

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

Patient Instructions

Please fill out this form whenever you obtain healthcare outside of the hospital where you were treated for kidney failure, from today until \_\_\_\_\_, 20\_\_\_\_. Someone will contact you twice in the next 12 months to ask about healthcare you obtained outside of that hospital. Please keep the diary handy and refer to it when answering the questions.

Thank you!

- I. Doctor Visits (do not include visits to doctors at the hospital where you were treated for kidney failure)

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"/> |