Day Year		
	Description:		rsidesc

Hospitalization #2 a. Was this hospitalization unscheduled? husch	0 □ No	1 ☐ Yes (See Note)
Note: If unscheduled, please report the event to the local IRB and send	I a copy to the I	DCIAC
b. Date admitted to hospital:/		
c. Date discharged from hospital://		
d. Length of stay:lenst		
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?		hdiag
h. Was there any renal surgery performed? resurgpyn If no, go to Hospitalization #3 or Section 6 if no more hospitalizations	0 □ No	1 ☐ Yes
If yes, was the intent cyst reduction? ceducyn	0 □ No	1 ☐ Yes
i. For any renal surgery provide a date and short description:		
Date of intervention://		
Description:		rsidesc

Hospitalization #3 a. Was this hospitalization unscheduled? husch	0 □ No	1 ☐ Yes (See Note)
Note: If unscheduled, please report the event to the local IRB and sen	d a copy to the l	DCIAC
b. Date admitted to hospital:/		
c. Date discharged from hospital://		
d. Length of stay:lenst		
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?		hdiag
h. Was there any renal surgery performed? rsurgpyn If no, go to Hospitalization #4 or Section 6 if no more hospitalizations	0 □ No	1 □ Yes
If yes, was the intent cyst reduction? ceducyn	0 □ No	1 ☐ Yes
i. For any renal surgery provide a date and short description:		
Date of intervention://		
Description:		rsidesc

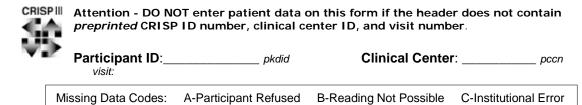
Hospitalization #4  a. Was this hospitalization unscheduled? husch	0 □ No	1 ☐ Yes (See Note)
Note: If unscheduled, please report the event to the local IRB and so	end a copy to the I	DCIAC
b. Date admitted to hospital:/		
c. Date d ischarged from hospital:/		
d. Length of stay:lenst		
e. Name and address 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?		hdiag
h. Was there any renal surgery performed? rsurgpyn	0 □ No ( <b>Go to #6)</b>	1 ☐ Yes
If yes, was the intent cyst reduction? ceducyn	0 □ No	1 ☐ Yes
i. For any renal surgery provide a date and short description:		
Date of intervention:/ rsiyr  rsimt rsida Month Day Year		
Description:		rsidesc

6.	Prescribed medications changes:				
	Trooping and another on an age of				
	6a. Since last contact, have prescribed drugs been added? pmald			0 □ No (Go to #6b)	1 ☐ Yes
	If yes, then please record:			(00 10 #00)	
Pre	scribed Medications <b>added</b>		Date (r	month/year)	
pma		domomt	/	nontri year)	damour
		dpmamt	/	<del></del>	dpmayr



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

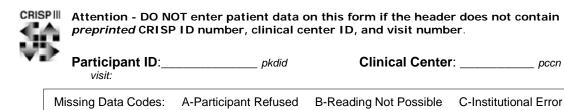
Follow-Up Study and	Events Form		
6b. Since last contact, have prescribed drugs been sto	opped/discontinued?	0 □ No (Go to #7a)	1 □ Yes
Prescribed Medications discontinued	Date (m	nonth/year)	
pmd	dpmdmt/		omdyr



Follow-Up Study and	Events I	orm		
7. Over-the-counter medications changes:				
7a. Since last contact, have OTC drugs been added?	omald		0 □ No	1 ☐ Yes
If yes, then please record:			(Go to #7b)	
OTC Medications added		<b>D</b> /		
oma		Date (ı	month/year)	
	domamt	/		domayr
7b. Since last contact, have OTC drugs been stopped	discontinued'/ ۰	<b>?</b> omdld	0 □ No ( <b>Go to#8b)</b>	1 ☐ Yes
If yes, then please record:			(00 101100)	
OTC Medications discontinued		Data (ı	month/year)	
omd		Date (i	nontri/year/	
	domdmt	/	· <del></del>	domdyr

O Notional December Use Observes			
8. Natural Product Use Changes:			
· • • • • • • • • • • • • • • • • • • •		0 □ No (Go to #13b)	1 □ Yes
Natural Products/Protein Supplements added	Date (month/year)		
nma	dnmamt/		dnmayr
8b. Since last contact, have Natural Products/Protein Supstopped/discontinued? nmdld If yes, then please record:	pplements been	0 □ No <i>(Stop)</i>	1 □ Yes
Natural Products/Protein Supplements discontinued	Dat	e (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//	
cddate	
Data Entry Status: Please check to indicate that the	e above information has been entered
•	
Primary Entered by:	Date:// dedate
deidnu	
Secondary Entered by:	Date//
, ,	