What is or was the greatest number of packs per day that you have smoked?
[ ] Number of packs

If you quit smoking cigarettes, how many years ago did you quit?
[ ] Less than 1 year
[ ] Number of years

How many packs a day do you now smoke?
[ ] Number of packs per day

10. Have you ever been told by a doctor that you had a kidney or urinary tract disease or disorder?
[ ] Yes
[ ] No

11. Have you ever had any of these disorders?

Kidney stones .................................................................[ ] Yes  [ ] No
Protein in urine ............................................................[ ] Yes  [ ] No
Blood in urine ..............................................................[ ] Yes  [ ] No
Difficulty urinating .......................................................[ ] Yes  [ ] No
Other kidney/Urinary disorders .....................................[ ] Yes  [ ] No

Please describe problems, age, treatment, and follow up for any kidney or urinary problems you have had:


12. Have you ever been told by a doctor or other health care provider who took your blood pressure that your blood pressure was high?
[ ] Yes
[ ] No