



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

### MEDICAL HISTORY – UPDATE

Last CRIC clinic visit date: \_\_\_ / \_\_\_ / \_\_\_\_\_

#### PERSONAL MEDICAL HISTORY:

**Since your last CRIC clinic visit, were you diagnosed or treated by a doctor or other health professional:**

1. For any cancer?

- <sub>1</sub> Yes → **Answer Questions a through l**
- <sub>0</sub> No → **Go to Question 2**
- <sub>88</sub> Don't know → **Go to Question 2**

- |  |   |  |   |
|--|---|--|---|
| a. Was it for bladder cancer?              | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>88</sub> Don't know |
| b. Was it for breast cancer?               | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>88</sub> Don't know |
| c. Was it for colon or rectal cancer?      | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>88</sub> Don't know |
| d. Was it for uterine cancer?              | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>88</sub> Don't know |
| e. Was it for cancer of the head and neck? | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>88</sub> Don't know |
| f. Was it for blood cancer?                | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>88</sub> Don't know |
| g. Was it for lung cancer?                 | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>88</sub> Don't know |
| h. Was it for cancer of the lymph nodes?   | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>88</sub> Don't know |
| i. Was it for melanoma or skin cancer?     | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>88</sub> Don't know |
| j. Was it for ovarian cancer?              | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>88</sub> Don't know |
| k. Was it for prostate cancer?             | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>88</sub> Don't know |
| l. Was it for any other type of cancer?    | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>88</sub> Don't know |

1. Specify type of cancer: \_\_\_\_\_

**Since your last CRIC clinic visit, were you diagnosed or treated by a doctor or other health professional:**

- |   |   |  |   |
|---|---|--|---|
| 2. For Asthma or Reactive Airway Disease?                                       | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>88</sub> Don't know |
| 3. For Chronic Obstructive Pulmonary Disease (emphysema or chronic bronchitis)? | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>88</sub> Don't know |
| 4. For Hepatitis (B or C) infection?  | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>88</sub> Don't know |
| 5. For Lupus or Lupus Erythematosus   | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>88</sub> Don't know |
| 6. For Gout?  | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>88</sub> Don't know |



Participant ID: \_\_\_\_\_

Participant Initials: \_\_\_\_\_

Clinical Center: \_\_\_\_\_

Site: \_\_\_\_\_

Visit Number: \_\_\_\_\_

CRF Date: \_\_\_\_\_

RC ID: \_\_\_\_\_

### MEDICAL HISTORY – UPDATE

#### WOMEN'S HEALTH HISTORY:

Questions 7 through 9 should only be answered by women. Men should go to Question #10.

**These next questions ask about your reproductive history and your general health as a woman.**

7. Were you pregnant in the time period since your last CRIC clinic visit?

<sub>1</sub> Yes —————→ **Answer Questions a through c**

<sub>0</sub> No —————→ **Go to Question 8**

a. Are you currently pregnant?

<sub>1</sub> Yes    <sub>0</sub> No

b. How many live births did you have since your last CRIC clinic visit?

\_\_\_ \_\_\_ live births

c. Did a doctor or other health professional tell you that you had pre-eclampsia during your pregnancy(s), since your last CRIC clinic visit?

<sub>1</sub> Yes    <sub>0</sub> No    <sub>88</sub> Don't know

8. Since your last CRIC clinic visit, did you complete menopause (no menstrual period for 1 year)?

<sub>1</sub> Yes

<sub>2</sub> I still have menstrual periods

<sub>3</sub> I completed menopause prior to the last CRIC visit

<sub>88</sub> Don't know

9. Since your last CRIC clinic visit, did you have a hysterectomy (removal of the uterus/womb with or without removal of the ovaries)?

<sub>1</sub> Yes    <sub>0</sub> No

#### RENAL HISTORY:

10. Since your last CRIC clinic visit, did you see a nephrologist / kidney doctor or any other doctor / health professional(s) (e.g. internist, family practitioner, hypertension specialist) for your kidney problems?

<sub>1</sub> Yes —————→ **Go to Question 11**

<sub>0</sub> No —————→ **Go to Question 25**

<sub>88</sub> Don't know —————→ **Go to Question 11**

11. Since your last CRIC clinic visit, how many times did you see a nephrologist/kidney doctor for your kidney problems?

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

12. Since your last CRIC clinic visit, how many times did you see other health professionals for your kidney problems?

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



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

---

### MEDICAL HISTORY – UPDATE

The following questions address any health care you have received since your last CRIC visit. Please provide a response for each item listed below.

