

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

Hospital

[][][]

PatID

[][][]

PatInits

[][][]

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

[][] 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

[][]

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

[][]

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?.....

[][][]

hours/week

HHCPerWeek

VA WEST HAVEN CSP530
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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

2. 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
- 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

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