

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

Annotated form 4179037067

Hospital  
[ ][ ][ ]

PatID  
[ ][ ][ ]

PatInits  
[ ][ ][ ]

Date  
Date Form Completed (mm/dd/yy)  
[ ][ ] / [ ][ ] / [ ][ ]

1. Has the patient died?-----  
If Yes,  
a. Date of Death  
Death [ ] Yes [ ] No [ ]  
DeathDate [ ][ ] / [ ][ ] / [ ][ ] (mm/dd/yy)

I am going to read you a list of questions about medical care since \_\_\_\_\_, the date of the last survey. When I say the study hospital, \_\_\_\_\_ (60-Day survey date) I mean the hospital where you were treated for kidney failure about 12 months ago.

2. Since \_\_\_\_\_, were [you/patient] admitted to any hospital other than \_\_\_\_\_ (60-day survey date) the study hospital?-----  
If Yes,  
a. Admission date: -----  
b. Facility name: \_\_\_\_\_  
c. City and state where facility located: \_\_\_\_\_  
d. How many days did [you/patient] stay in the hospital? \_\_\_\_\_ days  
e. How many days were [you/patient] in the Intensive Care Unit? \_\_\_\_\_ days  
f. Have there been additional hospital admissions?-----  
If Yes, use the continuation sheets on pages 4 and 5 to record hospital 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,

- a. How many medical appointments? ----- **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? ----- [ ][ ][ ] hours  
**HHCPerWeek**





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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

WhoAnswered

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
- 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

NotComplete

[ ]

NotCompleteDesc

StaffInits

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

Staff Initials [ ][ ][ ]