

# Kidney Disease Core

Collection date for kidney information:

(DD-MM-YYYY)

## KIDNEY DISEASE HISTORY

Has a doctor or healthcare worker ever told the participant that he/she had kidney failure?

- ☐ Yes  
☐ No  
☐ Don't know

How old was the participant when this was first noted?

(Provide age in years.)

(If Yes) Are one or both kidneys working well now?

- ☐ Yes, both kidneys working well  
☐ Yes, one kidney working well  
☐ No, neither kidneys working well  
☐ Don't know

Has the participant previously been on renal dialysis?

- ☐ Yes  
☐ No  
☐ Don't know

Has the participant ever had a kidney transplant?

- ☐ Yes  
☐ No  
☐ Don't know

Has anyone in the participant's family either had kidney disease or died from it?

- ☐ Yes  
☐ No  
☐ Don't know

(If Yes) Is the type of kidney disease known?

- ☐ Yes  
☐ No

(If Yes) Specify kidney disease:

Has a doctor ever told the participant that his/her kidneys have compromised function?

- ☐ Yes  
☐ No  
☐ Don't know

Has a doctor or healthcare worker told the participant that he/she has a kidney disease?

- ☐ Yes  
☐ No  
☐ Don't know

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H3ABioNet & H3Africa Phenotype Standards