



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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*dvm / dvd / dvy*  
visit: \_\_\_\_\_ **Form was not completed** *misfrm*

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

## BACKGROUND QUESTIONNAIRE

Form # 8

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

**1. Race:**

- American Indian or Alaska Native *racea*
- Asian *raceb*
- Native Hawaiian or Other Pacific Islander *racec*
- Black or African American *raced*
- White or Caucasian *racee*
- Some Other Race *racef*
- Unknown *raceg*

**2. Ethnicity:** *ethnic*

- 1  Hispanic or Latino
- 2  Not Hispanic or Latino
- 3  Unknown

**3. Marital Status:** *marit*

- 1  Single
- 2  Married
- 3  Divorced
- 4  Separated
- 5  Widowed
- 6  Other

**4. Employment Status:**

- Student *employa*
- Homemaker *employb*
- Retired *employc*
- Disabled *employd*
- Full-Time Employment *employe*
- Part-Time Employment *employf*
- Other *employg*

**5. Highest Education Level:** *edu*

- 1  Some High School
- 2  Completed High School or Equivalent
- 3  Some College
- 4  Completed College
- 5  Graduate Studies



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**6. Exercise:**

Choose one response to best describe your level and frequency of exercise over the past six months. (Aerobic activities include jogging, aerobics exercise classes, and sports involving at least 30 minutes of running.)

**Level of Exercise** (*check one*) *exrcsl*

**Frequency of Exercise** (*check one*) *exrcsf*

1  At least 30 minutes of aerobic activity.

1  5 or more days per week.

2  15-29 minutes of aerobic activity.

2  3- 4 days per week.

3  At least 30 minutes of walking but no regular aerobic activity.

3  1- 2 days per week.

4  15-29 minutes of walking but no regular aerobic activity.

4  Less than once per week.

5  Less than 15 minutes of any exercise

**7. Have you ever drunk caffeinated beverages?** (If no, go to number 8) *cafyn*

1  Yes    0  No

a) **Do you drink them now?** *cafnow*

1  Yes    0  No

b) **How old were you when you started drinking them?** (Confirm with year) *cafage*

Age \_\_\_\_\_

c) **How old were you when you stopped?** (Confirm with year) *cafstp*

1  N/A

Age \_\_\_\_\_ *cafsage*

d) **What is the average number of caffeinated beverages you drink/drank in a** *caffreq*

(choose one time period)

1  day    2  week    3  month    4  year? \_\_\_\_\_ (enter the number of drinks) *cafnum*

**8. Have you ever drunk alcoholic beverages?** (If no, go to number 9) *alcyn*

1  Yes    0  No

a) **Do you drink them now?** *alcnow*

1  Yes    0  No

b) **How old were you when you started drinking them?** (Confirm with year) *alcage*

Age \_\_\_\_\_

c) **How old were you when you stopped?** (Confirm with year)

1  N/A  
*alcstp*

Age \_\_\_\_\_  
*alcsage*

d) **What is the average number of alcoholic beverages you drink/drank in a** *alcfreq*

(choose one time period)

1  day    2  week    3  month    4  year? \_\_\_\_\_ (enter the number of drinks) *alcnum*



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### BACKGROUND QUESTIONNAIRE

Form # 8

9. Have you ever smoked cigarettes? (If no, go to number 10) *cigyn* 1  Yes 0  No
- a) Do you smoke now? *cignow* 1  Yes 0  No
- b) How old were you when you started smoking? (Confirm with year) *cigage* Age \_\_\_\_\_
- c) How old were you when you stopped? (Confirm with year) 1  N/A Age \_\_\_\_\_  
*cigstp* *cigsage*
- d) What is the average number of cigarettes you smoke/smoked in a *cignum*  
(choose one time period)  
1  day 2  week 3  month 4  year? \_\_\_\_\_ (enter the number of cigarettes) *cigfreq*

### 10. Status of CRISP enrollment:

- a) Was the participant ever enrolled in the CRISP study? *incspyn*  
1  Yes CRISP ID: \_\_\_\_\_ *pkdid* CRISP II ID: \_\_\_\_\_ *pkdidii*  
0  No
- b) If yes, has participant signed consent allowing HALT investigators to use CRISP data? 1  Yes 0  No  
*cstcspyn*
- To use CRISP genetic samples? *gencspyn* 1  Yes 0  No
- Date of signed informed consent: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*genm* *gend* *geny*

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