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VA WEST HAVEN CSP530 ACUTE RENAL FAILURE TRIAL (ATN STUDY)

Annotated form 8802620972

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

	Hospital PatID PatInits Date Form Completed (mm/dd/yy) Date Date
1.	Is the patient still in the hospital for the same hospitalization during which he/she was randomized into the study?
2.	b. If no, complete remainder of this form. Death Has the patient died?
	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)
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: HospFacility
	c. City and state where facility located: HospCity HospCity
	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? I CUDays days
	f. Have there been additional hospital admissions? \textsup Yes \textsup No Additional Admit If Yes, use the continuation sheets on pages 4 and 5 to record additional hospitals admissions.

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	Hospital PatID PatInits	
4.	4. Between, were [you/patient	t] admitted to any
	(Discharge date) (Day-60) nursing home?	NursingHome Yes No
	If Yes, a. Admission date: NHAdmitDate /	/ (mm/dd/yy)
	b. Facility name:	NHFacility
	c. City and state where facility located:	ity
		NHState
	d. How many days were [you/patient] in the nursing home?	days
	e. Have there been additional nursing home admissions?	 NHΔddΔdmit □ Yes □ No
	If Yes, use the continuation sheets on pages 4 and 5 to home admissions.	
5.	5. Between and, were [you/patient]	admitted
	(Discharge date) (Day-60) to any hospice?	Yes No
	If Yes, a. Admission date: HospiceAdmitDate /	/ Hospice (mm/dd/yy)
	b. Facility name : HospiceFacility	
	c. City and state where facility located: HospiceC	ity
		HospiceState
	d. How many days were [you/patient] in the hospice?	HospiceDays
	e. Have there been additional hospice admissions?	l Yes □ No HospiceAddAdmit
	If Yes, use the continuation sheets on pages 4 and 5 to hospice admissions	

	Hospital PatID PatInits			
	Now I'd like to ask about outpatient care, such as doctor appointments and visits kidney dialysis clinics. Do not include any stays in a hospital, nursing home, or ho			
6.	Betweenand, have [you/patient] had any (Discharge date) (Day-60) medical appointments outside the study hospital concerning your kidney problems?	Yes	No	
	If yes, a. How many medical appointments? ————————————————————————————————————	S		
	b. How many miles each way did [you/patient] travel, on average? DrMilesTra	vel		miles
	c. Did someone go with [you/patient] most times?	Yes	No	
7.	Between and, have [you/patient] received regular (Discharge date) (Day-60) kidney dialysis treatments outside the study hopsital?	Yes	No □	
	If yes, a. How many times per week? DialPerWeek			
	b. How many miles each way did [you/patient] travel for each treatment? DialM	lilesT	rave	miles
	c. Did someone go with [you/patient] most times?	Yes	No □	ı
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?	Yes	dCare	
	If yes, a. How many times?	S		1
	b. How many miles each way did [you/patient] travel each visit, on average MedC	¬ Ves	iles No	miles
	c. Did someone go with [you/patient] most times?MedCareAlone			
9.	Between and, has someone helped [you/patient] (Discharge Date) (Day-60) around the house with healthcare, such as changing bandages or giving medications?	,	H⊦ Yes □	HC No
	If yes, a. How many hours per week did someone help you with healthcare? LHCDor		ours/w	eek
	HHCPer	vveek		

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Hospita	al	PatI	D	Pat	Inits						
USE THIS PAGE TO	RECORD	ADDI TI	ONAL A	ADMI SS	IONS TO) HOS	PITALS,	NURSI	NG HOMES	, OR HOS	SPI CE.
A10. Type (c	heck one	e):	□ hospit	al □ nı	ursing ho	me 🗆] hospice	Facili	ityType1	_	
a. Admis	sion date	е:			/ [(mm/dd/		mitDate1	_	
b. Facilit	y name:							Add	dFacility1		
c. City a	nd state	where fa	cility loc	ated:		Ac	ddCity] _			_
] <u> </u>	Add	State1	
d. How r	nany days	s were [y	ou/patie	nt] there	?			Da	ays1	days	
e. For ho	ospital st	ays, how	many da	ys were s	spent in a	n Inter	nsive Care	e Unit?	I CUDays	1 days	
11. Type (che	ck one):		□ hospit	al □ nı	ursing ho	me 🗆	hospice	Facili	ityType2		
a. Admiss	sion date	:		AdmitI	Date2		(mm/dd	/yy)			
b. Facility	/ name:			Ad	dFacili	ty2					
c. City ar	ıd state v	where fac	cility loca	ated:		Ad	dCity2				
									Adds	State2	
d. How m	any days	were [yo	ou/patien	t] there	?				Days	s2	days
e. For ho	spital sta	ays, how i	many day	's were s	pent in ar	Inten	sive Care	Unit?	I CUDays	s2	days
12. Type (che	ck one):		□ hospit	al 🗆 nı	ursing ho	me [hospice	Facili	ityType3		
a. Admiss	ion date:	:		Admit[Date3		(mm/dd	/yy)			
b. Facility	name:							Add	lFacility3		
c. City an	d state v	where fac	cility loca	ated:		Ad	dCity3				
									Adds	State3	
d. How m	any days	were [yo	u/patien	t] there?	?				Days3	day	/S
e. For ho	spital sta	avs. how r	nanv dav	s were sı	oent in an	Inten	sive Care	Unit?	I CUDays3	3 day	ys

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Hospital PatID PatInits
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: AdmitDate4 (mm/dd/yy)
b. Facility name: AddFacility4
c. City and state where facility located: AddCity4
AddState4
d. How many days were [you/patient] there? Days4 days
e. For hospital stays, how many days were spent in an Intensive Care Unit? I CUDays4 days
a. Admission date: AdmitDays5 (mm/dd/yy)
b. Facility name: AddFacility5
c. City and state where facility located: AddCity5
AddState5
d. How many days were [you/patient] there?
e. For hospital stays, how many days were spent in an Intensive Care Unit? [ICUDays5] days
15. Type (check one): ☐ hospital ☐ nursing home ☐ hospice FacilityType6
a. Admission date: AdmitDate6 (mm/dd/yy)
b. Facility name: AddFacility6
c. City and state where facility located: AddCity6
AddState6
d. How many days were [you/patient] there?
e. For hospital stays, how many days were spent in an Intensive Care Unit? ICUDays6 days

VA WEST HAVEN CSP530 ACUTE RENAL FAILURE TRIAL (ATN STUDY) FORM 17N - 60 DAY FOLLOW-UP FOR NON-VA PATIENTS

	Hospital PatID PatInits									
L										
FOR	STUDY COORDINATOR USE ONLY									
1.	Who answered the questions on this form (check one)?									
	□ Study Subject WhoAnswered									
	☐ Someone who lives with the subject									
	\square Someone who does not live with the subject									
	□ No-one									
2 \/\	/ere all questions answered?□ Yes □ No AllQuestions									
	f No, please give reason:									
	AllQuestionsDesc									
L										
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									
NotComple	Subject refused to complete									
NotComple	Subject could not complete due to illness or other reason and no-one else was available									
	\square Questionnaire not administered due to institution error									
	☐ Other, specify									
	NotCompleteDesc									

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

_			
Staff Initial	s		

StaffInits