



Medical History and Physical Examination

The Medical History and Physical Examination should be completed on all proband/relatives agreeing to participate in the GoKinD Project. The original form should be sent to the Coordinating Center in the weekly GoKinD mailing. Retain a copy in the clinic files.

A. IDENTIFYING INFORMATION

1. Clinic Number Clinic Family
2. Family ID Number
3. Proband/Relative Code Relcode

4. Proband/Relative's Initials Relinit F M L
5. Date of Visit Bjformdt Month Day Year

B. SMOKING HISTORY

1. Has the proband/relative ever smoked cigarettes daily? No Yes (1) (2)
If NO, skip to Section C
2. At what age did the proband/relative first become a daily cigarette smoker? Bjsmoke2 Yrs of Age
3. Does the proband/relative now smoke cigarettes? No Yes (1) (2)
If Yes,
a) On the average, how many cigarettes a day does the proband/relative now smoke? Bjsmoke4
If No,
b) How long has it been since the proband/relative quit smoking cigarettes? Bjsmoke5 Yrs Mos

4. Since the proband/relative first started smoking, if he/she ever quit smoking, for how many months Bjsmoke6 (or years) altogether, did he/she quit? Yrs Mos
5. If the proband/relative has never quit, check here. Bjsmoke7 (1) (2)

C. DRINKING HISTORY

1. During the past year, has the proband/relative consumed an average of at least one alcoholic beverage per week? Bjdrink1 No Yes (1) (2)
If NO, go to Section D.
2. How many 12-oz. bottles of beer (excluding "light" beer) did the proband/relative consume during Bjdrink2 the past seven days? (IF THE PAST SEVEN DAYS WERE ATYPICAL, CHARACTERIZE A TYPICAL WEEK.) Bottles
3. How many 12-oz. bottles of "light" beer did the proband/relative consume during the past seven Bjdrink3 days? (IF THE PAST SEVEN DAYS WERE ATYPICAL, CHARACTERIZE A TYPICAL WEEK.) Bottles

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 Bjdrink4 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.)

Bjactiv3 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?

Bjactiv1

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:
 (Examples: billiards; bowling; ballroom dancing; golf with power cart; non-competitive volleyball.)

Bjactiv2 Hours Minutes

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.)

Bjactiv4 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.)

Bjactiv5 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)

		A. PARENTS			B. SIBLINGS			Not Applicable	
		NO	YES	Unknown	NO	YES	Unknown		
1. Hypertension	Bjpar1	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsib1
2. Myocardial Infarction	Bjpar2	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsit2
a) If YES, before age 40?	Bjpar3	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsib3
b) If YES to (2), in a diabetic person?	Bjpar4	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsib4
3. Autoimmune Endocrine Disease (see list below):									
a) Addison's Disease	Bjpar-ad	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis-ad
b) Ulcerative Colitis	Bjpar-uc	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis-uc
c) Crohn's Disease	Bjpar-cd	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis-cd
d) Systemic Lupus Erythematosus	Bjpar-sl	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis-sl
e) Rheumatoid Arthritis	Bjpar-ra	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis-ra
f) Juvenile Rheumatoid Arthritis	Bjpar-jr	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis-jr
g) Multiple Sclerosis	Bjpar-ms	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis-ms
h) Celiac Sprue	Bjpar-cs	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis-cs
i) Grave's Disease (hyperthyroid)	Bjpar-gd	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis-gd
j) Hashimoto's Disease (hypothyroid)	Bjpar-hd	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis-hd
k) Pernicious Anemia	Bjpar-pa	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis-pa
l) Vitiligo	Bjpar-v	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis-v
m) Alopecia	Bjpar-a	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis-a
n) Other	Bjpar-ot	(1)	(2)	(3)	(1)	(2)	(3)	(4)	Bjsis-o

Bjpar-ot1

Bjpar-ot2

1. If yes, specify: _____

A. PARENTS

B. SIBLINGS

		A. PARENTS			B. SIBLINGS			
		No	Yes	Unknown	No	Yes	Unknown	Not Applicable
4. Serious Eye Disease or Blindness	Bjpar5	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis5
a) If YES, due to diabetes?	Bjpar6	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis6
5. Renal Disease:	Bjpar7	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis7
a) If YES, due to diabetes?	Bjpar8	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis8
1. Microalbuminuria	Bjpar9	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis9
2. Proteinuria	Bjpar10	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis10
3. Dialysis	Bjpar11	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis11
4. Transplant	Bjpar12	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis12
6. Neurologic Disease	Bjpar13	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis13
a) If YES, due to diabetes?	Bjpar14	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis14
7. Hyperlipidemia	Bjpar15	(1)	(2)	(3)	(1)	(2)	(3)	(4) Bjsis15

