



Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* HALT PKD ID number, clinical center ID, and visit number.

Participant ID: _____ *haltid* Clinical Center: _____ *clinic* Date of Visit: _____ / _____ / _____
month *dvm* day *dvd* year *dvy*
visit: _____ Form was not completed *misfrm*

Missing Data Codes: A-Participant Refused B-Reading Not Possible C-Institutional Error

CLINICAL HISTORY FORM

Form # 4

This form is to be completed by designated personnel and/or PI at the Screening Visit (S).

1. Treating Physician: *trtphy* 1 Primary Care Physician 2 Nephrologist 3 Other _____
otrphy

2. Age at the time of PKD diagnosis: (Confirm with year of diagnosis) Age _____ *pkdage*

3. Diagnosis was made in: *sympto* 0 Asymptomatic Individual 1 Symptomatic Individual

4. Diagnosis was due to: *diaghw* 1 Screening (family history) 2 Incidental Imaging 3 Pain
4 Hypertension 5 Routine Physical 6 Hematuria
7 UTI 8 Other _____ *odiaghw*

5. Method of Diagnostic Imaging: *diagmth*

1 Ultrasound 2 CT 3 MRI 4 IVP
5 X-Ray 6 Angiogram 7 Other _____ *odiagmth*
8 Unknown

6. Cardiac History: *cardhis* 1 Yes 0 No
Angina *angina* 1 Yes 0 No
Arrhythmias *arrthy* 1 Yes 0 No
CAD *cad* 1 Yes 0 No
Murmur *murmur* 1 Yes 0 No
Other *ocrdhis* 1 Yes 0 No Specify _____ *ocardhx*

HYPERTENSION HISTORY:

7. At what age was the participant first diagnosed with hypertension? Age _____ *hpbage*
(Confirm with year of diagnosis)

8. Is the participant currently taking medication for blood pressure control? *curbpm* 1 Yes 0 No
(If yes, list meds on Form 6)

9. Does the participant have any contraindications (including history of adverse reaction) to any blood pressure medication(s)? *drgreac* 1 Yes 0 No
If yes, list drug name(s) and reaction(s)/contraindication(s): _____ *lstdrgal*



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Note: Intolerable cough associated with ACE-I is defined as developing within six months of initiation of ACE-I in the absence of other causes and resolving upon discontinuation of ACE-I. Participants with a contraindication to ACE or ARB are not eligible for the study. Free-text entries in #9 will print on Study Drug Forms for dosing of open-label drugs.

FEMALES ONLY: *nafem* 1 **N/A**

10. Select the response that best describes the participant:

Pre-Menopausal: *prmeno* 1 **Yes** 0 **No**

If yes, have menstrual cycles been generally regular for the past 6 months? *premeno* 1 **Yes** 0 **No**

Peri-Menopausal: *primeno* 1 **Yes** 0 **No**
Peri-Menopausal is defined as "during menopause and <1 year without menstruation."

Post-Menopausal: *pstmeno* 1 **Yes** 0 **No**
Post-Menopausal is defined as "≥1 year without menstruation."

If yes, age of menopause: _____ *mnoage*

11. Number of Pregnancies: _____ *npreg* **Number of Deliveries:** _____ *ndelv* **Unable to conceive** *noconceiv*

12. Method(s) of birth control currently in use:

Abstinence *abstin* **Rhythm method** *rhythm* **Barrier method** *barrier* **IUD** *iud*
 BC Pills/Patch* *bcpill* **Injection/Implant*** *inject* **Spermicide** *spercid* **Surgical**(check below) *surg*

*(Record all current hormonal methods on Concomitant Medications Form 6) **Hysterectomy** *hysto*
 Bilateral Oophorectomy *oopho*
 Tubal Ligation *tubal*
 Partner Vasectomy *vasec*

13. Has the participant ever used hormonal forms of birth control? *hormon* 1 **Yes** 0 **No**
(if no, check N/A below)

14. Total duration of hormonal birth control to date: _____ **years** *yrsbc* _____ **months** *mthbc* **N/A** *nahbc*
(If uncertain about duration, complete worksheet Form 50)

15. Comments: _____ *commnt*

HALT PKD staff member completing this form: _____ *cmidnum* **Date:** ____/____/____
Month *cdm* Day *cdd* Year *cdy*