

Pregnancy Information

Prior to [event-label]

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

Weight prior to pregnancy:

_____ (number only)

Weight (units)

lbs kg

Immediately prior to the pregnancy, did you have:
(Please select all that apply)

- Diabetes?
- Gout?
- High blood pressure?
- History of anemia?
- Need to or choose to use IVF?
- Have another disease (lupus, rheumatoid arthritis, sickle cell anemia, etc.)
- Have protein in your urine?
- None of the above

Please describe your other health condition:

Immediately prior to pregnancy, did you:
(Please select all that apply)

- Smoke?
- Have more than 1 alcoholic drink per week?
- Use drugs like marijuana or cocaine?
- None of the above

Regarding inherited kidney disease (IKD), check all that apply:

- I knew there was inherited kidney disease or quite a bit of kidney disease in my family
- I knew that I had inherited kidney disease prior to this pregnancy
- I told my doctor that I had inherited kidney disease
- I discussed family planning with my doctor
- My doctor discouraged me from getting pregnant.
- My doctor recommended that I medically terminate the pregnancy
- None of the above

Do you know what your serum creatinine was prior to the pregnancy?

This is quite important, but we realize it may not be available. If you can find it, it would be very helpful.

Date of serum creatinine:

Serum Creatinine Value:

_____ (number only)

During [event-label]

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

What was your age?

_____ (number only)

Name of Father of child:

During pregnancy, did you:
(Please select all that apply)

- Have twins, triplets, or other multiples?
- Develop high blood pressure?
- Have to be hospitalized for high blood pressure?
- Develop diabetes?
- Develop gout?
- Develop protein in your urine?
- Have seizures?
- Develop anemia?
- Receive erythropoietin or darbopoietin or a similar shot to increase your hemoglobin?
- Experience swelling in feet or hands?
- Maintain regular OB/GYN care appointments throughout pregnancy?
- Experience other health complications?
- None of the above

Please describe the other health complication you experienced:

During pregnancy, did you:
(Please select all that apply)

- Smoke?
- Have more than 1 alcoholic drink per week?
- Use drugs like marijuana or cocaine?
- None of the above

During pregnancy, did you:
(Please select all that apply)

- Develop worsening kidney function?
- Require dialysis?
- None of the above

Did you take any medications during pregnancy? Excluding prenatal vitamins
(Please select all that apply)

- Allopurinol
- Febuxostat/Uloric
- Enalapril, Lisinopril, Captopril, Fosinopril or other ace inhibitor
- Losartan, Candesartan, Olmesartan or other or other angiotensin receptor blocker (ARB)
- Other
- None of the above

What other medications did you take during pregnancy?

Did this pregnancy result in a live birth? This is
will build the rest of your survey for [event-label]

Yes No

Serum Creatinine Values during Pregnancy Do you know what your serum creatinine was during the pregnancy?
This is quite important, but we realize it may not be available. If you can find it, it would be very helpful.

Date of serum creatinine (1):

Serum Creatinine Value (1):

(number only)

Date of serum creatinine (2):

Serum Creatinine Value (2):

(number only)

Date of serum creatinine (3):

Serum Creatinine Value (3):

(number only)

Date of serum creatinine (4):

Serum Creatinine Value (4):

(number only)

Date of serum creatinine (5):

Serum Creatinine Value (5):

(number only)

Date of serum creatinine (6):

Serum Creatinine Value (6):

(number only)

Information about Delivery, [event-label]

Information about the baby

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

At how many weeks did delivery occur?

- 37-42 weeks less than 37 weeks
 I cannot remember how many weeks, but the baby was not premature
 I cannot remember how many weeks, but the baby was premature

What week did you deliver?
This is quite important._____
(number only)

Did you have a Cesarean delivery?

- Yes No

Child's Name

Child's date of birth:

Birth Weight - please only fill in fields you normally use (pounds/ounces or kilograms)

Pounds (lbs):

(number only)

Ounces (oz):

(number only)

OR

Kilograms (kg):

(number only)

Birth Length -please only fill in fields you normally use (inches or centimeters)

Inches (in):

(number only)

OR

Centimeters (cm):

(number only)

Did any of the following occur:
(Please select all that apply)

- My baby had to go to the neonatal intensive care unit.
 My baby had a birth defect(s).
 My baby did not survive for three months.
 My baby had other complications.
 I had complications from the pregnancy and/or delivery
 None of the above

Please give as much information as you feel comfortable.

Reason your baby was in the neonatal intensive care unit? _____

Further information about the birth defect(s): _____

Further information about your infant loss: _____

Other complications your baby experienced: _____

Other complications you experienced: _____

Did you breastfeed? _____

Yes No

How long did you breastfeed? _____

- 0-3 months
 4-6 months
 7-12 months
 13+ months

Information about Pregnancy Loss

Please give as much information as you feel comfortable.

Date (or simply the year) of your loss: _____

(if year only, please use 1/1/Year)

How far along were you when the pregnancy loss occurred? _____

- Less than 7 weeks pregnant
 7-14 weeks pregnant
 More than 14 weeks pregnant

Were you given a reason for the pregnancy loss? _____

Yes No

Information about your pregnancy loss: _____

Would you like to share something about the pregnancy that we may have missed?

Serum Creatinine Values after Pregnancy Do you know what your serum creatinine was after the pregnancy?
This is quite important, but we realize it may not be available. If you can find it, it would be very helpful.

Date of serum creatinine (1):

Serum Creatinine Value (1):

(number only)

Date of serum creatinine (2):

Serum Creatinine Value (2):

(number only)

Date of serum creatinine (3):

Serum Creatinine Value (3):

(number only)

Date of serum creatinine (4):

Serum Creatinine Value (4):

(number only)

Date of serum creatinine (5):

Serum Creatinine Value (5):

(number only)

Date of serum creatinine (6):

Serum Creatinine Value (6):

(number only)

Please Note:

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.