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ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 17V - 60 DAY FOLLOW-UP FOR 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 that [you/patient] may have received outside of the VA System between _____ and _____.
(Discharge Date) (Day-60 date)

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

   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 additional hospital admissions? ☐ Yes ☐ No

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

VA WEST HAVEN CSP530
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4. Between _____ and _____ , were [you/patient] admitted to any
(Discharge Date) (Day-60 date)
nursing home outside the VA System? ☐ 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 that 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 the additional nursing home admissions.

5. Between _____ and _____ , were [you/patient] admitted to any
(Discharge Date) (Day-60 date)
any hospice outside the VA system? ☐ 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.

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Now I'd like to ask about outpatient care such as doctor appointments and visits to dialysis clinics. I'm only interested in outpatient visits outside the VA System.

6. Between _____ and _____ , have [you/patient] seen a doctor
(Discharge Date) (Day-60 date)
outside the VA system concerning your kidney problems? Yes ☐ No ☐

If Yes,

a. How many times? ☐☐

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

c. Did someone go with [you/patient] most times? ☐ yes ☐ no

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

If Yes,

a. How many times per week did they occur? ☐

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

c. Did someone go with [you/patient] most times? ☐ yes ☐ no

8. . Between _____ and _____ , have [you/patient] made other trips for
(Discharge Date) (Day-60 date)
medical care outside the VA system for something other than kidney problems? Yes ☐ No ☐

If Yes,

a. How many trips? ☐☐

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

c. Did someone go with [you/patient] most times? ☐ yes ☐ no

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

If yes,

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

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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: / /

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: / /

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: / /

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

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

a. Admission date: / /

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: / /

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: / /

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 (choose 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 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

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

Staff Initials