

For Questions 6-33: 0=No, 1=Yes, continued:

- 13. Cerebrovascular disease? (from Charlson)
(Includes history of CVA with minor or no residua and transient ischemic attacks) _____
- 14. Hemiplegia? (from Charlson).....
(Includes paraplegia/hemiplegia resulting from CVA or other condition) _____
- 15. Dementia? (from Charlson) _____
- 16. Chronic pulmonary disease? (from Charlson) _____
- 17. Rheumatologic condition? _____
- 18. Ulcer disease? (from Charlson) _____
- 19. Diabetes without end-organ damage? (from Charlson).....
(For example, a diabetic where diabetes is not listed as the cause for ESRD). _____
- 20. Diabetes with end-organ damage (retinopathy, neuropathy or kidney failure)? (from Charlson) _____
- 21. Hepatitis B surface antigen positive?..... _____
- 22. Hepatitis C positive?..... _____
- 23. Mild Liver Disease (without portal hypertension, includes chronic hepatitis)? (from Charlson) _____
- 24. Moderate or Severe Liver Disease (such as portal hypertension or jaundice)? (from Charlson)..... _____
- 25. Leukemia (acute or chronic)? (from Charlson) _____
- 26. Lymphoma? (from Charlson) _____
- 27. Multiple myeloma? _____
- 28. Tumor without metastases (exclude if 5 years from diagnosis)? (from Charlson)..... _____
- 29. Metastatic solid tumor? (from Charlson) _____
- 30. Gout?..... _____
- 31. Human immunodeficiency virus (HIV)? _____
- 32. Uses nasal CPAP at night? _____
- 33. Legally blind? _____

Note: A patient is legally blind if he or she has central visual acuity of 20/200 or less in his or her better eye, even when his vision is measured using the best possible correction.
- 34. History of cigarette smoking? _____
1=Never smoked, 2=Used to smoke, 3=Currently smokes

35. History of excess alcohol use?
0=No history 2=Yes, currently
1=Yes, used to drink in excess

36. History of illicit drug use?
0=No history, 2=Yes, in the past 5 years, 1=Yes, but more than 5 years ago

37. In the past year, how many times was the patient admitted to an intensive care unit?.....
0=Not admitted, 1=Admitted once, 2=Admitted more than once

38. In the past year, how many times was the patient admitted to a cardiac/coronary
care unit (0=Not admitted, 1=Admitted once, 2=Admitted more than once)?

39. Primary reason kidneys failed:.....
01=Diabetic nephropathy
02=Hypertensive nephrosclerosis
03=Glomerulonephritis (includes, but not limited to: membranous nephropathy, focal sclerosis,
membranoproliferative glomerulonephritis, mesangial proliferative glomerulonephritis, chronic renal
failure with proteinuria, nephritic syndrome without biopsy, IGA nephropathy, other glomerulonephritis)
04=Polycystic kidney disease
05=Physical trauma
06=Analgesic nephropathy
07=Obstructive uropathy (includes, but not limited to: obstructive uropathy-acquired,
obstructive uropathy-congenital, urinary tract stones)
88=Other (includes, but not limited to: hereditary nephritis, pyelonephritis, other interstitial nephritis,
vesico-ureteral reflux, renal artery stenosis)
99=Unknown

40. Is the patient currently on the cadaveric transplant waiting list?
0=No, patient is currently being assessed to be on the list
1=No, possibility of transplant was never discussed with patient
2=No, patient refuses a transplant or is not interested in being assessed for transplant
3=No, patient was assessed and told he/she was medically ineligible
4=No, patient is expecting a living donor to come forward
5=No, reason unknown or other
6=Yes

41. Number of previous kidney transplants? (0 for none, 1 for one, etc.)

42. Has the patient previously received peritoneal dialysis? (0=No, 1=Yes)

43. Generally uses a wheelchair to move around? (0=No, 1=Yes)

200. Date this form completed (dd/mon/yyyy)..... ___/___/___

201. Username of person reviewing completeness of this form..... _____

For Clinical Center Use Only:

202. Username of person entering this form: _____

203. Date Entered: (dd/mon/yyyy) ___/___/___