Kidney Disease Screening and Awareness Program

Kidney Health Screening Questionnaire

Screening Date _____

Participant ID _____

***Required Questions

*****Q1 What is your name?**

_____

(First, Middle Initial, Last)

Date of Birth (mm/dd/yyyy) _____

*****Q2 What is your sex?**

▢ Male ▢ Female ▢ Other (Please specify) _____

*****Q3 What is your current mailing address?**

_____

Street City State Zip

What is your permanent mailing address? ▢ Same as mailing address

_____

Street City State Zip

*****Q4 What is your contact information?**

Email Address

_____

Cell phone number

_____

Name of the emergency contact person

_____

Emergency contact person's phone number

_____

*****Q5 If you have a primary care doctor/family doctor, please fill in the blanks below**

Name _____

Organization _____

Phone number _____

*****Q6 What is your preferred language?**

▢ English ▢ Spanish ▢ Mandarin Chinese ▢ Creole

▢ Other (please specify) _____

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*****Q7 Please choose the race you consider yourself to be:**

▢ Hispanic or Latino
▢ American Indian or Alaska Native (which tribe) _____ ▢ Asian (please specify) _____
▢ Native Hawaiian or Pacific Islander (please specify) _____ ▢ Black or African American
▢ White
▢ Other (please specify) _____

Q8 What is the highest level of school you have completed or the highest degree you have received?

▢ Grade school or less (K--8)
▢ High school (9--12)
▢ College (Bachelor degree)
▢ Graduate school or professional school (Master or doctoral degree)
▢ None of above

Q9 Give your best guess of your entire household income last year before taxes?

▢	▢	▢	▢	▢
$0 ~ $24,999	$25000~$49,999	$50,000~$74,999	$75,000~$99,999	Over $100,000

Q10 Is the cost of your prescription medications affordable? (Excluding other medical expenses)

▢	▢	▢	▢	▢
Extremely affordable	Somewhat	Neutral	Somewhat affordable	Extremely unaffordable

Q11 Were you born at term?

▢ After 34 weeks ▢ Before 34 weeks ▢ Don't know

Q12 What was your birth weight?

▢ Normal weight (>2500g or 5.5lbs) ▢ Underweight ▢ Don't know

*****Q13 Do you have the following health conditions? I have had…**

a. Overweight or obese	▢ Yes ▢ No ▢ Don't know
b. Heart attack	▢ Yes ▢ No ▢ Don't know
c. Stroke	▢ Yes ▢ No ▢ Don't know
d. Congestive heart failure	▢ Yes ▢ No ▢ Don't know
e. Circulatory issue in the legs	▢ Yes ▢ No ▢ Don't know

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*****Q14 Do you have high blood sugar or diabetes?** ▢ Yes ▢ No ▢ Don't know

<u>If you answered "Yes",</u> what treatment(s) do you receive for high blood sugar? (May check one or more)

- ▢ Lifestyle modification
- ▢ Prescribed medications
- ▢ Alternative (herbal or traditional) medicine/supplements
- ▢ Not taking any medications

*****Q15 Do you have high blood pressure?** ▢ Yes ▢ No ▢ Don't know

<u>If you answered "Yes",</u> what treatment(s) do you receive for high blood pressure? (May check one or more)

- ▢ Lifestyle modification
- ▢ Prescribed medications
- ▢ Alternative (herbal or traditional) medicine/supplements
- ▢ Not taking any medications

*****Q16 Do you have high blood cholesterol?** ▢ Yes ▢ No ▢ Don't know

<u>If you answered "Yes",</u> what treatment(s) do you receive for high blood cholesterol? (May check one or more)

- ▢ Lifestyle modification
- ▢ Prescribed medications
- ▢ Alternative (herbal or traditional) medicine/supplements
- ▢ Not taking any medications

*****Q17 Do you have gout (or high blood uric acid)?** ▢ Yes ▢ No ▢ Don't know

<u>If you answered "Yes",</u> what treatment(s) do you receive for gout or high blood uric acid? (May check one or more)

