

Patient initials:

Birth date (dd/mm/yy):

Gender: male female

Renal center number	Patient number

CINAC assessment for patients with unclear renal diagnosis showing the following criteria: <input type="checkbox"/> Serum creatinine > 1.3 mg/100ml? <input type="checkbox"/> No proteinuria or proteinuria less than 300 µg albumin/mg creatinine . <input type="checkbox"/> No clear-cut hypertension <input type="checkbox"/> Decrease in kidney length axis (<10cm), once CKD 3A or more
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MEDICAL HISTORY

Did you ever have **renal problems**?

- no yes, proteinuria
- yes, hematuria
- yes, renal colics
- yes, other renal symptoms:

Do you have a **chronic disease** requiring regular medical treatment?

- no yes, diabetes
- yes, heart problems
- yes, digestive problems
- yes, respiratory problems
- yes, muscle/joint problems
- yes, other medical problems:

Did you have one of the following **health complaints** during the last month?

- no yes fatigue
- yes loss of appetite
- yes headache
- yes backache
- yes other:

Are there persons in your direct environment with **failing kidneys**?

- no yes, in my direct family (father, mother, children, grand parents)
- yes, in my wider family (brothers, sisters, ...)
- yes, in my neighborhood
- yes, in my work environment

Did you use medication for the relieve of pain (**NSAIDs!**) on a daily base during the last year?

- no yes if yes, for how many days:

Did you use **traditional medicinal products** (herbal products etc...) on a daily base during the last year?

- no yes if yes, for how many days:

LIVING ENVIRONMENT AND EXPOSURE HISTORY

What characterizes **your living environment**

- Temperature: extreme hot rather hot rather cool cool
- Altitude above sea level: below 100m above 100m
- Farming activities: intensive quite a lot limited no

What is the source of your **water supply at home**:

- municipal local well river or lake

If you use water from a local water well, a river or a lake, **how do you use** this water?

- To drink without cooking: no yes
- To drink after cooking: no yes
- For cooking: no yes

What kind of work did you do during the last five years?

Did you take part in **any farming activity** during the last five year? no yes

If yes, for how many months during the last year?

During the last five year, did you personally **mix, load or apply any pesticides** (including insecticides, fungicides, fumigants and herbicides (weed killers)) during farming activities? no yes

IF NO: GO TO END OF QUESTIONNAIRE

During the last five years,

- Did you personally mix or fill (load) pesticides application equipment? no yes
- Did you personally apply any pesticides onto your farmland? no yes
- Did you personally spray, dust or otherwise apply pesticides or insecticides to your animals or to the animal confinement area? no yes

When you mixed, filled or applied pesticides, did you normally wear any of the following special clothing or **protective equipment**?

- Chemically resistant overalls no yes
- Chemically resistant boots/shoes no yes
- Cartridge respirator, gas mask no yes
- Full face shield no yes
- Gloves no yes

For what kind of **farming activities** do you mix, fill or apply pesticides?

- sugar cane
- soja
- tea
- viticulture
- other:

Which **application method** did you usually use?

- hand-held sprayer
- backpack sprayer
- band sprayer
- gas canister
- mist blower or fogger
- other:

Look careful to the attached pictures and **answer the following questions**

Product	Do you know this product?	Did you ever used it by yourself?	If yes, for how many hours during the last year?	Did you used it during the last 2 weeks
1.	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes		<input type="checkbox"/> no <input type="checkbox"/> yes
2.	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes		<input type="checkbox"/> no <input type="checkbox"/> yes
3.	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes		<input type="checkbox"/> no <input type="checkbox"/> yes
4.	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes		<input type="checkbox"/> no <input type="checkbox"/> yes
5.	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes		<input type="checkbox"/> no <input type="checkbox"/> yes
6.	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes		<input type="checkbox"/> no <input type="checkbox"/> yes
7.	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes		<input type="checkbox"/> no <input type="checkbox"/> yes
8.	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes		<input type="checkbox"/> no <input type="checkbox"/> yes
9.	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes		<input type="checkbox"/> no <input type="checkbox"/> yes
10.	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes		<input type="checkbox"/> no <input type="checkbox"/> yes