NATIONAL ANALGESIC NEPHROPATHY STUDY

CONTROL INTERVIEW

Phase II

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Boston University School of Medicine

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Note: The following is a printed version of the computerized forms that were used for conducting the NANS interview during Phase II. While it contains all of the key elements, it is not an exact representation of the screens or the computer program. For further details of the latter please see the Phase II Manual.

INITIAL SCREENING

I would like to ask a few questions about your medical history to confirm that you are eligible for this study.

Do you have any of the following:

☐ Diabetes If yes, treated with: ☐ Diet ☐ Pills ☐ Insulin
☐ Multiple myeloma
☐ Sickle cell anemia
☐ Amyloidosis
☐ Disease caused by chemotherapy

Do you have any of the following kidney problems:

☐ Acute renal failure
☐ Polycystic kidney
☐ Glomerulonephritis
☐ Renal artery stenosis
☐ Hereditary nephritis
☐ AIDS nephropathy
☐ Born with one kidney

Have you ever:

☐ Had a kidney removed? If yes: ☐ Total ☐ Partial
☐ Been on kidney dialysis?

Women <55 years of age:

☐ Are you currently pregnant?

Exclude if yes to any of the above (except Diabetes treated with diet only).

INITIAL INFORMATION (Controls)

Form ID # _____

Interviewer ID #_____ ____ 1. Case 2. Control Date of interview ____/____/____

DOB ____/____/____ Sex ____ 1. Male 2. Female

Age ____ (computer generated) Phone number (___)___-___

Marital status ____
1. Married or live-in partner
2. Separated
3. Divorced
4. Widowed
5. Never married
6. No answer

Do you consider yourself white, black or African-American, Asian or Pacific Islander, Native American, or something else?

☐ White
☐ Black/African-American
☐ Asian/Pacific Islander
☐ Native American
☐ Something else _____ *(Specify)*

What is the highest year of school that you have completed?

☐ Less than 8th grade
☐ 8th through 11th grade
☐ 12th grade/high school graduate (include GED)
☐ Vocational school
☐ Some college (include 2 year college degree)
☐ 4 year college degree
☐ School beyond college
☐ Unknown

How tall are you without shoes? ____ feet, ____ inches OR _____ centimeters

How much do you currently weigh? _____ pounds, OR _____ kilograms

How much did you weigh 10 years ago? _____ pounds OR _____ kilograms

RENAL HISTORY (Controls)

Have you ever had or did a doctor ever tell you that you had:

Albumin or protein in your urine? ____ 1. No
2. Yes
9. Unknown _____ *(Year)* OR _____ *(Age)*

A blood test that showed you had abnormal kidney function such as elevated BUN or creatinine?

____ 1. No
2. Yes
9. Unknown _____ *(Year)* OR _____ *(Age)*

Blood in your urine?

____ 1. No
2. Yes
9. Unknown _____ *(Year)* OR _____ *(Age)*

Swelling of the legs?

____ 1. No
2. Yes
9. Unknown _____ *(Year)* OR _____ *(Age)*

If YES, was the swelling ☐ Due to kidney disease?
☐ Due to another cause?
☐ Unknown

Getting up more than 2 times at night to go to the bathroom (nocturia)?

____ 1. No
2. Yes
9. Unknown _____ *(Year)* OR _____ *(Age)*

THE NOCTURIA QUESTION WILL ONLY BE ASKED IF AGE<50 YRS. OF AGE

Have you ever been told by a doctor that you had either of the following:

	Year	*OR*	*Age*
☐ Obstructed kidney	_____		_____
☐ Kidney infection (pyelonephritis)	_____		_____

Did a doctor ever tell you that you were born with kidney or urinary problems (such as polycystic kidney disease, double ureter, or congenital valve problem in the urethra)?

____ 1. No
2. Yes
9. Unknown _____ *(Specify)*

Have you ever been told you had a kidney stone or had you ever passed a kidney stone or had "gravel" in your urine?

____ 1. No
2. Yes ____ Age at 1st occurrence OR ____ Year of 1st occurrence
9. Unknown

Have you ever been told you had a blockage in your urinary tract (narrowing of ureter)?

____ 1. No
2. Yes ____ Age at 1st occurrence OR ____ Year of 1st occurrence
9. Unknown

Have you ever had a bladder infection (cystitis or urinary tract infection)?

____ 1. No
2. Yes ____ Age at 1st occurrence OR ____ Year of 1st occurrence
9. Unknown

If YES, did you have more than 5 episodes?

____ 1. No
2. Yes
9. Unknown

Have you ever had an x-ray of your kidneys?

____ 1. No
2. Yes ____ Age at 1st x-ray OR ____ Year of 1st x-ray
9. Unknown

Did you ever have high blood pressure that required treatment with medication?