F. REVIEW OF SYSTEMS

1. SKIN

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

		No	Yes
a) Eruptive Xanthoma	Bjskin1	(1)	(2)
b) Xanthelasma	Bjskin2	(1)	(2)
c) Necrobiosis	Bjskin3	(1)	(2)
d) Shin Spot (diabetic dermopathy)	Bjskin4	(1)	(2)

e) Other significant skin condition? Bjskin5 (1) (2)

Bjskin6 1. If YES, specify: _____

2. EXTREMITIES

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

		No	Yes
a) Gangrene	Bjextr1	(1)	(2)
b) Amputation	Bjextr2	(1)	(2)
c) Ulcers	Bjextr3	(1)	(2)

- | | | No | Yes |
|---|----------------|-----|-----|
| d) Cellulitis | Bjextr4 | (1) | (2) |
| e) Charcot joints | Bjextr5 | (1) | (2) |
| f) Other significant conditions of the extremities? | Bjextr6 | (1) | (2) |
| | Bjextr7 | | |

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) | Bjeye1 | (1) | (2) |
| b) Pan-retinal Photocoagulation for Diabetic Retinopathy. | Bjeye2 | (1) | (2) |
| | Bjeye3 | | |
| c) Focal Photocoagulation for Macular Edema | | (1) | (2) |
| d) Aphakia (cataract extraction) | Bjeye4 | (1) | (2) |
| e) Glaucoma requiring medication | Bjeye5 | (1) | (2) |
| f) Other significant eye pathology? | Bjeye6 | (1) | (2) |
| | Bjeye7 | | |

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 >= 140 or diastolic >= 90) | Bjcard1 | (1) | (2) |
| b) Angina | Bjcard2 | (1) | (2) |
| c) Congestive heart failure | Bjcard3 | (1) | (2) |

- | | | No | Yes |
|---|-----------------|-----|-----|
| d) Myocardial Infarction | Bjcard4 | (1) | (2) |
| e) Coronary heart disease requiring stent, angioplasty, or bypass surgery | Bjcard5 | (1) | (2) |
| f) Peripheral Vascular Disease (or intermittent claudication) | Bjcard6 | (1) | (2) |
| g) Arrhythmia requiring treatment | Bjcard7 | (1) | (2) |
| h) Transient ischemic attacks requiring treatment | Bjcard8 | (1) | (2) |
| i) Atherothrombotic brain infarction | Bjcard9 | (1) | (2) |
| j) Other significant cardiovascular condition? | Bjcard10 | (1) | (2) |
| | Bjcard11 | | |

1. If YES, specify: _____

5. GASTROINTESTINAL

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

- | | | No | Yes |
|--|-----------------|-----|-----|
| a) Liver disease, jaundice | Bjgastr1 | (1) | (2) |
| | Bjgastr2 | | |
| 1. If YES, is it a chronic condition? | | (1) | (2) |
| b) Pancreatitis | Bjgastr3 | (1) | (2) |
| 1. If YES, is it a chronic condition? | | (1) | (2) |
| | Bjgastr4 | | |
| c) Other significant gastrointestinal condition? | Bjgastr5 | (1) | (2) |
| | Bjgastr6 | | |

1. If YES, specify: _____

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) Bjur1 | (1) | (2) |
| b) Transplant of the kidney (if yes, proband is eligible to be a case) Bjur2 | (1) | (2) |
| c) Transplant of the pancreas Bjur3 | (1) | (2) |
| d) Timed Urine > 208 ug/min (300 mg/24 hr) in past 12 months. Bjur4 | (1) | (2) |
| e) Overnight collection > 200 ug/min in past 12 months. Bjur5 | (1) | (2) |
| f) Total urinary protein > 500 mg/24 hr in past 12 months. Bjur6 | (1) | (2) |
| g) Dipstick (Albustix or Multistix) > 1+ in past 12 months. Bjur7 | (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.) Bjur7-1 | No | Yes |
| Bjur7-1a | (1) | (2) |

1. If YES, specify: _____
2. Has this been a chronic problem requiring treatment? **Bjur7-1b** (1) (2)

No	Yes
(1)	(2)
3. How has this been documented? **Bjur7-1c**

- | | | |
|--|-----|-----|
| i) Diseases of the lower urinary tract (e.g., Cystitis, Gonorrhoea, Congenital Abnormalities, etc.) Bjur8 | No | Yes |
| | (1) | (2) |