- ▢ Lifestyle modification
- ▢ Prescribed medications
- ▢ Alternative (herbal or traditional) medicine/supplements
- ▢ Not taking any medications

*****Q18 Do you have sleep apnea or snoring?** ▢ Yes ▢ No ▢ Don't know

<u>If you answered "Yes",</u> what treatment(s) do you receive for obstructive sleep apnea (snore)? (may check one or more)

- ▢ Lifestyle modification
- ▢ Prescribed medications
- ▢ Alternative (herbal or traditional) medicine/supplements
- ▢ Not taking any medications

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*****Q19 Do you have the following health conditions? I have had**

A. Poor kidney function or kidney failure	▢ Yes	▢ No	▢ Don't know
B. Protein in the urine	▢ Yes	▢ No	▢ Don't know
C. Blood in the urine	▢ Yes	▢ No	▢ Don't know
D. Kidney stones	▢ Yes	▢ No	▢ Don't know

E. <u>If you answered "Yes"</u> to any of Q19 a~Q19 d, have you seen a kidney doctor for your kidney condition? ▢ Yes ▢ No ▢ Don't know

*****Q20 How many prescribed medications are you taking? _____** (number)

*****Q21 Are you currently taking any "over-the-counter" medications, vitamins, or supplements?**

- ▢ Acetaminophen (Tylenol)
- ▢ Other pain killers (e.g. ibuprofen, Advil, Motrin, Aleve, etc.)
- ▢ Multivitamins
- ▢ Fish-oil
- ▢ Proton pump inhibitor (for upset stomach) (e.g. Omeprazole, Prilosec, Nexium, etc.)
- ▢ Energy drinks (e.g. 5-hr energy)
- ▢ Protein supplement/powder
- ▢ Other (please specify) _____
- ▢ None

Q22 In general, would you say your health is:

▢ Excellent ▢ Very Good ▢ Good ▢ Fair ▢ Poor

In the following questions, please tell us if you did the following in the *past 6 months*.

Q23 Read food labels to choose healthy food	▢ Never	▢ Rarely	▢ Often
Q24 Check the ingredients of over-the-counter medicines	▢ Never	▢ Rarely	▢ Often
Q25 Take herbal medicines or home remedies (i.e. traditional, folk, homeopathic, naturopathic, etc.)	▢ Never	▢ Rarely	▢ Often
Q26 Search for information about kidney problems?	▢ Never	▢ Rarely	▢ Often

Q27 How often do you smoke?

▢	▢	▢	▢	▢
1~5 cigarettes a day	6~15 cigarettes a day	≥ 16 cigarettes a day	I have quit	I never smoke

Q28 How often do you drink alcohol?

▢ Less than 1 drink a day ▢ 1--2 drinks a day ▢ More than 3 drinks a day

Q29 How often do you drink sugar--sweetened beverages (e.g. soda or juice)?

▢ ≤ 1 can (12 oz.) a week ▢ 2~5 cans a week ▢ > 5 cans a week

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Q30 How often do you do moderate to vigorous exercise?

▢ ≤75 minutes a week ▢ 76~150 minutes a week ▢ > 150 minutes a week

How often do you:

Q31 Check your blood pressure ▢ Never ▢ 1~2 times a week ▢ 3 times a week

Q32 Check your blood sugar ▢ Never ▢ 1~2 times a week ▢ 3 times a week

Q33 Missing taking your prescription medicine ▢ Never ▢ 1~2 times a week ▢ 3 times a week

*****Q34 Have you ever had your kidney function tested?** ▢ Never ▢ 1 time ▢ 2 times ▢ >2 times

Q35 If your kidney failed, what would you be worried about?	**No**	**Yes**	**I am not sure**
A. Too weak or frail	▢	▢	▢
B. Dying early	▢	▢	▢
C. Cost of treatment	▢	▢	▢
D. Being unable to work	▢	▢	▢
E. Being a burden to family and friends	▢	▢	▢
F. Being isolated from others	▢	▢	▢
G. Being unable to do enjoyable things	▢	▢	▢
H. Shame	▢	▢	▢

