CRISP III **Attention - DO NOT enter patient data on this form if the header does not contain** *preprinted* **CRISP ID number, clinical center ID, and visit number**.

Participant ID:_____ *pkdid*   **Clinical Center**: _____ *pccn*
visit:

Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

Biannual Clinic Visit/Meds and Events

This form is to be completed at Visits 10 and 12.

1. **Date of visit** *dvdate*   ☐☐ / ☐☐ / ☐☐☐☐

2. **Since last contact, has the participant had any illnesses?** *ilyn*   0 ☐ No   1 ☐ Yes
(*Go to #3*)

If yes, **please specify briefly:** *ill*_____
_____
_____

2a. **Have you been newly diagnosed with hypertension since last contact?** *hypert*   0 ☐ No   1 ☐ Yes

If yes, **Date of diagnosis:** __ __/__ __/__ __ __ __ *hypyr*
   hypmt   *hypda*   Month   Day   Year

How were you diagnosed with hypertension? *hyphdia* 1 ☐ Home BP monitor 2 ☐ Doctor visit
3 ☐ Hospital stay 4 ☐ Other Specify: _____ *hypspc*

2b. **Since last contact, have you been told by a doctor or other health professional that you have diabetes or high blood sugar (If female, other than during pregnancy)?** *diablowsugar*

0 ☐ No   1 ☐ Yes   2 ☐ Don't Know   9998 ☐ Missing

If no or don't know, and male participant, go to 3.
If no or don't know, and female participant, go to 2c.

If yes, date: Month ☐☐ / Day ☐☐ / Year ☐☐☐☐   *diablowsugarmt*
diablowsugarda
diablowsugaryr

If male participant, go to 2d.

2c. **Since last contact, have you been told by a doctor or other health professional that you have/had diabetes during pregnancy?** *diabpregn*

0 ☐ No   1 ☐ Yes   2 ☐ Don't Know   9998 ☐ Missing

If 2c=no or don't know, go to 3.

If yes, date: Month ☐☐ / Day ☐☐ / Year ☐☐☐☐   *diabpregnmt*
diabpregnda
diabpregnyr

2d. **Since last contact, have you taken medications for diabetes?** *diabmed*   0 ☐ No   1 ☐ Yes   2 ☐ Don't Know   777 ☐ Not Applicable   9998 ☐ Missing

Participant ID:_____ *pkdid*　　　　**Clinical Center**: _____ *pccn*

visit:

Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

Biannual Clinic Visit/Meds and Events

If yes, medications:	_____ *diabmed1*
	_____ *diabmed2*
	_____ *diabmed3*
	_____ *diabmed4*
	_____ *diabmed5*

2e.	**Since last contact, have you taken diabetic pills (also called hypoglycemic agents) to lower your blood sugar?** *diabpills*	0 ☐ No	1 ☐ Yes	2 ☐ Don't Know	777 ☐ Not Applicable	9998 ☐ Missing

2f.	**Since last contact, have you taken insulin?** *insulin*	0 ☐ No	1 ☐ Yes	2 ☐ Don't Know	777 ☐ Not Applicable	9998 ☐ Missing

3.	**Since the last contact, has the participant visited their primary care physician?** *pvyn*	0 ☐ No **(Go to #4)** 　 1 ☐ Yes

If yes, complete Section 3

3a. Date of physician visit: __ __/__ __/__ __ __ __ *pvyr*
　　　　pvmt　　*pvda*　Month　Day　　Year

3b. Were there multiple visits to this physician? *Mvci*	0 ☐ No 　 1 ☐ Yes

3c. Name and address of physician treating participant:

Name: _____

Address: _____

City, State, Zip: _____

3d. Specify reason for visit: *pvreason* _____

_____

_____

_____

CRISP III Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* CRISP ID number, clinical center ID, and visit number.

Participant ID:_____ *pkdid*   **Clinical Center**: _____ *pccn*
visit:

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Biannual Clinic Visit/Meds and Events

4.	**Since last contact, has the participant visited any physician other than the primary care physician listed in question 3?** *pvotphyld*	0 ☐ No *(Go to #5)*	1 ☐ Yes

If yes, complete Section #4
Physician #1
a. Date of additional physician visit: __ __/__ __/__ __ __ __ *pv2yr*
     pv2mt   *pv2da*   Month Day   Year

b. Were there multiple visits to this physician? *m2vc*   0 ☐ No   1 ☐ Yes

c. Name and address of physician treating participant:

Name: _____

Address: _____

City, State, Zip:_____

d. Specify reason for visit: *pv2reason*_____
_____
_____

Physician #2
a. Date of additional physician visit: __ __/__ __/__ __ __ __ *pv2yr*
     pv2mt   *pv2da*   Month Day   Year

b. Were there multiple visits to this physician? *m2vc*   0 ☐ No   1 ☐ Yes

c. Name and address of physician treating participant:

Name: _____

Address: _____

City, State, Zip:_____

d. Specify reason for visit: *pv2reason*_____
_____
_____

Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* **CRISP ID number, clinical center ID, and visit number**.

