ACUTE RENAL FAILURE TRIAL (ATN STUDY)
FORM 17N - 60 DAY FOLLOW-UP FOR NON-VA PATIENTS

Hospital No. | Patient ID | Patient Initials | Date Form Completed (mm/dd/yy) ☐☐ / ☐☐ / ☐☐

1. Is the patient still in the hospital for the same hospitalization during which he/she was randomized into the study? ☐ Yes ☐ No
   a. If yes, do not complete the remainder of this form.
   b. If no, complete remainder of this form.

2. Has the patient died? ☐ Yes ☐ No
   a. If yes, date of death ☐☐ / ☐☐ / ☐☐ (mm/dd/yy)

I am going to read you a list of questions about inpatient medical care between_____ (Discharge date) and _____ (Day-60). When I say the study hospital, I mean the hospital where [you/patient] recently were treated for kidney failure.

3. Between _____ (Discharge date) and _____ (Day-60), were [you/patient] admitted to any hospital other than the study hospital? ☐ Yes ☐ No

   If Yes,
   a. Admission date: ☐☐ / ☐☐ / ☐☐ (mm/dd/yy)
   b. Facility name:
   c. City and state where facility located:
   d. How many days did [you/patient] stay in that hospital? ☐☐ days
   e. How many days were [you/patient] in the Intensive Care Unit? ☐☐ days
   f. Have there been additionl hospital admissions? ☐ Yes ☐ No

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

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4. Between _____ and _____, were [you/patient] admitted to any
(Discharge date) (Day-60)
nursing home? Yes ☐ No ☐

If Yes,

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

b. Facility name:

c. City and state where facility located:

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

e. Have there been additional nursing home admissions? ☐ Yes ☐ No

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

5. Between _____ and _____, were [you/patient] admitted
(Discharge date) (Day-60)
to any hospice? Yes ☐ No ☐

If Yes,

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

b. Facility name :

c. City and state where facility located:

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

e. Have there been additional hospice admissions? ☐ Yes ☐ No

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

Hospital No. ☐☐☐ Patient ID ☐☐☐ Patient Initials ☐☐☐

Now I'd like to ask about outpatient care, such as doctor appointments and visits to kidney dialysis clinics. Do not include any stays in a hospital, nursing home, or hospice.

6. Between _____ (Discharge date) and _____ (Day-60), have [you/patient] had any medical appointments outside the study hospital concerning your kidney problems? Yes ☐ No ☐

If yes,

a. How many medical appointments? ☐☐

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

c. Did someone go with [you/patient] most times? Yes ☐ No ☐

7. Between _____ (Discharge date) and _____ (Day-60), have [you/patient] received regular kidney dialysis treatments outside the study hopsital? Yes ☐ No ☐

If yes,

a. How many times per week? ☐☐

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

c. Did someone go with [you/patient] most times? Yes ☐ No ☐

8. Between _____ (Discharge Date) and _____ (Day-60), have [you/patient] seen a health care provider outside the study hospital for a reason other than your kidney problems? Yes ☐ No ☐

If yes,

a. How many times? ☐☐

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

c. Did someone go with [you/patient] most times? Yes ☐ No ☐

9. Between _____ (Discharge Date) and _____ (Day-60), has someone helped [you/patient] around the house with healthcare, such as changing bandages or giving medications? Yes ☐ No ☐

If yes,

a. How many hours per week did someone help you with healthcare? ☐☐☐ hours/week

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

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

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

b. Facility name:

c. City and state where facility located:

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

e. For hospital stays, how many days were spent in an Intensive Care Unit? days

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

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

b. Facility name:

c. City and state where facility located:

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

e. For hospital stays, how many days were spent in an Intensive Care Unit? days

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

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

b. Facility name:

c. City and state where facility located:

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

e. For hospital stays, how many days were spent in an Intensive Care Unit? days

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

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

b. Facility name:

c. City and state where facility located:

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

e. For hospital stays, how many days were spent in an Intensive Care Unit? days

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

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

b. Facility name:

c. City and state where facility located:

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

e. For hospital stays, how many days were spent in an Intensive Care Unit? days

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

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

b. Facility name:

c. City and state where facility located:

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

e. For hospital stays, how many days were spent in an Intensive Care Unit? days

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FOR STUDY COORDINATOR USE ONLY

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

☐ Study Subject

☐ Someone who lives with the subject

☐ Someone who does not live with the subject

☐ No-one

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

If No, please give reason:

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

☐ Subject deceased and no-one else was availabe

☐ Subject could not be contacted

☐ 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

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

Staff Initials