Participant ID: _____ Participant Initials: _____

Clinical Center: _____ Site: _____ Visit Number: _____ Reset Patient / RC

CRF Date: ____ / ____ / ____ RC ID: _____ Reset All

MEDICAL EVENT QUESTIONNAIRE

[Completed as Research Coordinator/Participant interview.]

Note: If this is the Baseline (V#3) visit for a newly recruited participant, please disregard the text "Since your last CRIC Visit" in all of the questions where it appears. At Baseline (V#3), please complete these questions based on the participant's past history of these events.

1.	Since your last CRIC study contact, has a ***doctor*** or ***healthcare*** provider told you that you had an outpatient diagnosis of atrial fibrillation?	❑1 Yes ❑0 No	
2.	Since your last CRIC study contact, have you been ***hospitalized***, ***including ER visits***, for any medical problems?	❑1 Yes ❑0 No	
If ***NO***, skip to Question #3. If ***YES***, was it for ……			
a.	Heart attack (acute myocardial infarction, MI)?	❑1 Yes ❑0 No	
b.	Chest pain (angina, unstable angina, angina pectoris)?	❑1 Yes ❑0 No	
c.	Heart failure or fluid in the lungs (congestive heart failure, CHF)?	❑1 Yes ❑0 No	
d.	Heart by-pass surgery (coronary artery by-pass surgery, CABG)?	❑1 Yes ❑0 No	
e.	Abnormal heart rhythm (heart arrhythmia)?	❑1 Yes ❑0 No	
f.	Stroke, mini-stroke or brain attack (TIA), bleeding in the brain (hemorrhagic stroke, intracranial hemorrhage)?	❑1 Yes ❑0 No	
g.	Sudden inability to speak or sudden weakness on one side of the body?	❑1 Yes ❑0 No	
h.	Kidney transplant? (If ***YES***, complete ***RRTPRIM or RRTFUP*** CRF)	❑1 Yes ❑0 No	
i.	Blockage in blood vessels in your arms, legs or abdomen (peripheral vascular disease)?	❑1 Yes ❑0 No	
j.	Blockage in blood vessels in your neck (carotid artery disease)?	❑1 Yes ❑0 No	
k.	Other medical condition(s) or problem(s)? If ***YES***, what were the diagnoses? (***List ALL***): _____	❑1 Yes ❑0 No	
l.	***RC determines:*** If ***YES*** in 2a-2k, how many ***separate*** hospitalizations/ER visits since the last CRIC study contact?	— — —	

Participant ID: _____ Participant Initials: _____

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MEDICAL EVENT QUESTIONNAIRE

3. Have you had any of the following tests or procedures since your last CRIC study contact?	
a. Surgery (amputation, or other surgery), balloon angioplasty or amputation of limb due to blockage in blood vessels in the arms, legs or abdomen? (If ***YES***, complete ***AMPUT CRF***)	❑$_1$ Yes ❑$_0$ No
b. Coronary angiography (cardiac catheterization)?	❑$_1$ Yes ❑$_0$ No
b1. If **Yes**, did you also have a balloon angioplasty or stenting to open a blockage in blood vessels in the heart?	❑$_1$ Yes ❑$_0$ No
c. Kidney arteriogram (test to study the blood vessels feeding the kidneys by injecting dye into the blood vessels of the leg)?	❑$_1$ Yes ❑$_0$ No
d. Kidney biopsy (defined as portion of kidney taken out for exam)?	❑$_1$ Yes ❑$_0$ No
e. Kidney ultrasound?	❑$_1$ Yes ❑$_0$ No
f. Kidney nuclear scan?	❑$_1$ Yes ❑$_0$ No
g. Hemodialysis or peritoneal dialysis (treatment with an artificial kidney or blood cleaning treatment)? (If ***YES***, complete ***RRTPRIM*** or ***RRTFUP CRF***)	❑$_1$ Yes ❑$_0$ No
4. Death (as reported by: _____)? (If ***YES***, complete ***DEATHREC CRF***)	❑$_1$ Yes ❑$_0$ No
a. Date deceased: __ __ / __ __ / __ __ __ __ ***(mm/dd/yyyy)***	

5. Since your last CRIC study contact, did you have surgery to create a dialysis shunt (also called a fistula or a graft)?	❑$_1$ Yes	❑$_0$ No	❑$_{88}$ Don't Know
6. Since your last CRIC study contact, have you undergone evaluation for a kidney transplant at a transplant center?	❑$_1$ Yes	❑$_0$ No	❑$_{88}$ Don't Know
7. Since your last CRIC study contact, were you on a waiting list to receive a kidney transplant?	❑$_1$ Yes	❑$_0$ No	❑$_{88}$ Don't Know