



Renal Disease Form

FORM CODE: RDF
VERSION B 10/21/2008

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form should be completed during the interview portion of the participant's visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

1. "The following are possible warning signs for kidney or urinary tract disease. Can you tell me if you experience any of these on a regular basis, that is, multiple times in the course of a week?"

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>	<u>Missing</u>
1a. Burning or difficulty urinating	1	2	7	8	9
1b. Urgency of urination, that is, you can't hold it	1	2	7	8	9
1c. Uncontrolled, or constant urination.....	1	2	7	8	9
1d. More frequent urination, particularly at night (when you are NOT taking a diuretic or water pill)	1	2	7	8	9
1e. Foam in the toilet after urination	1	2	7	8	9
Puffiness around your eyes or swelling of both					
1f. hands and feet	1	2	7	8	9
Pain in the small of your back just below the ribs					
1g. (not caused by movement).....	1	2	7	8	9
1h. Difficulty emptying your bladder.....	1	2	7	8	9

2. Have you ever been told by a health care provider that you had a:

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>	<u>Missing</u>
2a. Kidney stone?	1	2	7	8	9
2b. Frequent bladder or urinary tract infections?	1	2	7	8	9
2c. Anemia (low blood count)?.....	1	2	7	8	9
2d. Autoimmune disease, such as lupus?	1	2	7	8	9
2e. Polycystic kidney diseases?	1	2	7	8	9
2f. Venereal disease (Chlamydia, syphilis, or gonorrhea)?	1	2	7	8	9
2g. Kidney damage due to dehydration?	1	2	7	8	9
2h. Protein in your urine?	1	2	7	8	9
2i. Blood in your urine?	1	2	7	8	9
2j. Temporary or acute renal failure or damage?	1	2	7	8	9
Chronic or ongoing renal insufficiency or					
2k. damage (e.g. not requiring dialysis)?	1	2	7	8	9

3. Are you now, or have you ever been on kidney dialysis or a kidney machine

	Yes	1
Go to Item 5	No	2
	Don't Know	7
	Refused	8
	Missing	9

4. Were you or have you ever been on kidney dialysis for more than one month? Yes 1
- Go to Item 5

 No 2
 Don't Know 7
 Refused 8
 Missing 9
- 4a. In total, how many years and months were you on/have been on dialysis? **[IF MORE THAN 6 MONTHS, RECORD AS ENTIRE YEAR. IF LESS THAN 6 MONTHS, ENTER LOWER VALUE]** Years
- Don't Know 77
- Refused 88
- Missing 99
5. Have you ever been evaluated to receive a kidney transplant? Yes 1
- No 2
- Don't Know 7
- Refused 8
- Missing 9
6. Since your last JHS exam, that is in [date], have you been told that you have kidney disease? Yes 1
- No 2
- Don't Know 7
- Refused 8
- Missing 9

ADMINISTRATIVE INFORMATION

7. Date of data collection: / /

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8. Method of data collection: Computer 1
Paper form 2
9. Data collected: In Clinic 1
Off site 2
10. Code number of person completing this form:

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