

VA WEST HAVEN CSP530  
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)  
FORM 20V  
PATIENT DIARY FOR VA PATIENTS  
TO RECORD HEALTHCARE OUTSIDE THE VA SYSTEM

Patient Instructions

Please fill out this form whenever you obtain healthcare outside the VA system, from today until \_\_\_\_\_, 20\_\_\_\_. Someone will contact you twice in the next 12 months to ask about healthcare you obtained outside the VA system. Please keep the diary handy and refer to it when answering the questions.

Thank you!

I. Doctor Visits (do not include visits to VA doctors)

DATE AND PLACE

|     |       |  |                              |                             |
|-----|-------|--|------------------------------|-----------------------------|
| 1.  | _____ | Primary purpose of visit was kidney trouble? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.  | _____ | Primary purpose of visit was kidney trouble? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.  | _____ | Primary purpose of visit was kidney trouble? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4.  | _____ | Primary purpose of visit was kidney trouble? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5.  | _____ | Primary purpose of visit was kidney trouble? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.  | _____ | Primary purpose of visit was kidney trouble? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7.  | _____ | Primary purpose of visit was kidney trouble? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8.  | _____ | Primary purpose of visit was kidney trouble? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9.  | _____ | Primary purpose of visit was kidney trouble? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | _____ | Primary purpose of visit was kidney trouble? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | _____ | Primary purpose of visit was kidney trouble? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. | _____ | Primary purpose of visit was kidney trouble? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. | _____ | Primary purpose of visit was kidney trouble? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. | _____ | Primary purpose of visit was kidney trouble? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. | _____ | Primary purpose of visit was kidney trouble? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |