



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: _____ *pccn*

SYMPTOMS FORM

CARDIOVASCULAR

Chest Pain *tchest*

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

Specify/Describe if applicable *tmuscspy* _____



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: _____ *pccn*

SYMPTOMS FORM

GENITOURINARY

Urinary Changes *urin*

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

Specify/Describe if applicable *urinspy* _____

Visible Blood in Urine *tvsl* Date ____/____/____ *tvsltdt*

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

Specify/Describe if applicable *tvslspy* _____

Impotence/Decreased Libido *timpot*

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

Specify/Describe if applicable *tnausspy* _____

Diarrhea *t diar*

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

Specify/Describe if applicable *t diarspy* _____



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: _____ *pccn*

SYMPTOMS FORM

GASTROINTESTINAL (Continued)

Constipation *tconst*

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

Specify/Describe if applicable *totsm1spy* _____



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: _____ *pccn*

SYMPTOMS FORM

Other Symptoms (Continued)

totsm2 _____ *totsm2yn*

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

Specify/Describe if applicable *totsm3spy* _____

Please complete History of Renal Pain on next page



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: _____ *pccn*

SYMPTOMS FORM

2. History of Renal Pain in the last year.

2a. Was there pain in the right kidney since last 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 visit? *tolcp*

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



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: _____ *pccn*

SYMPTOMS FORM

3. For Males Only.

If female, select N/A for Not Applicable

3a. Have you ever had seminal vesicle cysts? *tsemcysts* 8888 N/A 0 No 1 Yes 5555 Unknown

3b. Have you ever had epididymal cysts? *tepidcysts* 8888 N/A 0 No 1 Yes 5555 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: __/__/____ *deidnum* *dedate*

deidnum

Secondary Entered by: _____ Date __/__/____