Participant ID:_____ *pkdid*   **Clinical Center**: _____ *pccn*
          visit:

Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

Biannual Clinic Visit/Meds and Events

Physician #3

a. Date of additional physician visit: __ __/__ __/__ __ __ __ *pv2yr*
          pv2mt   *pv2da*   Month   Day   Year

b. Were there multiple visits to this physician? *m2vc*   0 ☐ No   1 ☐ Yes

c. Name and address of physician treating participant:

Name: _____

Address: _____

City, State, Zip:_____

d. Specify reason for visit: *pv2reason*_____

_____

_____

Physician #4

a. Date of additional physician visit: __ __/__ __/__ __ __ __ *pv2yr*
          pv2mt   *pv2da*   Month   Day   Year

b. Were there multiple visits to this physician? *m2vc*   0 ☐ No   1 ☐ Yes

c. Name and address of physician treating participant:

Name: _____

Address: _____

City, State, Zip:_____

d. Specify reason for visit: *pv2reason*_____

_____

_____

Participant ID:_____ *pkdid*　　　　**Clinical Center**: _____ *pccn*
visit:

Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

Biannual Clinic Visit/Meds and Events

Physician #5

a. Date of additional physician visit: __ __/__ __/__ __ __ __ *pv2yr*
　　　　pv2mt　　　*pv2da*　　Month　Day　　Year

b. Were there multiple visits to this physician? *m2vc*　　　　0 ☐ No　　1 ☐ Yes

c. Name and address of physician treating participant:

Name: _____

Address: _____

City, State, Zip:_____

d. Specify reason for visit: *pv2reason*_____

_____

_____

Physician #6

a. Date of additional physician visit: __ __/__ __/__ __ __ __ *pv2yr*
　　　　pv2mt　　　*pv2da*　　Month　Day　　Year

b. Were there multiple visits to this physician? *m2vc*　　　　0 ☐ No　　1 ☐ Yes

c. Name and address of physician treating participant:

Name: _____

Address: _____

City, State, Zip:_____

d. Specify reason for visit: *pv2reason*_____

_____

_____

Participant ID:_____ *pkdid*   **Clinical Center**: _____ *pccn*
             visit:

Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

Biannual Clinic Visit/Meds and Events

Physician #7
a. Date of additional physician visit: __ __/__ __/__ __ __ __ *pv2yr*
        pv2mt   *pv2da*   Month   Day   Year

b. Were there multiple visits to this physician? *m2vc*   0 ☐ No   1 ☐ Yes

c. Name and address of physician treating participant:

   Name: _____

   Address: _____

   City, State, Zip:_____

d. Specify reason for visit: *pv2reason* _____

_____

_____

Physician #8
a. Date of additional physician visit: __ __/__ __/__ __ __ __ *pv2yr*
        pv2mt   *pv2da*   Month   Day   Year

b. Were there multiple visits to this physician? *m2vc*   0 ☐ No   1 ☐ Yes

c. Name and address of physician treating participant:

   Name: _____

   Address: _____

   City, State, Zip:_____

d. Specify reason for visit: *pv2reason*_____

_____

_____

Participant ID:_____ *pkdid*   **Clinical Center**: _____ *pccn*
visit:

Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

Biannual Clinic Visit/Meds and Events

Physician #9

a. Date of additional physician visit: __ __/__ __/__ __ __ __ *pv2yr*
      pv2mt   *pv2da*   Month Day   Year

b. Were there multiple visits to this physician? *m2vc*   0 ☐ No   1 ☐ Yes

c. Name and address of physician treating participant:

Name: _____

Address: _____

City, State, Zip:_____

d. Specify reason for visit: *pv2reason*_____

_____

_____

Physician #10

a. Date of additional physician visit: __ __/__ __/__ __ __ __ *pv2yr*
      pv2mt   *pv2da*   Month Day   Year

b. Were there multiple visits to this physician? *m2vc0*   0 ☐ No   1 ☐ Yes

c. Name and address of physician treating participant:

Name: _____

Address: _____

City, State, Zip:_____

d. Specify reason for visit: *pv2reason*_____

_____

_____

Please continue on the next page

Participant ID:_____ *pkdid*   **Clinical Center**: _____ *pccn*
                    visit:

Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

Biannual Clinic Visit/Meds and Events

5.	**Since last contact, has the participant been hospitalized?** *hospld*	0 ☐ No **(*Go to #6)***	1 ☐ Yes

If yes, complete Section #5
Hospitalization #1

a. Was this hospitalization unscheduled? *husch*	0 ☐ No	1 ☐ Yes **(See Note)**

.

> **Note: If unscheduled, please report the event to the local IRB and send a copy to the DCIAC**

b. Date admitted to hospital: __ __/__ __/__ __ __ __ *hayr*
            hamt   *hada*   Month   Day   Year

c. Date discharged from hospital: __ __/__ __/__ __ __ __ *hdyr*
            hdmt   *hdda*   Month   Day   Year

d. Length of stay (in days) : _____*lenst*

e. Name and address of hospital:

Name:_____

Address:_____

City, State, Zip:_____

f. Name and address of physician treating participant:

Name:_____

Address:_____

City, State, Zip:_____

g. What was the discharge diagnosis?_____*hdiag*

h. Was there any renal surgery performed? *rsurgpyn* *If no, go to Hospitalization #2 or Section 6 if no more hospitalizations*	0 ☐ No	1 ☐ Yes

If yes, was the intent cyst reduction? *ceducyn*	0 ☐ No	1 ☐ Yes

i. For any renal surgery provide a date and short description:
   Date of intervention: __ __/__ __/__ __ __ __ *rsiyr*
   rsimt   *rsida*   Month   Day   Year

   Description:_____*rsidesc*

Participant ID:_____ *pkdid*   **Clinical Center**: _____ *pccn*
          visit:

| Missing Data Codes: | A-Participant Refused | B-Reading Not Possible | C-Institutional Error |

Biannual Clinic Visit/Meds and Events

Hospitalization #2

a. Was this hospitalization unscheduled? *husch*   0 ☐ No   1 ☐ Yes
                                                                                          (See Note)

.

Note: If unscheduled, please report the event to the local IRB and send a copy to the DCIAC

b. Date admitted to hospital: __ __/__ __/__ __ __ __ *hayr*
          hamt   *hada*   Month   Day   Year

c. Date discharged from hospital: __ __/__ __/__ __ __ __ *hdyr*
          hdmt   *hdda*   Month   Day   Year

d. Length of stay (in days) : _____ *lenst*

e. Name and address of hospital:

  Name:_____

  Address:_____

  City, State, Zip:_____

f. Name and address of physician treating participant:

  Name:_____

  Address:_____

  City, State, Zip:_____

g. What was the discharge diagnosis?_____*hdiag*

h. Was there any renal surgery performed? *resurgpyn*   0 ☐ No   1 ☐ Yes
    If no, go to Hospitalization #3 or Section 6 if no more hospitalizations

      If yes, was the intent cyst reduction? *ceducyn*   0 ☐ No   1 ☐ Yes

i. For any renal surgery provide a date and short description:

  Date of intervention: __ __/__ __/__ __ __ __ *rsiyr*
    rsimt   *rsida*   Month   Day   Year

  Description:_____*rsidesc*

Participant ID:_____ *pkdid*   **Clinical Center**: _____ *pccn*
visit:

Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

Biannual Clinic Visit/Meds and Events

 Hospitalization #3

a. Was this hospitalization unscheduled? *husch*   0 ☐ No   1 ☐ Yes
                                                                      (See Note)

.

> **Note: If unscheduled, please report the event to the local IRB and send a copy to the DCIAC**

b. Date admitted to hospital: __ __/__ __/__ __ __ __ *hayr*
   hamt   *hada*   Month   Day   Year

c. Date discharged from hospital: __ __/__ __/__ __ __ __ *hdyr*
         hdmt   *hdda*   Month   Day   Year

d. Length of stay (in days) : _____*lenst*

e. Name and address of hospital:

   Name:_____

   Address:_____

   City, State, Zip:_____

f. Name and address of physician treating participant:

   Name:_____

   Address:_____

   City, State, Zip:_____

g. What was the discharge diagnosis?_____*hdiag*

h. Was there any renal surgery performed? *rsurgpyn*   0 ☐ No   1 ☐ Yes
   If no, go to Hospitalization #4 or Section 6 if no more hospitalizations

      If yes, was the intent cyst reduction? *ceducyn*   0 ☐ No   1 ☐ Yes

i. For any renal surgery provide a date and short description:

   Date of intervention: __ __/__ __/__ __ __ __ *rsiyr*
   rsimt   *rsida*   Month   Day   Year

   Description:_____*rsidesc*

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Participant ID:_____ *pkdid*   **Clinical Center**: _____ *pccn*
visit:

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Biannual Clinic Visit/Meds and Events

Hospitalization #4

a. Was this hospitalization unscheduled? *husch*   0 ☐ No   1 ☐ Yes
(See Note)

.

Note: If unscheduled, please report the event to the local IRB and send a copy to the DCIAC

b. Date admitted to hospital: __ __/__ __/__ __ __ __ *hayr*
                hamt   *hada*   Month   Day   Year

c. Date discharged from hospital: __ __/__ __/__ __ __ __ *hdyr*
                hdmt   *hdda*   Month   Day   Year

d. Length of stay (in days) : _____ *lenst*

e. Name and address of hospital:

   Name:_____

   Address:_____

   City, State, Zip:_____

f. Name and address of physician treating participant:

   Name:_____

   Address:_____

   City, State, Zip:_____

g. What was the discharge diagnosis?_____ *hdiag*

h. Was there any renal surgery performed? *rsurgpyn*   0 ☐ No   1 ☐ Yes
                                                (Go to #6)

   If yes, was the intent cyst reduction? *ceducyn*   0 ☐ No   1 ☐ Yes

i. For any renal surgery provide a date and short description:

   Date of intervention: __ __/__ __/__ __ __ __ *rsiyr*
   rsimt   *rsida*   Month   Day   Year

   Description:_____ *rsidesc*

Participant ID:_____ *pkdid*   **Clinical Center**: _____ *pccn*

visit:

Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

Biannual Clinic Visit/Meds and Events

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6.   Smoking and Tobacco:

6a.   Has the participant ever smoked cigarettes? *csyn*   0 ☐ No   1 ☐ Yes
                                                                    (Go to# 6e)

6b. *If yes,*   *csevsm*
        1 ☐   Current **(Go to #6d)**
        2 ☐   Former, quit since last visit **(Go to #6c)**
        3 ☐   Former, quit prior to last visit **(Go to #6c)**

6c.   If former smoker, quit date: __ __/__ __ __ __ **(Go to #6e)**
                                       qsm   Month   Year *qsy*

6d.   If current smoker, how many packs per year does the participant smoke? *ppy*

                 __ __ __ __

6e.   Has the participant used any other types of tobacco since last contact?   0 ☐ No   1 ☐ Yes
                                                                                          (Go to #7a)
                                                    otytob

6f. *If yes*, **which types?**

        6g.   Cigars   0 ☐ No   *cigar*
                                   1 ☐ Yes

        6h. *If yes*, **how many cigars since the last contact?** __ __ *cignm*

        6i.   Pipe   0 ☐ No   *pipeyn*
                                  1 ☐ Yes

        6j.   Chewing Tobacco/Snuff   0 ☐ No   *chewyn*
                                           1 ☐ Yes

7.   Caffeinated Beverages:

7a.   Does the participant drink caffeinated coffee or tea? *cucaff*   0 ☐ No   1 ☐ Yes
                                                                                 (Go to #7b)

        If yes, check time interval and enter the average number of caffeinated 8 ounce cups per Interval: *cupcaf*

        0 ☐   Per day
        1 ☐   Per week   **Number of 8 ounce cups per interval** __ __ *ccafunit*
        2 ☐   Per month

Participant ID:_____ *pkdid*   **Clinical Center**: _____ *pccn*
visit:

Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

Biannual Clinic Visit/Meds and Events

7b. Does the participant drink other caffeinated beverages? *cafotbv*   0 ☐ No   1 ☐ Yes
(Go to #7c)

If yes, check time interval and enter the average number of caffeinated 12 ounce portions per interval: glassc

0 ☐ Per day
1 ☐ Per week   **Number of 12 ounce portions per interval __ __** *scafunit*
2 ☐ Per month

7c. Does the participant drink alcohol? *alcdr*   0 ☐ No   1 ☐ Yes
(Go to #8)

If yes, check time interval and enter the average number of alcoholic drinks per interval: nad