What do you know about the kidney?	**No**	**Yes**	**I am not sure**
Q36. Does *protein in the urine* mean kidney damage?	▢	▢	▢
Q37. Do kidneys *make urine*?	▢	▢	▢
Q38. Do kidneys *clean blood*?	▢	▢	▢
Q39. You may not feel sick when your kidneys are weak	▢	▢	▢
Q40. Do you think you know enough about kidney?	▢	▢	▢

Q41. What can help to *keep the kidney healthy*?	**No**	**Yes**	**I am not sure**
A. Take herbal medicines or home remedies (i.e. traditional, folk, homeopathic, naturopathic, etc.)	▢	▢	▢
B. Quit smoking	▢	▢	▢
C. Exercising	▢	▢	▢
D. Not being overweight	▢	▢	▢
E. Following the doctor's instructions for taking medicine	▢	▢	▢
F. Drink sugar-sweetened beverages	▢	▢	▢
G. Eat salty food	▢	▢	▢
H. Check blood pressure regularly	▢	▢	▢
I. Check blood sugar regularly	▢	▢	▢
J. Take over-the-counter pain medications	▢	▢	▢

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*****Q42. What type of health insurance do you have?**

- ▢ Public insurance (Medicare or Medicaid)
- ▢ Employer--sponsored insurance
- ▢ Marketplace health insurance (a.k.a. Obamacare health insurance)
- ▢ I have no health insurance

Q43. Where do you get health information? (May choose one or more)

- ▢ Health professionals and organizations
- ▢ Friends and family
- ▢ Newspapers
- ▢ Television
- ▢ Radio
- ▢ Internet
- ▢ Smartphone applications
- ▢ Other (please specify)

Q44. What are the barriers for you to get relevant health information? (May choose one or more)

- ▢ I don't know I have health issue
- ▢ I am too busy to know about my health issue
- ▢ I don't have reliable source of health information
- ▢ I don't have access to free health information
- ▢ It is difficult to understand the health information given to me
- ▢ The health information is not communicated to me in the language I prefer

Q45. Are you interested in receiving health information from KDSAP by smartphone?

- ▢ Extremely interested
- ▢ Very interested
- ▢ Interested
- ▢ Somewhat interested
- ▢ Not interested at all

Thank you!

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Health Screening Results Form

Participant ID _____

1. Weight……. _____ lbs
2. Height…….. _____ inches
3. Waist Circumference…… _____ inches
4. Hip Circumference…… _____ inches
5. Blood pressure…….. _____ mm/Hg

BMI= _____

WHR= _____

6. Measurements for diabetes

Time last ate…… _____ (hours ago) Blood glucose…… _____ mg/dl

7. Measurement for kidney/urology disease

For Pre-Menopausal female participants:
Are you currently or about to have your period? □ Yes □ No

Creatinine (CRE mg/dL (mmol/L)	□ 10 (0.9)	□ 50 (4.4)	□ 100 (8.8)	□ 200 (17.7)	□ 300 (26.5)	
Microalbuminuria (ALB) mg/L	□ 10	□ 30	□ 80	□ 150		
Leukocytes (LEU) leu/µL	□ -	□ 15 ±	□ 70 +	□ 125 ++	□ 500 +++	
Nitrite (NIT)	□ -	□ +				
Urobilinogen (URO) mg/dL (µmol/L)	□ 0.2 (3.5)	□ 1 (17)	□ 2 (35)	□ 4 (70)	□ 8 (140)	□ 12 (200)
Protein (PRO)	□ -	□ 15 (0.15) ±	□ 30 (0.3) +	□ 100 (1.0) ++	□ 300 (3.0) +++	□ 2000 (20) ++++

Supervising Physician_____

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