____ 1. No *(skip to other medical history)*
2. Yes ____ Age HBP diagnosed OR ____ Year HBP diagnosed
3. Only during pregnancy *(skip to other medical history)*
9. Unknown

Have you ever been admitted to the hospital because of high blood pressure?

____ 1. No *(skip to other medical history)*
2. Yes
3. Only during pregnancy *(skip to other medical history)*
9. Unknown

Have you ever been told by a doctor that you had:

	No	Yes	Unk.	Age at DX	**OR**	Year of DX	
Gout or high uric acid	____	____	____	____		____	___ Unknown
Gastric or duodenal ulcer or gastrointestinal bleeding	____	____	____	____		____	___ Unknown

ANALGESIC HISTORY (Controls)
PROMPTS

I am interested in obtaining information on any PAIN medications you may have taken on a regular basis; by that I mean, medicines taken at least once a week for at least one year. These include medicines you may have obtained anywhere, including a doctor's prescription, a hospital or neighborhood clinic, a pharmacy, supermarket, store, friends, neighbors, or relatives.

People take aspirin, Tylenol and other such medicines for many different reasons, joint or muscle aches, to help them sleep or to feel a little better during the day.

To help you remember, I'm going to read a list of some common reasons for taking **pain** medications and the names of some specific products.

Have you taken any medication at least once a week for at least 1 year for:

PROMPT # 1

A. Pain, headache, backache, toothache, sinus pain, menstrual pain, or stomach pain
B. Muscle relaxant/spasms or arthritis/joint pain
C. Gout/high uric acid, swelling or inflammation because of injury

PROMPT # 2

Have you ever taken **pain** medication at least once a week for at least 1 year:

D. To help you sleep or relax
E. To feel better or to perk up
F. To prevent headaches or other pain
G. To prevent heart disease, blood clots or stroke

PROMPT # 3

Have you ever taken any of the following products at least once a week for at least 1 year (read attached list):

PROMPT # 4

Is there any other pain medication you took at least once a week for at least 1 year that we have not asked about?

TRADE NAME LIST (Controls)

ACETAMINOPHEN
ADVIL
ALEVE
ANACIN
ANAPROX
ASCRIPTIN
ASPIRIN
BC POWDER
BUFFERIN
CLINORIL
COPE
DARVOCET
DARVON
DOAN'S
ECOTRIN
EMPIRIN
EMPIRIN with CODEINE
EQUAGESIC
EXCEDRIN
FELDENE
FIORINAL
GOODY'S POWDERS
IBUPROFEN
INDOCIN
LIQUIPRIN
MIDOL
MOTRIN
NAPROSYN
NAPROXEN
NUPRIN
ORUDIS
PAMPRIN
PERCODAN
RUFEN
STANBACK POWDERS
SYNALGOS
TALWIN
TYLENOL
VANQUISH
VOLTAREN
NORGESIC
PARAFON FORTE
ROBAXISAL
SOMA
CORICIDIN
DRISTAN
NYQUIL
SINE-AID
SINE-OFF
NYTOL
SOMINEX
ALKA-SELTZER
BROMO SELTZER
PEPTO BISMOL

Prompt #____ Drug name _____ Drug Book ☐

For acetaminophen Was this medication:
☐ regular strength
☐ extra strength
☐ maximim strength
☐ Don't know

For aspirin Was this medication:
☐ regular strength
☐ extra strength
☐ low dose/baby aspirin
☐ Don't know

For ibuprofen Was this medication:
☐ 200 mg.
☐ 400 mg.
☐ 600 mg.
☐ 800 mg.
☐ Don't know

When did you first start to take _____ on a regular basis, and by that I mean at least 1 day a week for a period of 1 year or more without stopping?
(If unknown - Would it be possible to give a range of years or narrow it down to a few years when you might have started taking it?)

Year started	If unknown, year range		Age started
_____	_____ – _____	OR	_____

On average, how many days a week did you take _____? Frequency ☐

FREQUENCY CODES

1 = Daily
2 = 4-6 days per week
3 = 2-3 days per week
4 = 1 day per week
5 = DK (at least one day per week)

When you took _____, on average how many pills (doses) did you take each day?
(If unknown - Would it be possible to give a range of the number of pills?)

Average # pills/ doses per day ☐

If unknown, pill range ☐ – ☐

How long have you taken _____ on a regular basis, and by that I mean at least once a week for at least 1 year?

Duration
____ ☐ months, ☐ years

Duration unknown ☐

What was your reason for taking _____? Reason for use:

_____ (Specify) _____ (Code) _____ (Specify) _____ (Code)

_____ (Specify) _____ (Code) _____ (Specify) _____ (Code)

In addition to what we discussed, was there another time you took _____ on a regular basis?