(1 drink=any of the following: 12 ounces of beer, 4 ounces of wine, 1.5 ounces liquor)
0 ☐ Per day
1 ☐ Per week   **Number of drinks per interval __ __** *alconit*
2 ☐ Per month

8. Analgesic Use History: *Record the average number per month over the last year. 0=Participant doesn't use*

8a. Acetaminophen tablets: __ __ __ *acett*
Avg. number per month

8b. Aspirin Tablets: __ __ __ *asprt*
Avg. number per month

8c. Combination analgesics: __ __ __ *combot*
Avg. number per month

8d. NSAIDs: __ __ __ *nsaidt*
Avg. number per month

8e. Medical use of marijuana: __ __ __ *dum*
Avg. Number per month

8f. Cox2 Inhibitors __ __ __ *cox2*
Avg. number per month

9. Has the participant used recreational drugs in the last year? *illdrg*   0 ☐ No   1 ☐ Yes

If yes, check all that apply
☐ Heroin   *duh*
☐ Marijuana *duma*
☐ Methamphetamine *dumeth*
☐ Cocaine   *duc*
☐ Other   *duo*

If other, specify:_____*othr*

Participant ID:_____ *pkdid*   **Clinical Center**: _____ *pccn*

visit:

Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

Biannual Clinic Visit/Meds and Events

If this is Visit 10 and the participant is in Crisp II, or if this is Visit 12, Go to # 11.

If this is Visit 10 and the participant is in Crisp I only,

10. **List all current prescription medications, over the counter medications and all natural products/protein supplements,**

   and then **STOP**

Prescribed Medications   *pres*

presId

Over the Counter   *oct*

Medications   *octId*

All Natural Products/   *npp*

Protein Supplements   *nppId*

Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* **CRISP ID number, clinical center ID, and visit number**.

Participant ID:_____ *pkdid*   **Clinical Center**: _____ *pccn*
   visit:

Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

Biannual Clinic Visit/Meds and Events

11.	Prescribed medications changes:

11a. Since last contact, have prescribed drugs been added? *pmald*

If yes, then please record:

Prescribed Medications **added**	Date (month/year)
pma	*dpmamt* __ __/__ __ __ __ *dpmayr*

Participant ID:_____ *pkdid*   **Clinical Center**: _____ *pccn*

visit:

| Missing Data Codes: | A-Participant Refused | B-Reading Not Possible | C-Institutional Error |

Biannual Clinic Visit/Meds and Events

11b. Since last contact, have prescribed drugs been stopped/discontinued?
pmdld
If yes, then please record:

Prescribed Medications **discontinued** *pmd*	Date (month/year) *dpmdmt* __ __/__ __ __ __ *dpmdyr*

Participant ID:_____ *pkdid*   **Clinical Center**: _____ *pccn*
visit:

| Missing Data Codes: | A-Participant Refused | B-Reading Not Possible | C-Institutional Error |

Biannual Clinic Visit/Meds and Events

| 12. | Over-the-counter medications changes: |

12a. Since last contact, have OTC drugs been added? *omaId*

If yes, then please record:

OTC Medications **added** *oma*	Date (month/year) *domamt* __ __/__ __ __ __ *domayr*

12b. Since last contact, have OTC drugs been stopped/discontinued?
omdId

If yes, then please record:

OTC Medications **discontinued** *omd*	Date (month/year) *domdmt* __ __/__ __ __ __ *domdyr*

Participant ID:_____ *pkdid*   **Clinical Center**: _____ *pccn*
visit:

Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

Biannual Clinic Visit/Meds and Events

13.	**Natural Product Use Changes:**

13a. Since last contact, have Natural Products/Protein Supplements been added?   *nmald*

If yes, then please record:

Natural Products/Protein Supplements **added**	Date (month/year)
nma	*dnmamt* __ __/__ __ __ __ *dnmayr*

13b. Since last contact, have Natural Products/Protein Supplements been stopped/discontinued?
nmdld
If yes, then please record:

Natural Products/Protein Supplements **discontinued**	Date (month/year)
nmd	*dnmdmt* __ __/__ __ __ __ *dnmdyr*

Please review all contact information on the Identification Form including phone number and email address.

CRISP Member completing this form_____
cdidnum

Date Form Completed __ __/__ __/__ __ __ __
cddate

Data Entry Status: Please check to indicate that the above information has been entered   ☐

Primary Entered by: _____ Date: __ __/__ __/__ __ __ __ *dedate*
deidnum

Secondary Entered by: _____ Date __ __/__ __/__ __ __ __