

Drug Use:

Do you use recreational drugs? ___ Yes ___ No Type: _____

Citizenship:

___ US Citizen

___ Non-US Citizen/US Resident

___ Non-US Citizen/Non-US Resident, Traveled to the US for reason other than transplant

___ Non-US Citizen/Non-US Resident, Traveled to US for transplant

Country of permanent residence: _____

Number of years in US: _____

Ethnicity/Race:

American Indian or Alaska Native:

___ American Indian

___ Eskimo

___ Aleutian

___ Alaska Indian

___ American Indian or Alaska Native: Other

___ American Indian or Alaska Native: Not Specified/Unknown

Asian:

___ Asian Indian/Indian Sub-Continent

___ Chinese

___ Filipino

___ Japanese

___ Korean

___ Vietnamese

___ Asian: Other

___ Asian: Not Specified/Unknown

Black or African American:

___ African American

___ African (Continental)

___ West Indian

___ Haitian

___ Black or African American: Other

___ Black or African American: Not Specified/Unknown

Hispanic/Latino:

___ Mexican

___ Puerto Rican (Mainland)

___ Puerto Rican (Island)

___ Cuban

___ Hispanic/Latino: Other

___ Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander:

___ Native Hawaiian

___ Guamanian or Chamorro

___ Samoan

___ Native Hawaiian or Other Pacific Islander: Other

___ Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White:

___ European Decent

___ Arab or Middle Eastern

___ North African (Non-Black)

___ White: Other

___ White: Not Specified/Unknown

Highest Education Level:

- None
- Grade School (0-8)
- High School (9-12 or GED)
- Attended College/Technical School
- Associate/Bachelor Degree
- Post-College Graduate Degree
- N/A (<5 years old)

Employment Status:

Are you currently working? Yes No

If yes, are you working full-time or part-time? _____

If not, are you retired? Yes No

Are you on disability? Yes No When did you start ? _____

Is your spouse employed? Yes No If not, when did he/she retire? _____

Insurance:

Primary insurance: _____ Policy I.D. Number: _____

Who is the policy holder? Name and Relationship: _____

Secondary Insurance: _____ Policy I.D. Number: _____

Who is the policy holder? Name and Relationship: _____

Have you had a previous transplant? Yes No

If so, what type of transplant? _____ When did you receive the transplant? _____

When did your transplant fail? _____

Do you know what caused your kidney failure? _____

Do you have diabetes? Yes No

Do you have high blood pressure? Yes No

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