FAMILY HISTORY (Controls)

Do you have a parent or a brother or sister on dialysis now or at any time in the past?
(*Include half siblings)*

If yes:

- Father ☐
- Mother ☐
- Brothers ☐
- Sisters ☐

HABITS (Controls)

Have you ever smoked cigarettes, cigars, or a pipe? ____ 1. No *(skip to next page)* 9. Unknown *(skip to next page)*
2. Yes

Have you smoked at least 100 cigarettes in your life? ____ 1. No *(skip to pipe)* 9. Unknown *(skip to pipe)*
2. Yes

Did you smoke cigarettes during the past year? ____ 1. No 9. Unknown
2. Yes

For ex-smoker, time since stopping: ____ ☐ years

For current or ex-smoker, years duration ____

Number of cigarettes per day ____ OR Packs per day ____

Have you smoked a pipe at least 50 times in your entire life? ____ 1. No *(skip to cigars)*
9. Unknown *(skip to cigars)*
2. Yes

Did you smoke a pipe during the past year? ____ 1. No
9. Unknown
2. Yes

For ex-smoker, time since stopping: ____ ☐ years

For current or ex-smoker, years duration ____

Number of pipefuls per day ____

Have you smoked at least 50 cigars in your life? ____ 1. No *(skip to alcohol)*
9. Unknown *(skip to alcohol)*
2. Yes

Did you smoke a cigar during the past year? ____ 1. No
9. Unknown
2. Yes

For ex-smoker, time since stopping: ____ ☐ years

For current or ex-smoker, years duration ____

Number of cigars per day ____

We are interested in your previous beverage consumption. If you take a minute to think back to 10 years ago, how often did you drink:

	Frequency	Number per day
Regular coffee	☐	☐☐
Hot tea	☐	☐☐
Iced tea	☐	☐☐
Colas	☐	☐☐
Dr. Pepper	☐	☐☐
Beer	☐	☐☐
Wine	☐	☐☐
Liquor	☐	☐☐
Home distilled alcohol or moonshine	☐	☐☐

FREQUENCY CODES

1 = Daily
2 = 4-6 days per week
3 = 1-3 days per week
4 = 1 or more days per month
5 = Less than once a month
6 = Ex-drinker for over 1 year
7 = Never
8 = Changed habits during past year
9 = Unknown

CONVERSION TABLE

1 bottle wine = 6 drinks
1 pint liquor = 7 drinks
1 fifth liquor = 14 drinks

OCCUPATION (Controls)

Now I would like to ask some questions about your employment history.

Can you tell me if you have worked in any of the following industries or occupations for at least one year?

	No	Yes	Unk.
Furniture	____	____	____
Textile	____	____	____
Farming	____	____	____
Lawn Services	____	____	____
Hazardous Waste	____	____	____
Chemical Industry	____	____	____
Medical Laboratory	____	____	____
Carpet Installation	____	____	____
Beautician	____	____	____
Battery Plant	____	____	____
Dry Cleaning	____	____	____
Painting	____	____	____
Gas Station Attendant/Mechanic	____	____	____

If yes, complete information for each occupation.

Job title	Industry code	Occupation code	# of years	year started
_____	☐☐☐	☐☐☐☐☐	____	____

Task _____

_____

_____	☐☐☐	☐☐☐☐☐	____	____

Task _____

_____

(Repeat as necessary)

INCOME (Controls)

1. In general, would you say that your total annual household income is more or less than $20,000?

   ☐ More
   ☐ Less *(skip to 5)*
   ☐ Unknown *(skip to next page)*
   ☐ Refused *(skip to next page)*

2. Would you say that your total annual household income is more or less than $35,000?

   ☐ More
   ☐ Less *(skip to 6)*
   ☐ Unknown *(skip to next page)*
   ☐ Refused *(skip to next page)*

3. Would you say that your total annual household income is more or less than $65,000?

   ☐ More
   ☐ Less *(skip to 6)*
   ☐ Unknown *(skip to next page)*
   ☐ Refused *(skip to next page)*

4. Would you say that your total annual household income is more or less than $100,000?

   ☐ More *(skip to 6)*
   ☐ Less *(skip to 6)*
   ☐ Unknown *(skip to next page)*
   ☐ Refused *(skip to next page)*

5. Would you say that your total annual household income is more or less than $10,000?

   ☐ More
   ☐ Less
   ☐ Unknown *(skip to next page)*
   ☐ Refused *(skip to next page)*

6. How many persons are dependent on that income? ____

MISCELLANEOUS INFORMATION (Controls)

Thank you so much for taking the time to answer our questions. Your information is important to our research and we very much appreciate your participation.

Source of information ____
1. Subject
2. Caretaker (leave note)
3. Surrogate (leave note)
4. Translator
9. Unknown

Reliability ____
1. Reliable
2. Unreliable
9. Unknown