**Chronic Kidney Disease Patient Questionnaire**

You have most likely been referred to Dr. Ron Chay by a health care professional or yourself to address concerns about impaired kidney function. This is a short questionnaire designed to help your doctor fully evaluate and manage your kidney health.

**Section I: Kidney Disease**

1. Have you ever been told you have kidney disease? Y / N

2. How long has it been since you were first diagnosed?

3. How was this diagnosed? (Circle) Blood test (elevated creatinine) Renal biopsy Protein in the urine Renal Ultrasound

4. Have you ever had any of the following (Circle if yes):

Kidney problems at birth or in childhood? Hospitalization due to kidney failure?

Kidney failure while hospitalized for another reason?

Kidney stones? Bladder or kidney infections?

Difficulty emptying your bladder? Bladder or other urologic surgery?

Radiation to the abdomen or pelvis? Chemotherapy for cancer?

Family history of kidney disease? Blood in the urine? Foamy urine?

**Section II: Medications**

1. Do you regularly use antiinflammatory medicines/NSAIDS (Mobic, Celebrex

Aleve, naproxen, ibuprofen, Motrin)? Y / N How often?

2. Have you had IV contrast in the past(CT scan, angiogram, IVP)?

**Section III: High blood pressure**

1. Do you have high blood pressure or take medicine for high blood pressure? Y / N

2. How long ago were you first diagnosed?

3. Do you check your blood pressure at home? Y / N How often?

4. How often is your blood pressure greater then 140/90?

5. Do you add salt to your food?

6. Do you snore? Y / N

7. Have you ever been hospitalized for high blood pressure? Y / N

8. Have you had a stroke? Y / N

9. Do you have heart failure? Y / N

10. Have you had a heart attack? Y / N

11. Have you had a surgery for arteries supplying the legs? Y / N

**Section IV: Diabetes**

1. Have you ever been told you have diabetes or prediabetes? Y / N

2. How long ago were you first diagnosed?

3. How well have you blood sugars been controlled?

**Section V: Anemia**

1. Have you ever been told you were anemic, had a low blood or hemoglobin count?

2. How long ago were you first diagnosed?

3. Have you had to take medication to prevent anemia? Y / N

4. Do you have any blood in your urine? Y / N

5. If female, do you still menstruate? Y / N