

# Information

## Personal Information

Your Name :

\_\_\_\_\_

This is information regarding:

Myself    My Partner

If you have fathered children with more than one woman, please complete a SEPARATE survey for each mother of your children.

Your Partner's Name:

\_\_\_\_\_  
(Name of the mother you are completing this for)

Please note for ALL remaining questions, the use of "You" and "Your" are in reference to the MOTHER.

Date of Birth:

\_\_\_\_\_

Highest level of education completed:

- Less than a high school diploma  
 High school degree or equivalent  
 Some college credit, no degree  
 Trade/technical/vocational training  
 Associate degree  
 Bachelor's degree  
 Master's degree  
 Professional or Doctorate degree

Are you affected with inherited kidney disease (IKD)?

Yes    No

(This is required to build your survey correctly.)

Height - please only fill in fields you normally use (feet/inches or meters)

Height (feet)

\_\_\_\_\_  
(number only)

Height (inches)

\_\_\_\_\_  
(number only)

OR

Height (meters)

\_\_\_\_\_  
(number only)

**Women's Health Information**

Please note the use of "You" and "Your" are in reference to the MOTHER.

How old were you when you had your first period/menstrual cycle?

\_\_\_\_\_ (number only)

If you ever took oral contraceptives for more than 1 year, please select all of the applicable age ranges given below:

- 15-20  
 20-25  
 25-30  
 30-35  
 35-40  
 40-45  
 Never took oral contraceptives  
(Please select all that apply)

If you have reached menopause, at what age did you reach menopause?

\_\_\_\_\_ (number only)

**Family Planning and Pregnancy Information**

Are you currently pregnant?

Yes  No

What is your expected due date?

\_\_\_\_\_

At this time, please do NOT include your current pregnancy into the "How many..." questions below. We will contact you after your due date regarding information about your current pregnancy.

We would like to ask you about all the pregnancies that you have had during your life. By this we mean all the children born to you whether they were born alive or dead, whether they are still living or not, whether they live with you or somewhere else, and all the pregnancies that you have had that did not result in a live birth. We understand that it is not easy to talk about children who have died or pregnancies that ended before full term, but it is important that you tell us about all of them, so that we can help other families like yours.

How many live births have you had?

\_\_\_\_\_ (number only)

How many miscarriages or pregnancy losses have you experienced?

\_\_\_\_\_ (number only)

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How many total pregnancies have you had?  
(Total of live births and pregnancy losses)

- 0    1    2    3  
 4    5    6    7  
 8    9    10    11  
 12    13    14    15  
 16    17    18    19  
 20

(This is required to build your survey correctly.)

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Total number of pregnancies:  
Please verify this number and the number above match. \_\_\_\_\_

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Please note: Currently, only 20 pregnancies for 1 parent are collected. Contact us if you require additional forms.

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Did having a family history of IKD influence a decision regarding having children or having additional children?

- Yes    No  
(Not related to your kidney function. For example, at age 20 you decided you would not have children because of the disease that runs in your family.)
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Approximately, what age did this happen? \_\_\_\_\_

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Did decreasing kidney function/worsening health influence a decision not to have children or additional children?

- Yes    No  
(This is a really important question!)
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Approximately, what age did this happen? \_\_\_\_\_

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Please Note:

Information forms will be generated for each pregnancy. Once you click "Submit", it may pause a moment while this occurs. You will be guided through each form one at a time. Your total number of reported pregnancies will create a "survey queue".

There is an option to email the survey queue to yourself "Get link to my survey queue" to complete at your own pace. You may also come back and edit your responses.