Bjur9

1. If YES, specify: _____

- | | | |
|---|-----|-----|
| 2. Has this been a chronic problem requiring treatment? Bjur10 | No | Yes |
| | (1) | (2) |

- | | | |
|---|-----|-----|
| j) Family history of urinary tract diseases (e.g., Alport's, Polycystic Kidney, etc.) Bjur11 | No | Yes |
| | (1) | (2) |

Bjur12

1. If YES, specify: _____

- | | | |
|--|-----|-----|
| k) Kidney or bladder infection requiring antibiotics Bjur13 | No | Yes |
| | (1) | (2) |

If YES, specify numbers of infections in the past 2 years:

1. Kidney **Bjur14** — —
2. Bladder **Bjur15** — —
3. Both or Uncertain **Bjur16** — —

7. NEUROLOGIC

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

- | | | |
|--|-----|-----|
| a) Severe symptomatic peripheral neuropathy Bjneur1 | (1) | (2) |
| b) Seizures Bjneur2 | (1) | (2) |
| c) Other significant neurologic condition? Bjneur3 | (1) | (2) |
| Bjneur4 | | |

1. If YES, specify: _____

8. AUTOIMMUNE DISEASES

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

- | | | |
|--------------------------------------|-----|-----|
| a) Addison's Disease Bjrel-ad | (1) | (2) |
|--------------------------------------|-----|-----|

		NO	YES
b) Ulcerative Colitis	Bjrel-uc	(1)	(2)
c) Crohn's Disease	Bjrel-cd	(1)	(2)
d) Systemic Lupus Erythematosus	Bjrel-sl	(1)	(2)
e) Rheumatoid Arthritis	Bjrel-ra	(1)	(2)
f) Juvenile Rheumatoid Arthritis	Bjrel-jr	(1)	(2)
g) Multiple Sclerosis	Bjrel-ms	(1)	(2)
h) Celiac Sprue	Bjrel-cs	(1)	(2)
i) Grave's Disease (hyperthyroid)	Bjrel-gd	(1)	(2)
j) Hashimoto's Disease (hypothyroid)	Bjrel-hd	(1)	(2)
k) Pernicious anemia	Bjrel-pa	(1)	(2)
l) Vitiligo	Bjrel-v	(1)	(2)
m) Alopecia	Bjrel-a	(1)	(2)
n) Other	Bjrel-ot	(1)	(2)
	Bjrel-ot1		

1. If YES, specify: _____

9. OTHER

Does the proband/relative have a history of any medical condition other than those listed above? NO YES

Bjoth1 (1) (2)

Bjoth2

a) If YES, specify: _____

G. PHYSICAL EXAMINATION

1. Date of physical examination Bjexamdt

____ / ____ / ____

Month Day Year

VITAL SIGNS:

2. Sitting Blood Pressure: (RIGHT ARM AT LEVEL OF HEART IN TWO MEASUREMENTS TAKEN 5 min. APART)

a) Systolic1 (mm Hg) Bjsysl ____

b) Diastolic1 (mm Hg) Bjdial ____

c) Systolic2 (mm Hg) Bjsys2 ____

d) Diastolic2 (mm Hg) Bjdia2 ____

3. Height (cm):

(To convert inches to centimeters, multiply by 2.54)

a) First measurement Bjheig1 ____ . ____

b) Second measurement Bjheig2 ____ . ____

Record (3) and (4) only if first 2 measurements are not within 1.0 cm (10.0 mm)

c) Third measurement Bjheig3 ____ . ____

d) Fourth measurement Bjheig4 ____ . ____

4. Weight (kg):

(To convert pounds to kilograms, multiply by 0.454.)

a) First measurement Bjweig1 ____ . ____

b) Second measurement Bjweig2 ____ . ____

Record (c) and (d) only if first 2 measurements are not within 0.2 kg (200.0 gm.)

c) Third measurement Bjweig3 ____ . ____

d) Fourth measurement Bjweig4 ____ . ____

5. Natural Waist Circumference (cm):

a) First measurement Bjwaist1 ____ . ____

b) Second measurement Bjwaist2 ____ . ____

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

c) Third measurement Bjwaist3 ____ . ____

d) Fourth measurement Bjwaist4 ____ . ____

6. Iliac Waist Circumference (cm):

a) First measurement **Bjwaist5** __ __ __ . __

b) Second measurement **Bjwaist6** __ __ __ . __

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

c) Third measurement **Bjwaist7** __ __ __ . __

d) Fourth measurement **Bjwaist8** __ __ __ . __

Type or print name of person completing this form:

Certification Number (if any):

Bjcert

_____ - _____