



**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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