

Type of kidney disease	
Is your kidney disease accompanied by other complications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer above is "yes", please state other diseases	
High Blood Pressure Status	
Years of dialysis	
Number of dialysis	Frequency in a Week? _____ How many times? _____ What day of the week? _____
Are you diabetic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" Type of Diabetes	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
How many years already? (diabetic)	
Did you ever have any blood transfusions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HLA Typing Test	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there is PRA, what is the positive rate?	
Does your doctor approve you for kidney transplantation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have the doctor mentioned in his diagnosis of you have a risk of doing a kidney transplantation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If the answer above is "yes" can you please state the risk mentioned to you by your doctor?