

Annotated form 8802620972

FORM 17N - 60 DAY FOLLOW-UP FOR NON-VA PATIENTS

Hospital	PatID	PatInits	Date Form Completed (mm/dd/yy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text" value="Date"/>

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

		DeathDate			

 (mm/dd/yy)

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

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

If Yes,

- | | | | | |
|--------------------------|-----------|---|---|------------|
| a. Admission date: ----- | AdmitDate | / | / | (mm/dd/yy) |
|--------------------------|-----------|---|---|------------|

- b. Facility name:

[illegible]

- c. City and state where facility located:

City and state where facility located:

HospCity												HospState	
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- | | | | | |
|--|----------|--|--|------|
| d. How many days did [you/patient] stay in that hospital?----- | HospDays | | | days |
|--|----------|--|--|------|

- | | | | | |
|--|---------|--|--|------|
| e. How many days were [you/patient] in the Intensive Care Unit? -- | ICUDays | | | days |
|--|---------|--|--|------|

- f. Have there been additional hospital admissions? ----- ☐ Yes ☐ No

AdditionalAdmit

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?----- **NursingHome** ☐ Yes ☐ No

If Yes,

a. Admission date:----- **NHAdmitDate**

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 (mm/dd/yy)

b. Facility name:

NHFacility

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c. City and state where facility located:

NHCity

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NHState

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

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 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 nursing home admissions.

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

If Yes,

a. Admission date: **HospiceAdmitDate**

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 /

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 (mm/dd/yy)

b. Facility name :

HospiceFacility

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c. City and state where facility located:

HospiceCity

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HospiceState

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

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 days

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

If Yes, use the 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. Do not include any stays in a hospital, nursing home, or hospice.

6. Between _____ and _____, have [you/patient] had any
(Discharge date) (Day-60)

medical appointments outside the study hospital concerning your kidney problems?

Doctor

Yes ☐ No ☐

If yes,

- a. How many medical appointments?

Appointments

--	--

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

DrMilesTravel

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miles

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

DrAlone

Yes ☐ No ☐

7. Between _____ and _____, have [you/patient] received regular
(Discharge date) (Day-60)

kidney dialysis treatments outside the study hospital?

Dialysis

Yes ☐ No ☐

If yes,

- a. How many times per week?

DialPerWeek

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

DialMilesTravel

--	--

miles

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

DialAlone

Yes ☐ No ☐

8. Between _____ and _____, have [you/patient] seen a health care
(Discharge Date) (Day-60)

provider outside the study hospital for a reason other than your kidney problems?

MedCare

Yes ☐ No ☐

If yes,

- a. How many times?

MedCareTrips

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

MedCareMiles

--	--

miles

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

MedCareAlone

Yes ☐ No ☐

9. Between _____ and _____, has someone helped [you/patient]
(Discharge Date) (Day-60)

around the house with healthcare, such as changing bandages or giving medications?

HHC

Yes ☐ No ☐

If yes,

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

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hours/week

HHCPerWeek

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

A10. Type (check one): ☐ hospital ☐ nursing home ☐ hospice FacilityType1

a. Admission date:

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 (mm/dd/yy) AdmitDate1

b. Facility name: AddFacility1

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c. City and state where facility located: AddCity1

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 AddState1

d. How many days were [you/patient] there? Days1

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 days

e. For hospital stays, how many days were spent in an Intensive Care Unit? ICUDays1

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 days

11. Type (check one): ☐ hospital ☐ nursing home ☐ hospice FacilityType2

a. Admission date:

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 AdmitDate2

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 (mm/dd/yy)

b. Facility name: AddFacility2

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c. City and state where facility located: AddCity2

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 AddState2

d. How many days were [you/patient] there? Days2

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 days

e. For hospital stays, how many days were spent in an Intensive Care Unit? ICUDays2

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 days

12. Type (check one): ☐ hospital ☐ nursing home ☐ hospice FacilityType3

a. Admission date:

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 AdmitDate3

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 (mm/dd/yy)

b. Facility name: AddFacility3

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c. City and state where facility located: AddCity3

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 AddState3

d. How many days were [you/patient] there? Days3

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 days

e. For hospital stays, how many days were spent in an Intensive Care Unit? ICUDays3

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 days

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PatInits

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

13. Type (check one): ☐ hospital ☐ nursing home ☐ hospice FacilityType4

a. Admission date:

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 AdmitDate4

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 (mm/dd/yy)

b. Facility name: AddFacility4

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c. City and state where facility located: AddCity4

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 AddState4

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

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 days

e. For hospital stays, how many days were spent in an Intensive Care Unit? ICUDays4

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 days

14. Type (check one): ☐ hospital ☐ nursing home ☐ hospice FacilityType5

a. Admission date:

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 AdmitDays5

--	--

 (mm/dd/yy)

b. Facility name: AddFacility5

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c. City and state where facility located: AddCity5

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 AddState5

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

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 days

e. For hospital stays, how many days were spent in an Intensive Care Unit? ICUDays5

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 days

15. Type (check one): ☐ hospital ☐ nursing home ☐ hospice FacilityType6

a. Admission date:

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 AdmitDate6

--	--

 (mm/dd/yy)

b. Facility name: AddFacility6

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c. City and state where facility located: AddCity6

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 AddState6

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

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 days

e. For hospital stays, how many days were spent in an Intensive Care Unit? ICUDays6

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 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-one2. Were all questions answered? ----- ☐ Yes ☐ No AllQuestions

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☐ Subject refused to complete

NotComplete

☐ 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

NotCompleteDesc

StaffInits

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

Staff Initials

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