PID: ☐☐☐☐☐☐☐☐   Visit Date: ☐☐ ☐☐☐ ☐☐
                                                          dd   MMM   yy

Visit: ☐☐☐   **KIDNEY DISEASE**

PERSONAL HISTORY OF KIDNEY FAILURE

1. Has a doctor or healthcare worker ever told you that you had kidney failure?

    ☐ Yes   ☐ No   ☐ Don't know

    Skip to Item 2.

    1.1. If Yes, are one or both working well now?

    ☐ Yes   ☐ No   ☐ Don't know

    1.2. How old were you when you were first told by a medical person that you had kidney failure?

    ☐☐ years   **OR**   ☐ Don't know

    1.3. Are you currently on renal dialysis?

    ☐ Yes   ☐ No   ☐ Don't know

2. Have you ever had a kidney transplant?

    ☐ Yes   ☐ No   ☐ Don't know

3. Has anyone in your family either had kidney disease or died from it?

    ☐ Yes   ☐ No   ☐ Don't know

    Skip to Item 4.

    3.1. Do you know what type of kidney disease?

    ☐ Yes   ☐ No

    3.2. If Yes, please specify: _____

4. Has a doctor ever told you that your kidneys have low function?

    ☐ Yes   ☐ No   ☐ Don't know

5. Has a doctor or healthcare worker told you that you have kidney disease?

    ☐ Yes   ☐ No   ☐ Don't know