13. Was the level of protein in your urine measured? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
14. Was your kidney function measured by a 24-hour urine test or I-iothalamate clearance test? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
15. Did you have other blood tests done? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
16. Did you have a flu vaccine? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know

The following questions ask about advice you may have received from a health care provider or professional (e.g. nephrologist/kidney doctor, primary care physician, hypertension specialist).

17. Were you told to avoid anti-inflammatory drugs (e.g., NSAIDs) or other drugs that might harm your kidneys? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
18. Were you told to cut down on the amount of protein that you eat? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
19. Were you told to cut down on the amount of salt or sodium that you eat? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
20. Were you told to cut down on the amount of potassium that you eat? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
21. Were you told to cut down on the amount of phosphorus in your diet? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
22. Were you referred to a nutritionist or someone to review your diet? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
23. Were you told to stop smoking tobacco? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know <sub>99</sub> I don't smoke
24. Were you told to cut down on alcohol use? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know <sub>99</sub> I don't drink

---

#### PERIPHERAL VASCULAR HISTORY:

25. Since your last CRIC clinic visit, did you have pain or cramping (not due to arthritis) in your calves or legs when walking that was relieved by resting? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
26. Since your last CRIC clinic visit, did you have a toe(s) or foot surgically amputated? <sub>1</sub> Yes <sub>0</sub> No



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

---

## MEDICAL HISTORY – UPDATE

---

---

### HYPERTENSION HISTORY:

27. Since your last CRIC clinic visit, did a doctor or other health professional tell you that you have hypertension or high blood pressure? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
- a. Do you currently take prescribed medication for your hypertension or high blood pressure? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know

---

### HIGH CHOLESTEROL HISTORY:

28. Since your last CRIC clinic visit, did a doctor or other health professional tell you that your blood cholesterol level was high? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
- a. Do you currently take prescribed medication for your high blood cholesterol? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know

---

### DIABETIC HISTORY:

29. Have you ever been told (except during pregnancy) that you have diabetes or high blood sugar?
- <sub>1</sub> Yes —————→ **Answer Question 30**
- <sub>0</sub> No —————→ **Go to Question 35**
- <sub>88</sub> Don't know —→ **Answer Question 30**
30. Since your last CRIC clinic visit, did a doctor or other health professional tell you (except during pregnancy) that you have diabetes or high blood sugar?
- a. Are you currently taking insulin? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
- b. Are you currently taking injectable drugs, other than insulin, to manage your blood sugar? <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
- c. Do you currently take diabetes pills to lower your blood sugar? (These are sometimes called oral agents or oral hypoglycemic agents.) <sub>1</sub> Yes <sub>0</sub> No <sub>88</sub> Don't know
- d. How many of the last 7 days did you test your blood sugar?
- |  |  |
|--|--|
| <input type="checkbox"/> <sub>1</sub> 1 day  | <input type="checkbox"/> <sub>5</sub> 5 days |
| <input type="checkbox"/> <sub>2</sub> 2 days | <input type="checkbox"/> <sub>6</sub> 6 days |
| <input type="checkbox"/> <sub>3</sub> 3 days | <input type="checkbox"/> <sub>7</sub> 7 days |
| <input type="checkbox"/> <sub>4</sub> 4 days | <input type="checkbox"/> <sub>99</sub> None  |



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

### MEDICAL HISTORY – UPDATE

e. Of the days that you check your blood sugar, how many times a day do you usually test it? (**check one response only**)

- <sub>1</sub> Once a day     
 <sub>3</sub> 3 times a day     
 <sub>5</sub> 5 times a day     
 <sub>99</sub> I do not test my blood sugar  
<sub>2</sub> Twice a day     
 <sub>4</sub> 4 times a day     
 <sub>6</sub> 6 times a day or more

31. When was the last time you had your eyes examined by a doctor? \_\_\_\_\_ (year)  
<sub>88</sub> Don't know  
<sub>99</sub> I have never had my eyes examined
32. Since your last CRIC clinic visit, did a doctor tell you that diabetes has affected your eyes or that you have retinopathy?      <sub>1</sub> Yes      <sub>0</sub> No      <sub>88</sub> Don't know
33. Since your last CRIC clinic visit, did a doctor tell you that you have diabetic neuropathy? Diabetic neuropathy is when diabetes has affected the nerves of your hands or feet or any other parts of your body.      <sub>1</sub> Yes      <sub>0</sub> No      <sub>88</sub> Don't know
34. Do you currently have any of these problems:
- a. Numbness or tingling or loss of sensation in your hands or feet (other than falling asleep because you laid on your arm or leg)?      <sub>1</sub> Yes      <sub>0</sub> No      <sub>88</sub> Don't know
- b. Decreased ability to feel the hotness or coldness of things you touch?      <sub>1</sub> Yes      <sub>0</sub> No      <sub>88</sub> Don't know
- c. Sores or ulcers on your feet or ankles?      <sub>1</sub> Yes      <sub>0</sub> No      <sub>88</sub> Don't know

### LIFESTYLE MODIFICATIONS:

35. Are you currently doing any of the following:
- a. Controlling or trying to lose weight?      <sub>1</sub> Yes      <sub>0</sub> No
- b. Exercising?      <sub>1</sub> Yes      <sub>0</sub> No
- c. Cutting back on alcohol use?      <sub>1</sub> Yes      <sub>0</sub> No      <sub>99</sub> I do not drink
- d. Quitting smoking?      <sub>1</sub> Yes      <sub>0</sub> No      <sub>99</sub> I do not smoke
- e. Reducing tension/stress?      <sub>1</sub> Yes      <sub>0</sub> No
- f. Using less salt or sodium in your diet?      <sub>1</sub> Yes      <sub>0</sub> No
- g. Eating low fat diet?      <sub>1</sub> Yes      <sub>0</sub> No
- h. Reducing your protein intake?      <sub>1</sub> Yes      <sub>0</sub> No
- i. Reducing your potassium intake?      <sub>1</sub> Yes      <sub>0</sub> No



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

### MEDICAL HISTORY – UPDATE

35. Are you currently doing any of the following:

- j. Reducing your phosphate intake? <sub>1</sub> Yes <sub>0</sub> No
- k. Making other diet changes? <sub>1</sub> Yes <sub>0</sub> No
- l. Doing anything else? <sub>1</sub> Yes <sub>0</sub> No

#### **SOCIAL HISTORY:**

##### **Tobacco and Smoking History:**

36. Since your last CRIC clinic visit, did you use chewing tobacco, snuff, or other smokeless tobacco products? <sub>1</sub> Yes <sub>0</sub> No

##### **Cigarettes:**

37. Since your last CRIC clinic visit, have you smoked any cigarettes?

- <sub>1</sub> Yes —————> **Go to Question 38**
- <sub>0</sub> No —————> **Go to Question 42**

38. Have you smoked more than 100 cigarettes (approximately 5 packs), since your last CRIC clinic visit? <sub>1</sub> Yes <sub>0</sub> No

39. Do you smoke cigarettes now? <sub>1</sub> Yes <sub>0</sub> No

40. How many cigarettes do you or did you usually smoke per day? \_\_\_\_\_ cigs/day  
<sub>0</sub> Less than 1 per day

41. How many months did you smoke this amount? \_\_\_\_\_ months  
<sub>88</sub> Don't know

##### **Cigars:**

42. Since your last CRIC clinic visit, have you smoked cigars?

- <sub>1</sub> Yes —————> **Go to Question 43**
- <sub>0</sub> No —————> **Go to Question 46**

43. Have you smoked at least 20 cigars, since your last CRIC clinic visit? <sub>1</sub> Yes <sub>0</sub> No

44. Do you currently smoke cigars? <sub>1</sub> Yes <sub>0</sub> No

45. How many cigars do you or did you usually smoke per day? \_\_\_\_\_ cigars  
<sub>0</sub> Less than 1 per day



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

## MEDICAL HISTORY – UPDATE

### Alcohol Use History:

For Questions 46 through 49, an alcoholic drink can be:



12 ounce can of beer

OR



5 ounce glass of wine

OR



1 shot of liquor

46. Since your last CRIC clinic visit, how often have you had an alcoholic drink? Choose only one response.

<sub>10</sub> Every day

<sub>5</sub> 2 to 3 times a month

<sub>9</sub> 5 to 6 times a week

<sub>4</sub> 1 time a month

<sub>8</sub> 3 to 4 times a week

<sub>3</sub> 3 to 11 times since your last CRIC clinic visit

<sub>7</sub> 2 times a week

<sub>2</sub> 1 or 2 times since your last CRIC clinic visit

<sub>6</sub> 1 time a week

<sub>1</sub> None since your last CRIC clinic visit → **Go to Question 50**

47. Since your last CRIC clinic visit, on the days that you drank, how many alcoholic drinks did you usually have?

<sub>10</sub> 25 or more drinks

<sub>4</sub> 5 to 6 drinks

<sub>9</sub> 19 to 24 drinks

<sub>3</sub> 3 to 4 drinks

<sub>8</sub> 16 to 18 drinks

<sub>2</sub> 2 drinks

<sub>7</sub> 12 to 15 drinks

<sub>1</sub> 1 drink

<sub>6</sub> 9 to 11 drinks

<sub>98</sub> Don't wish to answer

<sub>5</sub> 7 to 8 drinks

48. Since your last CRIC clinic visit, what is the largest number of alcoholic drinks that you had in a 24-hour period?

<sub>10</sub> 36 or more drinks

<sub>4</sub> 4 drinks

<sub>9</sub> 24 to 35 drinks

<sub>3</sub> 3 drinks

<sub>8</sub> 18 to 23 drinks

<sub>2</sub> 2 drinks

<sub>7</sub> 12 to 17 drinks

<sub>1</sub> 1 drink

<sub>6</sub> 8 to 11 drinks

<sub>98</sub> Don't wish to answer

<sub>5</sub> 5 to 7 drinks



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

### MEDICAL HISTORY – UPDATE



12 ounce can of beer **OR**



5 ounce glass of wine **OR**



1 shot of liquor

49. Since your last CRIC clinic visit,

a. **For men**, how often did you have 5 or more alcoholic drinks within a two-hour period?

Choose only one response

- <sub>9</sub> Every day
- <sub>8</sub> 5 to 6 days a week
- <sub>7</sub> 3 to 4 days a week
- <sub>6</sub> 2 days a week
- <sub>5</sub> 1 day a week
- <sub>4</sub> 2 or 3 days a month
- <sub>3</sub> 1 day a month
- <sub>2</sub> 3 to 11 days since your last CRIC clinic visit
- <sub>1</sub> 1 or 2 days since your last CRIC clinic visit
- <sub>98</sub> Don't wish to answer
- <sub>99</sub> None since your last CRIC clinic visit

b. **For women**, how often did you have 4 or more alcoholic drinks within a two-hour period? Choose only one response.

- <sub>9</sub> Every day
- <sub>8</sub> 5 to 6 days a week
- <sub>7</sub> 3 to 4 days a week
- <sub>6</sub> 2 days a week
- <sub>5</sub> 1 day a week
- <sub>4</sub> 2 or 3 days a month
- <sub>3</sub> 1 day a month
- <sub>2</sub> 3 to 11 days since your last CRIC clinic visit
- <sub>1</sub> 1 or 2 days since your last CRIC clinic visit
- <sub>98</sub> Don't wish to answer
- <sub>99</sub> None since your last CRIC clinic visit

### HEALTH INSURANCE:

50. Do you currently have health insurance?

<sub>1</sub> Yes <sub>0</sub> No

51. What kind of health insurance coverage do you have? (**check all that apply**)

- <sub>1</sub> Medicare benefits
- <sub>1</sub> Medicaid benefits
- <sub>1</sub> Group Health Plan provided by an employer (for example: HMO, PPO, POS)
- <sub>1</sub> Veterans Affairs (VA) benefits
- <sub>1</sub> CHAMPUS or other military benefits
- <sub>1</sub> Other Specify: \_\_\_\_\_

52. Since your last CRIC clinic visit, was there ever a time when you were not covered by health insurance?

<sub>1</sub> Yes <sub>0</sub> No

a. If "**Yes**", were you not covered by health insurance one month or more?

<sub>1</sub> Yes <sub>0</sub> No

53. Since your last CRIC clinic visit, were you denied health insurance?

<sub>1</sub> Yes <sub>0</sub> No



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

---

### MEDICAL HISTORY – UPDATE

54. Since your last CRIC clinic visit, were you unable to fill a prescription because of the cost? <sub>1</sub> Yes <sub>0</sub> No

55. Since your last CRIC clinic visit, were you unable to see your doctor because of the cost? <sub>1</sub> Yes <sub>0</sub> No

**For Research Coordinator use only:** CRF was: <sub>1</sub> Self-administered <sub>2</sub> Interviewer-administered