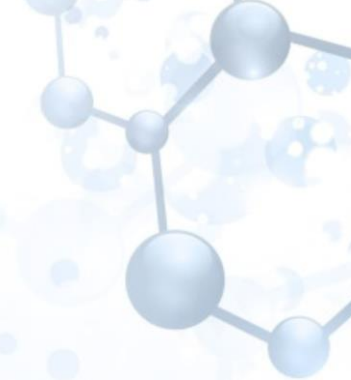


Kidney

Health Check Questionnaire



The following questions will help you determine if you have a risk for kidney disease. Diabetes and high blood pressure are the two leading causes of kidney failure.

Age, ethnicity and health conditions predispose to kidney disease. African Americans, Aboriginals, Hispanics, Native Americans and Asian-Americans are more likely to have kidney disease.

Comment

If you have answered YES to more than 3 of the questions below, please have your doctor perform a periodic UEC test to establish the health of your kidneys.

Please review the list below and tick the most appropriate answer					
	0	1	2	3	4
Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you obese or overweight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a smoker or former smoker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a history of kidney failure in your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a family member had a kidney transplant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an auto-immune disease such as lupus and IgA nephropathy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your ethnicity? Are you one of the above list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had acute kidney injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you over 60 years old?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>