

No: □□□□□□□

Questionnaire about chronic kidney disease with hearing loss

Instruction

- A. This questionnaire is used to find out about your health. This information will help to document how you feel and how competent you are in your daily activities.
- B. This questionnaire includes a wide range of questions about your health and life.
- C. Please circle the appropriate number or fill the answers as required.
- D. Some questions about the impact of kidney disease on your life, and some questions about the limitation of kidney disease on your life. Please answer each question carefully. If you are not sure how to answer a question, try to give an answer that is as close as to your thoughts. This will enable us to have a better understanding of the different types of respondents with kidney disease.

Thank you for the participating.

I. Basic information

- A1. Name: _____, age _____, gender: ① male ② female
- A2. Education _____
- A3. Nationality: ① Han ② Minorities _____
- A4. The number of family members _____
- A5. Occupation ① unemployed ② farmer ③ worker ④ self-employed
⑤ staff member ⑥ retirees ⑦ cadres or teachers ⑧ others _____
- A6. Marital status: ① unmarried ② married or cohabiting ③ divorced
④ widowed ⑤ other _____
- A7. Medical insurance: ① self-paid ② basic medical insurance for urban workers
③ basic medical insurance for urban residents ④ free medical treatment
⑤ commercial medical insurance ⑥ new rural cooperative medical care
⑦ others _____
- A8. The medical institution? _____ (name of the hospital)
- A9. The monthly income before the illness ¥ _____,
the current monthly income ¥ _____
- A10. Before the illness, the monthly family income was ¥ _____,
the current monthly family income ¥ _____
- A11. History of smoking? ① None (jump to A14) ② Yes

- A12. Take _____ cigarettes/day
- A13. Smoking _____ years
- A14. Do you drink alcohol? ① None (jump to A147) ② Yes
- A15. The amount of alcohol _____ml a day
- A16. Have you been taking medicine long?
 ① None (jump to A14) ② type of medicine _____

II. Disease management

- B1. Your diagnosis is _____.(Hospital records)
- B1-1 Date of first diagnosis: __ ____ (month)
- B1-2. The stage of your kidney disease _____
 (1) CKD- I (2) CKD- II (3) CKD-III (4) CKD-IV (5) CKD-V
- B2. The primary disease of your kidney disease _____
 (1) Chronic glomerulonephritis (nephrotic syndrome) (2) Diabetic nephropathy
 (3) Hypertensive nephropathy (4) Obstructive nephropathy (kidney stones, etc.)
 (5) Gouty nephropathy (6) Polycystic kidney (7) Others
- B3. Do you have comorbidities?
 (1) hypertension (2) itchy skin (3) anemia (4) bone pain (renal bone disease)
 (5) limping (6) cramps in legs and feet (7) others (8) no
- B4. How do you treat your kidney disease?
 (1) hemodialysis (2) peritoneal dialysis (3) renal transplantation
 (4) no treatment (5) other _____
- B4-1. Date of starting treatment: _____
- B5. Do you feel hearing loss? (1) Yes (2) No (Please skip to B9)
- B6. If you have experienced hearing loss, how long does it last?
 (1) Days (2) Half a month to one month (3) 1-6 months
 (4) 7-12 months (5) More than 1 year
- B7. Unilateral or bilateral hearing loss?
 (1) Unilateral hearing loss. (2) Bilateral hearing loss
- B8. What is the impact of hearing loss on work life (VAS visual analog score 0-10)
-
- 0 1 2 3 4 5 6 7 8 9 10
 ↑ 非常差 ↑ 非常好
- B9. Do you have tinnitus? (1) Yes (2) No (Please skip to B14)

B10. If you have tinnitus, how long does it last?

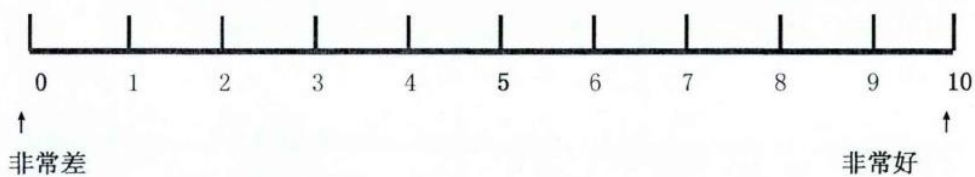
- (1) Days (2) Half a month to one month (3) 1-6 months
(4) 7-12 months (5) More than 1 year

B11. Is unilateral or bilateral tinnitus? (1) Unilateral tinnitus (2) Bilateral tinnitus

B12. What does tinnitus sound like?

- (1) cicada chirping (2) electric current (3) running water
(4) rhythm of the heart (5) others _____

B13. What is the impact of tinnitus on work or life (VAS visual analogue score 0-10)



B14. Is there a history of otitis media? (1) Yes. (2) None

B15. Long exposure to noise? (1) Yes. (2) None

B16. Is there a history of ear trauma?(1) Yes. (2) None

B17. Have you used any of the following drugs on a long-term basis (more than two weeks)

- (1) Gentamicin (2) Streptomycin (3) Furosemide
(4) Aspirin (5) Erythromycin (6) Cisplatin

B18. Is there any hearing loss in your immediate family member?(1) Yes. (2) No

Physical examination

Note: The subject should rest at least five minutes before the examination.

1. Height _____ cm , weight _____ kg , BMI _____
2. Waist circumference : _____ cm, hip circumference: _____ cm
3. Blood pressure: _____ mmHg, heart rate: _____ bpm
4. Thickness of biceps skin _____ mm
5. The circumference of upper arm _____ cm,
the circumference of upper arm muscle _____ cm
6. Grip strength (left, right) _____

Laboratory examination

1. Serum creatinine _____ umol/l, urea nitrogen _____ mmol/l,
uric acid _____ umol/L
2. Hemoglobin _____ g/L, red blood cell _____ g /L, serum albumin _____ g/L

3. Blood potassium _____, calcium _____, phosphorus _____,
PTH _____, FGF23 _____, Klotho _____

Audiological examination results

1. Otoscopic examination

External auditory canal: normal, stenosis, congestion, pus

Tympanic membrane: normal, perforation, hyperemia

2. Pure tone audiometry

	Average hearing threshold	250Hz	500Hz	1000Hz	2000Hz	4000Hz	8000Hz
Left ear							
Right ear							

Investigator:

Survey time:

Auditor:

Audit time: