

Focal Segmental Glomerulosclerosis (FSGS) Clinical Trial Disease History Form (Form # 14)

		B 0 1	
1. Participant ID Number <u>PID</u>	2. Alpha Code <u>ALPHCD</u>	3. Visit Number <u>VSN</u>	4. Date of Visit (dd/mmm/yyyy) <u>VISDT</u>

Patient Symptom Checklist:

5. At the time of onset of signs and symptoms of FSGS, did you have swelling? (0 = no, 1 = yes, 9 = unknown) SWELL
6. In order to estimate life exposure to corticosteroids, estimate how many months corticosteroids have been taken (enter UNK = unknown) (months) MEDMON
7. Have you ever taken an ACE-inhibitor medication before? (examples captopril, enalapril, lisinopril)..... (0 = no, 1 = yes, 9 = unknown) ACE
8. Have you permanently been taken off an ACE-inhibitor medication because of a side effect? OFFACE
0 = no, 1 = yes, cough, 2 = yes, allergy, 3 = yes, other reason, 8 = not applicable, 9 = unknown
(Note, if Q7=0 or 9, then Q8 must = 8)
9. Have you ever taken an angiotensin receptor blocker medication before? (examples losartan, cozaar, irbesartan)..... (0 = no, 1 = yes, 9 = unknown) ARB
10. Have you permanently been taken off an angiotensin receptor blocker medication because of a side effect? OFFARB
0 = no, 1 = yes, cough, 2 = yes, allergy, 3 = yes, other reason, 8 = not applicable, 9 = unknown
(Note, if Q9=0 or 9, then Q10 must = 8)
11. Past Medical History:
 - a. Birth weight of participant..... (enter UNK = unknown) (kg) BIRTHWT
 - b. Was the participant born prematurely..... (0 = no, 1 = yes, 9 = unknown) PRBORN
 - c. If yes, how many weeks prematurely (enter UNK = unknown, NA = not applicable) (wks) PBWK S

Questions below to be coded as 0 = no, 1 = yes or 9 = unknown.

Have you ever had:

12. Seizures? SEIZUR
13. Aseptic necrosis of bone? ANBONE
14. Blood clot?..... BDCLOT
15. Treatment for Attention Deficit Disorder/Hyperactivity? ADHD
16. Treatment for insomnia or other sleep disorder?..... INSOMN
17. Hypertension? HIGHBP

Current and chronic comorbid conditions in the past 5 years for which medical care was received?

Condition:	MedDRA Code:
18. MDVT	MDCLLT
19.	
20.	

SYMP TOM XX

- 21. a. Smoking History (0 = never, 1 = former smoker, 2 = current smoker, 9 = unknown) S MOKE
- b. If (2) current smoker, estimate number of cigarettes per day(NA = not applicable) S A I K N U M
- c. Do you live or work with someone who smokes regularly?..... S N D S M K
(0 = no, 1 = yes, 9 = unknown, 98 = declines)
- 22. Number of biological siblings you have with the same two parents S I B N U M
(enter UNK = unknown/adopted)
- 23. Number of biological children you have had C H I D N U M
- 24. How many first degree relatives [including mother, father, sister(s), brother(s), son(s), daughter(s)] ever had: (enter UNK = unknown)
- a. Kidney Disease (other than kidney stones or urinary tract infections)..... R L K I D Y
- b. Dialysis or Kidney Transplant R L D I A L
- c. Proteinuria..... R L P R O T
- d. FSGS..... R L F S G S

200. Date this form completed:.....(dd/mmm/yyyy) ____ / ____ / ____

201. Username of person completing this form..... _____

Automatically stored:

- 202. Date this form entered (dd/mmm/yyyy) (“Created On”)
- 203. Username of person entering this form (“By”)