

(Examples: billiards; bowling; ballroom dancing;

4. How many 4-oz. glasses of wine did the proband/relative consume during the past seven days? (IF THE PAST SEVEN DAYS WERE ATYPICAL, CHARACTERIZE A TYPICAL WEEK.) _ _
Glasses

5. How many 1 1/2-oz. shots of straight hard liquor and 1 1/2-oz. mixed drinks did the proband/relative consume during the past seven days? (IF THE PAST SEVEN DAYS WERE ATYPICAL, CHARACTERIZE A TYPICAL WEEK.) _ _
Drinks

b) Moderate Activity:
(This level is marked by modest increases in heart rate and breathing. Most healthy individuals find these activities comfortable and can continue them for a few hours without undue fatigue. Examples: leisure cycling (5.5 mph); frisbee playing; horseback riding; sailing; table tennis; croquet; golf without power cart.) _ _ _ _
Hours Minutes

D. EXERCISE AND ACTIVITY

1. Which one of the following best describes the proband/relative's level of activity on the job, at school or, for homemakers, in homemaking?

a) Sedentary: (such as office work with occasional inter-office walking, etc.; e.g. secretary) (1)

b) Moderate Activity: (requires considerable, but not constant, lifting, walking, bending, pulling, etc.; e.g., homemaker with family and without domestic assistance; policeman; student taking physical education course) (2)

c) Strenuous Activity: (requires almost constant lifting, bending, pulling, scrubbing, etc.; e.g., furniture mover; heavy domestic work) (3)

2. During the past seven days, how many hours and minutes did the proband/relative spend in the following types of leisure time activities?(IF THE PAST SEVEN DAYS WERE ATYPICAL, CHARACTERIZE A TYPICAL WEEK.)

a) Light Activity:
golf with power cart; non-competitive volleyball.)

c) Hard Activity:
(When exercising at this intensity most people will have noticeable increases in breathing and will likely perspire. Most untrained people could not exercise at this intensity without taking frequent rest periods. Examples: cycling (9.4 mph); half-court basketball; water skiing; downhill skiing; karate or judo; doubles tennis; roller skating; gymnastics.) _ _ _ _
Hours Minutes

d) Very Hard Activity:
Includes strenuous sports involving a lot of movement or running. Only a well-trained individual can perform at this intensity for extended periods of time. Examples: racing cycling; football; full-court basketball; rapid marching; squash; continuous, moderate to fast swimming; rope jumping; cross-country skiing; cross-country running; singles tennis; field hockey.) _ _ _ _
Hours Minutes

_ _ _ _
Hours Minutes

E. FAMILY MEDICAL HISTORY OF RELATIVE(S)

1. Is there a family history of diseases of the following types? (Consider parents and siblings)

	<u>A. PARENTS</u>			<u>B. SIBLINGS</u>			Not Applicable
	NO	YES	Unknown	NO	YES	Unknown	
1. Hypertension	(1)	(2)	(3)	(1)	(2)	(3)	(4)
2. Myocardial Infarction	(1)	(2)	(3)	(1)	(2)	(3)	(4)
a) If YES, before age 40?	(1)	(2)	(3)	(1)	(2)	(3)	(4)
b) If YES to (2), in a diabetic person?	(1)	(2)	(3)	(1)	(2)	(3)	(4)
3. Autoimmune Endocrine Disease (see list below):							
a) Addison's Disease	(1)	(2)	(3)	(1)	(2)	(3)	(4)
b) Ulcerative Colitis	(1)	(2)	(3)	(1)	(2)	(3)	(4)
c) Crohn's Disease	(1)	(2)	(3)	(1)	(2)	(3)	(4)
d) Systemic Lupus Erythematosus	(1)	(2)	(3)	(1)	(2)	(3)	(4)
e) Rheumatoid Arthritis	(1)	(2)	(3)	(1)	(2)	(3)	(4)
f) Juvenile Rheumatoid Arthritis	(1)	(2)	(3)	(1)	(2)	(3)	(4)
g) Multiple Sclerosis	(1)	(2)	(3)	(1)	(2)	(3)	(4)
h) Celiac Sprue	(1)	(2)	(3)	(1)	(2)	(3)	(4)
i) Grave's Disease (hyperthyroid)	(1)	(2)	(3)	(1)	(2)	(3)	(4)
j) Hashimoto's Disease (hypothyroid)	(1)	(2)	(3)	(1)	(2)	(3)	(4)
k) Pernicious Anemia	(1)	(2)	(3)	(1)	(2)	(3)	(4)
l) Vitiligo	(1)	(2)	(3)	(1)	(2)	(3)	(4)
m) Alopecia	(1)	(2)	(3)	(1)	(2)	(3)	(4)

n) Other (1) (2) (3) (1) (2) (3) (4)

1. If yes, specify: _____

A. PARENTS

B. SIBLINGS

	No	Yes	Unknown	No	Yes	Unknown	Not Applicable
4. Serious Eye Disease or Blindness	(1)	(2)	(3)	(1)	(2)	(3)	(4)
a) If YES, due to diabetes?	(1)	(2)	(3)	(1)	(2)	(3)	(4)
5. Renal Disease:	(1)	(2)	(3)	(1)	(2)	(3)	(4)
a) If YES, due to diabetes?	(1)	(2)	(3)	(1)	(2)	(3)	(4)
1. Microalbuminuria	(1)	(2)	(3)	(1)	(2)	(3)	(4)
2. Proteinuria	(1)	(2)	(3)	(1)	(2)	(3)	(4)
3. Dialysis	(1)	(2)	(3)	(1)	(2)	(3)	(4)
4. Transplant	(1)	(2)	(3)	(1)	(2)	(3)	(4)
6. Neurologic Disease	(1)	(2)	(3)	(1)	(2)	(3)	(4)
a) If YES, due to diabetes?	(1)	(2)	(3)	(1)	(2)	(3)	(4)
7. Hyperlipidemia	(1)	(2)	(3)	(1)	(2)	(3)	(4)

