

**Modification of Diet in Renal Disease Study**  
**RENAL DIAGNOSIS FORM**

This form is to be completed at Baseline Visit 1 by reviewing historical information available from the patient and his medical records.

- | <u>QUESTION #</u> | <u>INSTRUCTIONS</u>   |
|-------------------|---|
| 4.                | Enter a 1 if the patient's diagnosis a) has not been confirmed by renal biopsy, serological studies or radiographic procedures where indicated; b) the study physician has not seen the results of these studies directly; or, c) if the study physician has not seen the official reports documenting interpretation of these procedures.<br>Enter a 2 if the renal diagnosis has been established by renal biopsy, serological studies, or radiological procedures.<br>Enter a 3 if the diagnosis is not known. |
| 5.                | Enter the numbers which best describe the patient's primary and secondary forms of renal disease.   |
| 6.                | Enter a 1 if the evidence described is available and supports the renal diagnosis. Enter a 2 if the information is not available.   |

For DCC Use Only  
Rev. 1 9/1/88

E \_\_\_  
V \_\_\_  
T \_\_\_

Form # 07  
Page 1 of 2



### Modification of Diet in Renal Disease Study Renal Diagnosis Form

This form is to be completed at Baseline Visit 1 by reviewing the patient's medical history.

FORM # ..... Q Z

- 1. Patient Identification Number.....
- 2. Patient Name Code.....
- 3. Clinical Center .....
- 4. This patient's primary renal diagnosis is.....
  - 1 = Presumptive
  - 2 = Established
  - 3 = Unknown

If unknown, skip to Item 101.

- 5. a. Primary renal diagnosis.....
- b. Secondary renal diagnosis .....
 

<ul style="list-style-type: none"> <li>1 = Polycystic kidney disease</li> <li>2 = Hereditary nephritis</li> <li>3 = Analgesic nephropathy</li> <li>4 = Pyelonephritis</li> <li>5 = Other interstitial nephritis</li> <li>6 = Obstructive uropathy - acquired</li> <li>7 = Obstructive uropathy - congenital</li> <li>8 = Vesico-ureteral reflux</li> <li>9 = Urinary tract stones</li> <li>10 = Hypertensive nephrosclerosis</li> <li>11 = Diabetic nephropathy</li> <li>12 = Renal artery stenosis</li> <li>13 = Membranous nephropathy</li> <li>14 = Focal sclerosis</li> </ul>	<ul style="list-style-type: none"> <li>15 = Membranoproliferative glomerulonephritis</li> <li>16 = Mesangial proliferative glomerulonephritis</li> <li>17 = Chronic renal failure with proteinuria</li> <li>18 = Nephrotic syndrome without biopsy</li> <li>19 = Absence of one kidney</li> <li>20 = IgA nephropathy</li> <li>21 = Other glomerulonephritis</li> <li>22 = Other (20 characters maximum) (.....)</li> <li>23 = Unknown</li> <li>24 = None</li> </ul>
---	---

- 6. Which of the following are available as supportive evidence for the patient's primary renal diagnosis? (1 = yes, 2 = no)
  - a. physical exam.....
  - b. history.....
  - c. family history.....
  - d. urinalysis.....
  - e. renal biopsy.....
  - f. abdominal plain film (KUB) .....
  - g. intravenous pyelogram.....

**Modification of Diet in Renal Disease Study  
Renal Diagnosis Form**

6. (Continued)
- h. retrograde pyelogram.....
  - i. renal ultrasound.....
  - j. renal radionuclide scan (NMR).....
  - k. renal arteriogram.....
  - l. renal venogram.....
  - m. bladder ultrasound.....
  - n. CAT scan .....
  - o. voiding cytourethrogram .....
  - p. other (20 characters maximum)(.....)
101. Date this form completed..... / /
102. Certification number of person filling out this form .....
103. Date form entered..... / /
104. Certification number of data entry person .....

---

Retain a copy of this form for your files. Send the original to the MDRD Study Data Coordinating Center. Please use MDRD Study mailing labels:

MDRD Study Data Coordinating Center  
Department of Biostatistics & Epidemiology  
The Cleveland Clinic Foundation  
9500 Euclid Avenue  
Cleveland, Ohio 44195-5196

---