

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



University  
of Otago  
ŌTĀKOU WHAKAIHU WAKA

Welcome to the Understanding Modifiers of *TRPC6* kidney disease (UMoT) study survey.

You are invited to participate in a research study that aims to better describe the range of clinical experiences in individuals who have inherited the *TRPC6* gene variant associated with focal segmental glomerulosclerosis (FSGS), and to seek genetic factors that modify the clinical course of this disease.

Participation is voluntary. If you don't want to take part, you don't have to give a reason, and it won't affect the care you receive. If you decide to take part now but change your mind later, you can pull out of the study at any time.

**Please ensure you have read and understood the Patient Information Sheet and completed the consent forms before starting the survey.**

If you would like a copy of your responses, please let us know and we can arrange a PDF copy to be sent to you via email.

Thank you for your participation.

## **Contact Details**

UMoT Study Team

Email: [umots@otago.ac.nz](mailto:umots@otago.ac.nz)

Phone: 03 244 1147

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Participant Details

Full name

---

Date of Birth

---

Sex

- Male  
 Female  
 Other  
 Do not wish to comment

Please specify Other if you wish to

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Ethnicity

- New Zealand European  
 Māori  
 Samoan  
 Cook Islands Māori  
 Tongan  
 Niuean  
 Chinese  
 Indian  
 Other (please specify below)

Please enter up to three other ethnicities

---

Specify Iwi (please write unknown if you are unsure)

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Height (in cm or feet and inches i.e., 5ft7)

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Weight (in kg or pounds)

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Are you a smoker?

- Current  
 Never  
 Ex-smoker

If yes, how many cigarettes do you/did you smoke a day?

- 1-5 cigarettes per day  
 6-10 cigarettes per day  
 11-20 cigarettes per day  
 21-30 cigarettes per day  
 31 or more cigarettes per day

# Understanding Modifiers of TRPC6 kidney disease (UMoT Study)



## Participant Details

Occupation

- Manager
- Professional
- Technician and Trade Worker
- Community and Personal Service Worker
- Clerical and Administrative Worker
- Sales Worker
- Machinery Operator and Driver
- Labourer
- Retired
- Student
- Unemployed

NHI number (if known)

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Email Address

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Phone Number

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Home Address

---

GP Name & Address

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## Genetic Details

Have you had a gene test for the TRPC6 change (the gene that causes kidney disease in the family)?

- Yes
- No
- Unsure

How old were you when you had the test?

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Did it confirm you have the gene change that may cause kidney disease?

- Yes
- No
- Unsure

Any additional details about your TRPC6 test?

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Have you undergone genetic testing, other than the TRPC6 genetic test? If so, please provide any details.

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Aside from TRPC6, have you or anyone in your family ever been diagnosed with a genetic disorder or syndrome?

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Have you or any family members participated in genetic research or studies? If yes, please provide details.

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# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Clinical Details

Have you been told you have kidney function problems?

- Yes  
 No  
 Unsure

What was your diagnosis?

\_\_\_\_\_

How old were you when it was first noticed?

\_\_\_\_\_

Have you reached end stage kidney disease (dialysis or kidney transplant)? If yes, how old were you when this happened?

\_\_\_\_\_

Have you ever had protein detected in your urine?

- Yes  
 No  
 Unsure

How old were you when protein was first detected in your urine?

\_\_\_\_\_

Was it persistent?

- Yes  
 No  
 Unsure

Have you ever had visible blood in your urine?

- Yes  
 No  
 Unsure

Do you have high blood pressure?

- Yes  
 No  
 Unsure

What age were you diagnosed?

\_\_\_\_\_

Do you experience significant ankle swelling?

- Yes  
 No  
 Unsure

Have you ever had gout?

- Yes  
 No  
 Unsure

Do you have diabetes or high blood sugar levels?

- Yes  
 No  
 Unsure

Type I or Type II diabetes?

- Type I  
 Type II  
 Unsure

How old were you when your diabetes or high blood sugar levels were detected?

\_\_\_\_\_

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)

## Clinical Details

Have you ever been or are you currently pregnant?

- Yes  
 No  
 Unsure

During pregnancy, did you experience any of the following:

- High blood pressure  
 Protein in your urine (during or after pregnancy)  
 Pre-eclampsia

### Do you have a history of the following:

	Yes	No	Unsure
Heart attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Circulation disease in your legs (i.e., swelling)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charcot Marie Tooth Neuropathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Mother

Please fill out the following information for your **biological mother** to the best of your knowledge.

Full Name

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Date of Birth (D/M/Y)

Birth year is acceptable if you are unsure.

---

Have they had any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

---

Please indicate if your biological mother is related to the *TRPC6* family.

- Yes  
 No

Have they had a genetic test for the *TRPC6* gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

---

Are they alive?

- Yes  
 No

What was their age at death?

---

Cause of death?

---

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Father

Please fill out the following information for your **biological father** to the best of your knowledge.

Full Name

\_\_\_\_\_

Date of Birth (D/M/Y)

Birth year is acceptable if you are unsure.

\_\_\_\_\_

Have they had any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

\_\_\_\_\_

Please indicate if your biological father is related to the *TRPC6* family.

- Yes  
 No

Have they had a genetic test for the *TRPC6* gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

\_\_\_\_\_

Are they alive?

- Yes  
 No

What was their age at death?

\_\_\_\_\_

Cause of death?

\_\_\_\_\_

# Understanding Modifiers of TRPC6 kidney disease (UMoT Study)



## Family Details - Grandmother

Please fill out the following information for your **grandmother** from the TRPC6 family to the best of your knowledge.

Full Name

---

Date of Birth (D/M/Y)

Birth year is acceptable if you are unsure.

---

Have they had any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

---

Please indicate if your grandmother is related to the TRPC6 family.

- Yes  
 No

Have they had a genetic test for the TRPC6 gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

---

Are they alive?

- Yes  
 No

What was their age at death?

---

Cause of death?

---



# Understanding Modifiers of TRPC6 kidney disease (UMoT Study)



## Family Details - Grandfather

Please fill out the following information for your **grandfather** from the TRPC6 family to the best of your knowledge.

Full Name

\_\_\_\_\_

Date of Birth (D/M/Y)

Birth year is acceptable if you are unsure.

\_\_\_\_\_

Have they had any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

\_\_\_\_\_

Please indicate if your grandfather is related to the TRPC6 family.

- Yes  
 No

Have they had a genetic test for the TRPC6 gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

\_\_\_\_\_

Are they alive?

- Yes  
 No

What was their age at death?

\_\_\_\_\_

Cause of death?

\_\_\_\_\_

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Siblings

Please fill out the following information for your **siblings** to the best of your knowledge. If you do not have siblings, please continue to the next section.

Full Name

\_\_\_\_\_

Date of Birth (D/M/Y)

Birth year is acceptable if you are unsure.

\_\_\_\_\_

Sex

- Male  
 Female  
 Other

Please specify Other if you wish to

\_\_\_\_\_

Please indicate whether your sibling is one of the following:

- Full sibling  
 Half sibling (TRPC6 family)  
 Half-sibling (non-TRPC6 family)  
 Step sibling

Do they have any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have:

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

\_\_\_\_\_

Have they had a genetic test for the TRPC6 gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

\_\_\_\_\_

Are they alive?

- Yes  
 No

What was their age at death?

\_\_\_\_\_

Cause of death?

\_\_\_\_\_

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Siblings

Full Name

---

Date of Birth (D/M/Y)

Birth year is acceptable if you are unsure.

---

Sex

- Male  
 Female  
 Other

Please specify Other if you wish to

---

Please indicate whether your sibling is one of the following:

- Full sibling  
 Half sibling (TRPC6 family)  
 Half-sibling (non-TRPC6 family)  
 Step sibling

Do they have any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have:

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

---

Have they had a genetic test for the TRPC6 gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

---

Are they alive?

- Yes  
 No

What was their age at death?

---

Cause of death?

---

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Siblings

Full Name

\_\_\_\_\_

Date of Birth (D/M/Y)

Birth year is acceptable if you are unsure.

\_\_\_\_\_

Sex

- Male  
 Female  
 Other

Please specify Other if you wish to

\_\_\_\_\_

Please indicate whether your sibling is one of the following:

- Full sibling  
 Half sibling (TRPC6 family)  
 Half-sibling (non-TRPC6 family)  
 Step sibling

Do they have any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have:

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

\_\_\_\_\_

Have they had a genetic test for the TRPC6 gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

\_\_\_\_\_

Are they alive?

- Yes  
 No

What was their age at death?

\_\_\_\_\_

Cause of death?

\_\_\_\_\_

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Siblings

If you have more siblings, there are extra pages at the end of this document where you can provide their information.

Full Name

---

Date of Birth (D/M/Y)

Birth year is acceptable if you are unsure.

---

Sex

- Male  
 Female  
 Other

Please specify Other if you wish to

---

Please indicate whether your sibling is one of the following:

- Full sibling  
 Half sibling (TRPC6 family)  
 Half-sibling (non-TRPC6 family)  
 Step sibling

Do they have any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have:

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

---

Have they had a genetic test for the TRPC6 gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

---

Are they alive?

- Yes  
 No

What was their age at death?

---

Cause of death?

---

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Children

Please fill out the following information for your **children**. If you do not have children, please continue to the next section.

Full name

---

Date of Birth (D/M/Y)

---

Sex

- Male  
 Female  
 Other

Please specify Other if you wish to

---

Second parent full name

---

Please indicate if your child is your step-child.

- Yes  
 No

Do they have any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have:

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

---

Have they had a genetic test for the *TRPC6* gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

---

Are they alive?

- Yes  
 No

What was their age at death?

---

Cause of death?

---

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Children

Full name

---

Date of Birth (D/M/Y)

---

Sex

- Male  
 Female  
 Other

Please specify Other if you wish to

---

Second parent full name

---

Please indicate if your child is your step-child.

- Yes  
 No

Do they have any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have:

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

---

Have they had a genetic test for the *TRPC6* gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

---

Are they alive?

- Yes  
 No

What was their age at death?

---

Cause of death?

---

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Children

Full name

---

Date of Birth (D/M/Y)

---

Sex

- Male  
 Female  
 Other

Please specify Other if you wish to

---

Second parent full name

---

Please indicate if your child is your step-child.

- Yes  
 No

Do they have any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have:

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

---

Have they had a genetic test for the *TRPC6* gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

---

Are they alive?

- Yes  
 No

What was their age at death?

---

Cause of death?

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# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Children

If you have more children, there are extra pages at the end of this document where you can provide their information.

Full name

---

Date of Birth (D/M/Y)

---

Sex

- Male  
 Female  
 Other

Please specify Other if you wish to

---

Second parent full name

---

Please indicate if your child is your step-child.

- Yes  
 No

Do they have any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have:

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

---

Have they had a genetic test for the *TRPC6* gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

---

Are they alive?

- Yes  
 No

What was their age at death?

---

Cause of death?

---

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Extended Family

Has anyone else within your extended family suffered from kidney problems? If so, please state any clinical diagnoses and their relation to you.

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Is there anything else you would like to add about yourself or your family?

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Would you like a PDF of your responses emailed to you?

- Yes
- No

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## The following questions are not mandatory.

What is your understanding of TRPC6 and how it affects your family?

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What would you like to get out of this study? What would be a good outcome of this study for you?

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Do you know of anyone else in your family who would like to be involved in this study? If so, please provide their name and a method to get in contact (preferably an email address, or a phone number).

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# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



Thank you for taking the time to complete this survey! Your participation in this study is greatly appreciated.

If you would like a copy of your responses, please let us know and we can arrange a PDF copy to be sent to you via email.

If you have any questions or feedback, please feel free to contact us.

## **Contact Details**

UMoT Study Team

Email: [umots@otago.ac.nz](mailto:umots@otago.ac.nz)

Phone: 03 244 1147

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Siblings

Please fill out the following information for your **siblings** to the best of your knowledge.

Full Name

---

Date of Birth (D/M/Y)

Birth year is acceptable if you are unsure.

---

Sex

- Male  
 Female  
 Other

Please specify Other if you wish to

---

Please indicate whether your sibling is one of the following:

- Full sibling  
 Half sibling (TRPC6 family)  
 Half-sibling (non-TRPC6 family)  
 Step sibling

Do they have any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have:

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

---

Have they had a genetic test for the TRPC6 gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

---

Are they alive?

- Yes  
 No

What was their age at death?

---

Cause of death?

---

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Siblings

Please fill out the following information for your **siblings** to the best of your knowledge.

Full Name

---

Date of Birth (D/M/Y)

Birth year is acceptable if you are unsure.

---

Sex

- Male  
 Female  
 Other

Please specify Other if you wish to

---

Please indicate whether your sibling is one of the following:

- Full sibling  
 Half sibling (TRPC6 family)  
 Half-sibling (non-TRPC6 family)  
 Step sibling

Do they have any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have:

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

---

Have they had a genetic test for the TRPC6 gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

---

Are they alive?

- Yes  
 No

What was their age at death?

---

Cause of death?

---

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Siblings

Please fill out the following information for your **siblings** to the best of your knowledge.

Full Name

---

Date of Birth (D/M/Y)

Birth year is acceptable if you are unsure.

---

Sex

- Male  
 Female  
 Other

Please specify Other if you wish to

---

Please indicate whether your sibling is one of the following:

- Full sibling  
 Half sibling (TRPC6 family)  
 Half-sibling (non-TRPC6 family)  
 Step sibling

Do they have any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have:

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

---

Have they had a genetic test for the TRPC6 gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

---

Are they alive?

- Yes  
 No

What was their age at death?

---

Cause of death?

---

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Siblings

Please fill out the following information for your **siblings** to the best of your knowledge.

Full Name

---

Date of Birth (D/M/Y)

Birth year is acceptable if you are unsure.

---

Sex

- Male  
 Female  
 Other

Please specify Other if you wish to

---

Please indicate whether your sibling is one of the following:

- Full sibling  
 Half sibling (TRPC6 family)  
 Half-sibling (non-TRPC6 family)  
 Step sibling

Do they have any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have:

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

---

Have they had a genetic test for the TRPC6 gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

---

Are they alive?

- Yes  
 No

What was their age at death?

---

Cause of death?

---



# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Children

Please fill out the following information for your **children**.

Full name

---

Date of Birth (D/M/Y)

---

Sex

- Male  
 Female  
 Other

Please specify Other if you wish to

---

Second parent full name

---

Please indicate if your child is your step-child.

- Yes  
 No

Do they have any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have:

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

---

Have they had a genetic test for the *TRPC6* gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

---

Are they alive?

- Yes  
 No

What was their age at death?

---

Cause of death?

---

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Children

Please fill out the following information for your **children**.

Full name

---

Date of Birth (D/M/Y)

---

Sex

- Male  
 Female  
 Other

Please specify Other if you wish to

---

Second parent full name

---

Please indicate if your child is your step-child.

- Yes  
 No

Do they have any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have:

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

---

Have they had a genetic test for the *TRPC6* gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

---

Are they alive?

- Yes  
 No

What was their age at death?

---

Cause of death?

---

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Children

Please fill out the following information for your **children**.

Full name

---

Date of Birth (D/M/Y)

---

Sex

- Male  
 Female  
 Other

Please specify Other if you wish to

---

Second parent full name

---

Please indicate if your child is your step-child.

- Yes  
 No

Do they have any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have:

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

---

Have they had a genetic test for the *TRPC6* gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

---

Are they alive?

- Yes  
 No

What was their age at death?

---

Cause of death?

---

# Understanding Modifiers of *TRPC6* kidney disease (UMoT Study)



## Family Details - Children

Please fill out the following information for your **children**.

Full name

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Date of Birth (D/M/Y)

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Sex

- Male  
 Female  
 Other

Please specify Other if you wish to

---

Second parent full name

---

Please indicate if your child is your step-child.

- Yes  
 No

Do they have any kidney problems?

- Yes  
 No  
 Unsure

Choose any that you think they have:

- Kidney function problems  
 High blood pressure  
 Protein in the urine  
 Dialysis  
 Kidney transplant  
 Other (please specify)

Please specify Other

---

Have they had a genetic test for the *TRPC6* gene change?

- Yes  
 No  
 Unsure

Did it confirm that they have the gene change that may cause kidney disease?

- Yes  
 No  
 Unsure

When was the test confirmed?

---

Are they alive?

- Yes  
 No

What was their age at death?

---

Cause of death?

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