

**NATIONAL ANALGESIC NEPHROPATHY STUDY**

**ESRD PATIENT INTERVIEW**

**Phase II**

**Slone Epidemiology Unit  
Boston University School of Medicine**

**April 2001**

**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 INFORMATION

Form ID # \_\_\_\_\_

Hospital/Dialysis Unit \_\_\_\_\_

Interviewer ID # \_\_\_\_\_

\_\_\_\_ 1. Case 2. Control

Date of interview \_\_\_\_/\_\_\_\_/\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender \_\_\_\_ 1. Male 2. Female

Age \_\_\_\_ (computer generated)

Phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_ No phone

Zip code \_\_\_\_\_

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

Diagnosis - Cases Only \_\_\_\_\_  
(from medical record)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnosis code


**EXCLUSION CRITERIA**

**Before starting dialysis:**

Had you ever been told by a doctor that you had diabetes (sugar diabetes, diabetes mellitus)?

- \_\_\_\_\_ 1. No  
2. Yes                      Year diagnosed \_\_\_\_\_ OR Age diagnosed \_\_\_\_\_  
  
3. Only during pregnancy  
9. Unknown

If yes, are you currently being treated for your diabetes with insulin or pills?

- \_\_\_\_\_ 1. No  
2. Yes  
9. Unknown

If yes, specify:  Pills     Insulin

**IF YES - COMPLETE INTERVIEW AND REVIEW DIABETIC STATUS WITH INVESTIGATOR**

Did you ever have all or part of a kidney removed?

- \_\_\_\_\_ 1. No                      *Year* \_\_\_\_\_  
2. Yes                      \_\_\_\_\_  
9. Unknown                      \_\_\_\_\_ *(Reason)*
- Total nephrectomy  
 Partial nephrectomy

**IF YES - TERMINATE INTERVIEW**

Women <55 years of age

Are you currently pregnant?

- \_\_\_\_\_ 1. No  
2. Yes  
9. Unknown

**IF YES - TERMINATE INTERVIEW**

**RENAL HISTORY**

Record date of first kidney dialysis?        /        /         
 (Month/Day/Year)

When was the very first time you were aware that you had kidney disease?        <sup>Year</sup> OR        <sup>Age</sup>        Unknown

**Before starting dialysis, did you ever have or did a doctor ever tell you that you had:**

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

Blood in your urine?

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

Swelling of the legs?

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

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

Before starting dialysis, did you get up more than 2 times a night to go to the bathroom (nocturia)?

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

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

Before starting dialysis, had you ever been told by a doctor that you had either of the following:

Obstructed kidney        <sup>Year</sup> OR        <sup>Age</sup>        Unknown  
 Kidney infection (pyelonephritis)                      Unknown

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)

**Before starting dialysis:**

Had 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 1<sup>st</sup> occurrence OR \_\_\_\_\_ Year of 1<sup>st</sup> occurrence \_\_\_\_\_ Unknown  
9. Unknown

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

- \_\_\_\_ 1. No  
2. Yes \_\_\_\_\_ Age at 1<sup>st</sup> occurrence OR \_\_\_\_\_ Year of 1<sup>st</sup> occurrence \_\_\_\_\_ Unknown  
9. Unknown

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

- \_\_\_\_ 1. No  
2. Yes \_\_\_\_\_ Age at 1<sup>st</sup> occurrence OR \_\_\_\_\_ Year of 1<sup>st</sup> occurrence \_\_\_\_\_ Unknown  
9. Unknown

If YES, did you have more than 5 episodes?

- \_\_\_\_ 1. No  
2. Yes  
9. Unknown

Did you ever have an x-ray of your kidneys?

- \_\_\_\_ 1. No  
2. Yes \_\_\_\_\_ Age at 1<sup>st</sup> x-ray OR \_\_\_\_\_ Year of 1<sup>st</sup> x-ray \_\_\_\_\_ Unknown  
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 \_\_\_\_\_ Unknown  
3. Only during pregnancy (*skip to other medical history*)  
9. Unknown

Had 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

**OTHER MEDICAL HISTORY**

Before starting dialysis, had 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 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 and taken BEFORE STARTING DIALYSIS. 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 such medications and the names of some specific products.

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

### PROMPT # 1

- A. Pain, headache, backache, toothache, sinus pain, stomach pain, or (ask for women only) menstrual pain?
- B. Muscle relaxant/spasms or arthritis/joint pain?
- C. Gout/high uric acid, swelling or inflammation because of injury?

### PROMPT # 2

**BEFORE STARTING DIALYSIS**, had you ever taken analgesics or pain killers 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?

Next I would like to read a list of some commonly used products.

### PROMPT # 3

**BEFORE STARTING DIALYSIS**, had you ever taken any of the following products at least once a week for at least 1 year (read attached list):

### PROMPT # 4

**BEFORE STARTING DIALYSIS**, was there any pain medication that you took at least once a week for at least 1 year that we have not asked about?

TRADE NAME LIST

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

Prompt # \_\_\_\_\_

Drug name \_\_\_\_\_

Drug Book

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

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

**For ibuprofen**  200 mg.  
 Was this medication:  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	O R	Age starte d
_____	_____ - _____		_____
-	_____		

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)

- 9 -

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	Duration unknow n
_____ <input type="checkbox"/> months, <input type="checkbox"/> years	<input type="checkbox"/>

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

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

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 year before starting dialysis? \_\_\_\_\_ 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 year before starting dialysis? \_\_\_\_\_ 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 year before starting dialysis? \_\_\_\_\_ 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	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Hot tea	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Iced tea	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Colas	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Dr. Pepper	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Beer	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Wine	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Liquor	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Home distilled alcohol or moonshine	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**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**

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	# of years	year started
_____	_____	_____
Task _____		
_____	_____	_____
Task _____		
_____		

(Repeat as necessary)



## INCOME

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

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

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

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

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

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

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

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

6. How many persons are dependent on that income? \_\_\_\_

## MISCELLANEOUS INFORMATION

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

Interview conducted \_\_\_\_\_

1. In person
2. By telephone
3. Combination

Reliability \_\_\_\_\_

1. Reliable
2. Unreliable
9. Unknown