F. REVIEW OF SYSTEMS

1. SKIN

Does the proband/relative have a history of any of the following? No Yes

a) Eruptive Xanthoma (1) (2)

b) Xanthelasma (1) (2)

c) Necrobiosis (1) (2)

d) Shin Spot (diabetic dermopathy) (1) (2)

e) Other significant skin condition? (1) (2)

1. If YES, specify: _____

2. EXTREMITIES

Does the proband/relative have a history of

any of the following? No Yes
 a) Gangrene (1) (2)
 b) Amputation (1) (2)
 c) Ulcers (1) (2)
 No Yes
 d) Cellulitis (1) (2)
 e) Charcot joints (1) (2)
 f) Other significant conditions of the extremities? (1) (2)
 1. If YES, specify: _____

3. EYES

Does the proband/relative have a history of any of the following?
 No Yes
 a) Severe myopia (> 7 diopters in one or both eyes) (1) (2)
 b) Pan-retinal Photocoagulation for Diabetic Retinopathy. (1) (2)
 c) Focal Photocoagulation for Macular Edema (1) (2)
 d) Aphakia (cataract extraction) (1) (2)
 e) Glaucoma requiring medication (1) (2)
 f) Other significant eye pathology? (1) (2)
 1. If YES, specify: _____

4. CARDIOVASCULAR

Does the proband/relative have a history of any of the following?
 No Yes
 a) History of Hypertension

(defined as systolic \geq 140 or diastolic \geq 90) (1) (2)
 b) Angina (1) (2)
 c) Congestive heart failure (1) (2)
 No Yes
 d) Myocardial Infarction (1) (2)
 e) Coronary heart disease requiring stent, angioplasty, or bypass surgery (1) (2)
 f) Peripheral Vascular Disease (or intermittent claudication) (1) (2)
 g) Arrhythmia requiring treatment (1) (2)
 h) Transient ischemic attacks requiring treatment (1) (2)
 i) Atherothrombotic brain infarction (1) (2)
 j) Other significant cardiovascular condition? (1) (2)
 1. If YES, specify: _____

5. GASTROINTESTINAL

Does the proband/relative have a history of any of the following?
 No Yes
 a) Liver disease, jaundice (1) (2)
 1. If YES, is it a chronic condition? (1) (2)
 b) Pancreatitis (1) (2)
 1. If YES, is it a chronic condition? (1) (2)
 c) Other significant gastrointestinal condition? (1) (2)

1. If YES, specify: _____

3. How has this been documented?

6. GENITOURINARY

Does the proband/relative have a history of any of the following?

	No	Yes
a) Dialysis (if yes, proband is eligible to be a case)	(1)	(2)
b) Transplant of the kidney (if yes, proband is eligible to be a case)	(1)	(2)
c) Transplant of the pancreas	(1)	(2)
d) Timed Urine > 208 ug/min (300 mg/24 hr) in past 12 months.	(1)	(2)
e) Overnight collection > 200 ug/min in past 12 months.	(1)	(2)
f) Total urinary protein > 500 mg/24 hr in past 12 months.	(1)	(2)
g) Dipstick (Albustix or Multistix) > 1+ in past 12 months.	(1)	(2)

(If any items d-g are "yes", the proband may be eligible to be a case, if the next ACR result from the CBL is positive.)

h) Diseases of the upper urinary tract (e.g., Kidney Calculi, Renal Congenital Abnormalities, Pyelonephritis, etc.)	No (1)	Yes (2)
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1. If YES, specify: _____

2. Has this been a chronic problem requiring treatment?	No (1)	Yes (2)
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i) Diseases of the lower urinary tract (e.g., Cystitis, Gonorrhoea, Congenital Abnormalities, etc.)	No (1)	Yes (2)
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1. If YES, specify: _____

2. Has this been a chronic problem requiring treatment?	No (1)	Yes (2)
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j) Family history of urinary tract diseases (e.g., Alport's, Polycystic Kidney, etc.)	No (1)	Yes (2)
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1. If YES, specify: _____

k) Kidney or bladder infection requiring antibiotics	No (1)	Yes (2)
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If YES, specify numbers of infections in the past 2 years:

- 1. Kidney _____
- 2. Bladder _____
- 3. Both or Uncertain _____

7. NEUROLOGIC

Does the proband/relative have a history of any of the following?

a) Severe symptomatic peripheral neuropathy	No (1)	Yes (2)
b) Seizures	(1)	(2)
c) Other significant neurologic condition?	(1)	(2)

1. If YES, specify: _____

FAMILY ID

PROBAND/RELATIVE CODE

Form 210.2GK, Page 8 of 8

Record (c) and (d) only if first 2 measurements
are not within 0.5 cm

c) Third measurement ___ ___ . ___

d) Fourth measurement ___ ___ . ___

6. Iliac Waist Circumference (cm):

a) First measurement ___ ___ . ___

b) Second measurement ___ ___ . ___

Record (c) and (d) only if first 2 measurements
are not within 0.5 cm

c) Third measurement ___ ___ . ___

d) Fourth measurement ___ ___ . ___

Type or print name of person completing this form:

Certification Number (if any):

_____ - _____

FAMILY ID

PROBAND/RELATIVE CODE

Form 210.2GK, Page 9 of 8