PRESCREENING INFORMATION

Checks of shaded responses will render the participant <u>INELIGIBLE</u> for the CRIC study.

1. *RC/Interviewer determines:* Did the participant agree to pre-screening contact?   ❑₁ Yes   ❑₀ No

    a. If *YES*, how was the participant contacted?
      ❑₁ In-person
      ❑₂ Telephone
      ❑₉₈ Other

2. What is your gender/sex?   ❑₁ Male   ❑₂ Female

3. What was your age on your last birthday?   ___ ___ years old

4. Are you of Hispanic or Latino origin?
    ❑₁ Hispanic or Latino
    ❑₂ Not Hispanic or Latino
    ❑₉₇ Don't wish to answer

5. Which of the following racial or ethnic groups best describes you?
    ❑ American Indian/Alaskan Native
    ❑ Asian/Asian American
    ❑ Black/African American
    ❑ Native Hawaiian/other Pacific Islander
    ❑ White/Caucasian
    ❑ Other
    ❑ Don't wish to answer

6. Have you ever been told by a doctor or other health professional that you have diabetes mellitus?   ❑₁ Yes   ❑₀ No   ❑₉₇ Don't Know

Exclusion Criteria:

7. Where do you currently live?_____
(*Interviewer:* Determine if participant is currently institutionalized, e.g., prisoner, nursing home resident, skilled nursing facility resident.)   ❑₁ Yes   ❑₀ No

8. Have you ever been told by a doctor or other health professional that you have:

    a. Cirrhosis of the liver?   ❑₁ Yes   ❑₀ No   ❑₉₇ Don't Know

    b. Polycystic kidney disease?   ❑₁ Yes   ❑₀ No   ❑₉₇ Don't Know

    c. Cancer of the kidney?   ❑₁ Yes   ❑₀ No   ❑₉₇ Don't Know

    d. Multiple myeloma?   ❑₁ Yes   ❑₀ No   ❑₉₇ Don't Know

    e. Other cancer?   ❑₁ Yes   ❑₀ No   ❑₉₇ Don't Know

      1. If *YES*, what kind of cancer was it? _____

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    2. If **YES**, have you received chemotherapy for this cancer within the past 2 years? $\square_1$ Yes $\square_0$ No $\square_{97}$ Don't Know

    f. HIV infection or AIDS? $\square_1$ Yes $\square_0$ No $\square_{97}$ Don't Know

    g. Diagnosis of dementia, Alzheimer's or schizophrenia? $\square_1$ Yes $\square_0$ No $\square_{97}$ Don't Know

9. Have you:

    a. Received treatment with immunosuppressive or immunotherapy for primary renal disease or systemic vasculitis that affects the kidneys (i.e., anti-GBM, ANCA, SLE, IgA nephropathy, cryoglobulin, etc.) during the past 6 months? $\square_1$ Yes $\square_0$ No $\square_{97}$ Don't Know

    b. Been treated with dialysis (hemodialysis, peritoneal dialysis) for a month or longer? $\square_1$ Yes $\square_0$ No $\square_{97}$ Don't Know

    c. Received a kidney transplant? $\square_1$ Yes $\square_0$ No $\square_{97}$ Don't Know

    d. Received transplant of an organ other than kidney (e.g. bone marrow, heart, lung, liver or pancreas)? $\square_1$ Yes $\square_0$ No $\square_{97}$ Don't Know

10. Do you have any other serious medical problem(s) that we have not mentioned? $\square_1$ Yes $\square_0$ No $\square_{97}$ Don't Know

    a. If **YES**, would you tell me what it is? _____

    b. Are you currently pregnant? $\square_1$ Yes $\square_0$ No
    (Check N/A for males or post-menopausal females) $\square_{97}$ Don't Know $\square_{99}$ N/A

    c. Are you currently breast-feeding?
    (Check N/A for males or post-menopausal females) $\square_1$ Yes $\square_0$ No $\square_{99}$ N/A

11. Are you currently enrolled in a clinical trial? $\square_1$ Yes $\square_0$ No

    a. If **YES**, what type(s) of treatment(s) is being tested? _____

    _____

    b. What is the name of the trial? _____

Prescreening Outcome:

12. Outcome of interview: $\square_0$ Not eligible for screening (**stop**)
   $\square_1$ Eligible for screening

    a. If **"Eligible"**: $\square_1$ Refused (complete **PREREF**)
   $\square_2$ Not Refused (**schedule for Screening Visit**)

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Comments: