

ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 18N - 12 MONTH FOLLOW-UP FOR NON-VA PATIENTS

Hospital

Pat I D

PatInits		

NursingHome

Yes ☐ No ☐

3. Since _____, were [you/patient] admitted to any nursing home?
(60-day survey date)

If Yes,

a. Admission date: -----	NHAdmitDate	/	/	(mm/dd/yy)
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b. Facility name:

NHFacility

[illegible]

c. City and state where facility located:

NHCity

NHState

[illegible]

d. How many days were [you/patient] in the nursing home?	NHDays				days
--	--------	--	--	--	------

NHDays

--	--	--	--

days

e. Have there been additional nursing home admissions?-----

NHAddAdmit

☐ Yes ☐ No

If Yes, use the continuation sheets on pages 4 and 5 to record additional visits.

4. Since _____, were [you/patient] admitted to any hospice? ----- Hospice Yes No
(60 day survey date) ☐ ☐

If Yes,

a. Admission date: HospiceAdmitDate / / (mm/dd/yy)

HospiceAdmitDate

--	--	--

--	--

--	--

(mm/dd/yy)

b. Facility name:

HospiceFacility

[illegible]

c. City and state where facility located:

HospiceCity

HospiceState

[illegible]

d. How many days were [you/patient] in the hospice?

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days

HospiceDays

e. Have there been additional hospice admissions?_____

HospiceAddAdmit☐ Yes ☐ No

If Yes, use continuation sheets on pages 4 and 5 to record additional hospice admissions.

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Now I'd like to ask about outpatient care, such as doctor appointments and visits to kidney dialysis clinics.

5. Since _____, have [you/patient] had any medical appointments outside the study

(60-day survey date)

hospital concerning kidney problems? -----

Doctor

Yes
☐No
☐

If Yes,

Appointments

--	--

- a. How many medical appointments? -----

- b. How many miles each way did [you/patient] travel on average?

DrMilesTravel

--	--	--

miles

- c. Did someone go with [you/patient] most times?

☐ yes☐ no

DrAlone

6. Since _____, have [you/patient] received regular kidney dialysis

(60-day survey date)

treatments outside the study hospital? -----

Dialysis

Yes
☐No
☐

If Yes,

- a. How many times per week? -----

--

DialPerWeek

- b. How many miles each way did [you/patient] travel for treatment?

--	--	--

miles

DialMilesTravel

- c. Did someone go with [you/patient] most times?

DialAlone

☐ yes ☐ no

7. Since _____, have [you/patient] had any medical appointment outside

(60-day survey date)

the hospital for something other than kidney problems? -----

MedCare

Yes
☐No
☐

If Yes,

- a. How many times? -----

--	--

MedCareTrips

- b. How many miles each way did [you/patient] travel, on average.

--	--	--

miles

MedcareMiles

- c. Did someone go with [you/patient] most times? -----

☐ yes☐ no

MedCareAlone

8. In the last week, has someone helped [you/patient] around the house with healthcare, such as changing bandages or giving medications? -----

HHC

Yes
☐No
☐

If Yes,

- a. How many hours did someone help with healthcare last week? -----

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hours

HHCPerWeek

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USE THIS PAGE TO RECORD ADDITIONAL ADMISSIONS TO HOSPITALS, NURSING HOMES, OR HOSPICE.

9. Type (check one): ☐ hospital ☐ nursing home ☐ hospice

FacilityType1	

a. Admission date:

--	--

 /

--	--

 /

--	--

AdmitDate1	

 (mm/dd/yy)

b. Facility name

AddFacility1																			

c. City and state where facility located:

AddCity1									

AddState1	

d. How many days were [you/patient] there?

Days1	

 days

e. For hospital stays, how many days were spent in an intensive care unit?

ICUDays1	

 days

10. Type (check one): ☐ hospital ☐ nursing home ☐ hospice

FacilityType2	

a. Admission date:

--	--

 /

--	--

 /

--	--

 (mm/dd/yy)

AdmitDate2	

b. Facility name

AddFacility2																			

c. City and state where facility located:

AddCity2									

AddState2	

d. How many days were [you/patient] there?

Days2	

 days

e. For hospital stays, how many days were spent in an intensive care unit?

ICUDays2	

 days

11. Type (check one): ☐ hospital ☐ nursing home ☐ hospice

FacilityType3	

a. Admission date:

--	--

 /

--	--

 /

--	--

AdmitDate3	

b. Facility name

AddFacility3																			

c. City and state where facility located:

AddCity3									

AddState3	

d. How many days were [you/patient] there?

Days3	

 days

e. For hospital stays, how many days were spent in an intensive care unit?

ICUDays3	

 days

Hospital		

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☐ hospital ☐ nursing home ☐ hospice

a. Admission date:

 /

 /

 (mm/dd/yy)

b. Facility name	AddFacility4
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[illegible]

c. City and state where facility located:	AddCity4	AddState4
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[illegible]

d. How many days were [you/patient] there?		days	Days4
--	--	------	-------

e. For hospital stays, how many days were spent in an intensive care unit?	days	I CUDays4
--	------	-----------

☐ hospital ☐ nursing home ☐ hospice

a. Admission date:

 /

 /

 (mm/dd/yy)

b. Facility name	AddFacility5
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[illegible]

c. City and state where facility located:

[illegible]

d. How many days were [you/patient] there?		days	Days5
--	--	------	-------

e. For hospital stays, how many days were spent in an intensive care unit?	days	ICUDays5
--	------	----------

☐ hospital ☐ nursing home ☐ hosp

a. Admission date:

 /

 /

 (mm/dd/yy)

b. Facility name	AddFacility6
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[illegible]

c. City and state where facility located:	AddCity6	AddState6
---	----------	-----------

[illegible]

d. How many days were [you/patient] there?		days	Days6
--	--	------	-------

e. For hospital stays, how many days were spent in an intensive care unit?			I CUDays6
10-21067 (NR)-18N 04/07/2008			days

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FOR STUDY COORDINATOR USE ONLY

1. Who answered the questions on this form (check one)?

☐ Study Subject

WhoAnswered

☐ Someone who lives with the subject☐ Someone who does not live with the subject☐ No-one

AllQuestions

2. Were all questions answered? ----- ☐ Yes ☐ No

If No, please give reason:

--

AllQuestionsDesc

3. If the questionnaire was not completed, indicate the main reason (check one)

☐ Subject deceased and no-one else was available☐ Subject could not be contacted

NotComplete

☐ Subject refused to complete☐ Subject could not complete due to illness or other reason and no-one else was available☐ Questionnaire not administered due to institution error☐ Other, specify

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NotCompleteDesc

StaffInits

That's the end of the survey. Thank you.

Staff Initials

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