SAFE KIDNEY CARE

Participant ID: ☐☐☐ **Participant Initials:** ☐☐☐

Visit Number: ☐☐ **Visit Date:** ☐☐ / ☐☐ / ☐☐☐☐
MM DD YYYY

RC ID: ☐☐☐☐ **CRF Date:** ☐☐ / ☐☐ / ☐☐☐☐
MM DD YYYY

SELF-REPORTED SAFETY EVENTS (SRSE) BASELINE

1. In the past 12 months, have you had any of the following problems and, if so, can you also tell me if the problem caused you to go to the emergency room or caused you to be hospitalized? ***(check all that apply)***

		Problem	**ER or Hospitalization**
a.	☐	nervousness, sweating, trembling, weakness, palpitations, and/or confusion with a blood sugar less than 70 (mg/dL), by finger stick or blood test, that improved with glucose tablets, juice, or other substance with sugar in it?	☐ **Yes** ☐ **No** ☐ **Don't know**
b.	☐	blood sugar less than 60 (mg/dL), by finger stick or blood test, with or without symptoms	☐ **Yes** ☐ **No** ☐ **Don't know**
c.	☐	high potassium blood level requiring a change in medication, change in diet, and/or required you to take a prescription of kayexelate or polystyrene (dark brown fluid prescribed to decrease potassium)?	☐ **Yes** ☐ **No** ☐ **Don't know**

2. In the past 12 months, have you had any of the following problems that you thought was related to a medication and, if so, can you also tell me if the problem caused you to go to the emergency room or caused you to be hospitalized? ***(check all that apply)***

		Problem	**ER or Hospitalization**
a.	☐	dizziness when standing up to the point that you thought you might fall	☐ **Yes** ☐ **No** ☐ **Don't know**
b.	☐	falling	☐ **Yes** ☐ **No** ☐ **Don't know**
c.	☐	bleeding	☐ **Yes** ☐ **No** ☐ **Don't know**
d.	☐	facial, tongue, and/or throat swelling	☐ **Yes** ☐ **No** ☐ **Don't know**
e.	☐	confusion or unable to think clearly	☐ **Yes** ☐ **No** ☐ **Don't know**
f.	☐	nausea, vomiting, and/or diarrhea	☐ **Yes** ☐ **No** ☐ **Don't know**
g.	☐	new or worsening ankle swelling	☐ **Yes** ☐ **No** ☐ **Don't know**
h.	☐	muscle weakness or muscle cramps	☐ **Yes** ☐ **No** ☐ **Don't know**
i.	☐	skin rash	☐ **Yes** ☐ **No** ☐ **Don't know**

For Research Coordinator Use Only

3. This CRF was: ☐ Self-administered ☐ Interviewer-administered