5162003793

Annotated form 4179037067

Date

Hospital ☐☐☐   **PatID** ☐☐☐   **PatInits** ☐☐☐   Date Form Completed (mm/dd/yy) ☐☐ / ☐☐ / ☐☐

1. Has the patient died?-- **Death** Yes ☐ No ☐

If Yes,
a. Date of Death   **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?-------------------------------------- **HospAdmit** Yes ☐ No ☐

If Yes,
a. Admission date: _____ **AdmitDate** ☐☐ / ☐☐ / ☐☐ (mm/dd/yy)

b. Facility name: **HospFacility**
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

c. City and state where facility located: **HospCity**   **HospState**
☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐

d. How many days did [you/patient] stay in the hospital?   **HospDays** ☐☐☐ days

e. How many days were [you/patient] in the Intensive Care Unit?   **ICUDays** ☐☐☐ days

f. Have there been additional hospital admissions?-------- **AdditionalAdmit** ☐ Yes ☐ No

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

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NursingHome
Yes　No
☐　☐

3. Since _____, were [you/patient] admitted to any nursing home?
　　(60-day survey date)

If Yes,
　a. Admission date: ---------- NHAdmitDate ☐☐ / ☐☐ / ☐☐ (mm/dd/yy)

　b. Facility name:　　　　　　　　　　　　　　NHFacility

　☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

　c. City and state where facility located:　NHCity　　NHState

　☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐　☐☐

　d. How many days were [you/patient] in the nursing home? NHDays ☐☐☐ days

　e. Have there been additional nursing home admissions? ------- NHAddAdmit ☐ Yes ☐ No

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

4. Since _____, were [you/patient] admitted to any hospice? ------- Hospice Yes☐ No☐
　　(60 day survey date)

If Yes,
　a. Admission date: _ HospiceAdmitDate ☐☐ / ☐☐ / ☐☐ (mm/dd/yy)

　b. Facility name:　　　　　　　　　　　HospiceFacility

　☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

　c. City and state where facility located:　HospiceCity　HospiceState

　☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐　☐☐

　d. How many days were [you/patient] in the hospice? ☐☐☐ days HospiceDays

　e. Have there been additional hospice admissions? ------ HospiceAddAdmit ☐ Yes ☐ No

　　　If Yes, use 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 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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USE THIS PAGE TO RECORD ADDITIONAL ADMISSIONS TO HOSPITALS, <u>NURSING HOMES</u>, OR HOSPICE.

9. Type (check one): ☐ hospital ☐ nursing home ☐ hospice FacilityType1

   a. Admission date: ☐☐ / ☐☐ / ☐☐ AdmitDate1 (mm/dd/yy)

   b. Facility name AddFacility1
   ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

   c. City and state where facility located: AddCity1 AddState1
   ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐

   d. How many days were [you/patient] there? Days1 ☐☐ days

   e. For hospital stays, how many days were spent in an intensive care unit? ICUDays1 ☐☐ days

10. Type (check one): ☐ hospital ☐ nursing home ☐ hospice FacilityType2

   a. Admission date: ☐☐ / ☐☐ / ☐☐ (mm/dd/yy) AdmitDate2

   b. Facility name AddFacility2
   ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

   c. City and state where facility located: AddCity2 AddState2
   ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐

   d. How many days were [you/patient] there? Days2 ☐☐ days

   e. For hospital stays, how many days were spent in an intensive care unit? ICUDays2 ☐☐ days

11. Type (check one): ☐ hospital ☐ nursing home ☐ hospice FacilityType3

   a. Admission date: ☐☐ / ☐☐ / ☐☐ AdmitDate3

   b. Facility name AddFacility3
   ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

   c. City and state where facility located: AddCity3 AddState3
   ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐

   d. How many days were [you/patient] there? Days3 ☐☐ days

   e. For hospital stays, how many days were spent in an intensive care unit? ICUDays3 ☐☐ days

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12. Type (check one): ☐ hospital ☐ nursing home ☐ hospice FacilityType4

a. Admission date: ☐☐ / ☐☐ / ☐☐ (mm/dd/yy) AdmitDate4

b. Facility name AddFacility4

c. City and state where facility located: AddCity4 AddState4

d. How many days were [you/patient] there? ☐☐ days Days4

e. For hospital stays, how many days were spent in an intensive care unit? ☐☐ days ICUDays4

13. Type (check one): ☐ hospital ☐ nursing home ☐ hospice FacilityType5

a. Admission date: ☐☐ / ☐☐ / ☐☐ (mm/dd/yy) AdmitDate5

b. Facility name AddFacility5

c. City and state where facility located: AddCity5 AddState5

d. How many days were [you/patient] there? ☐☐ days Days5

e. For hospital stays, how many days were spent in an intensive care unit? ☐☐ days ICUDays5

14. Type (check one): ☐ hospital ☐ nursing home ☐ hospice FacilityType6

a. Admission date: ☐☐ / ☐☐ / ☐☐ (mm/dd/yy) AdmitDate6

b. Facility name AddFacility6

c. City and state where facility located: AddCity6 AddState6

d. How many days were [you/patient] there? ☐☐ days Days6

e. For hospital stays, how many days were spent in an intensive care unit? ☐☐ days ICUDays6

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FOR STUDY COORDINATOR USE ONLY

1. Who answered the questions on this form (check one)?

☐ Study Subject   WhoAnswered

☐ Someone who lives with the subject

☐ Someone who does not live with the subject

☐ No-one

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
                                    NotComplete
☐ 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

   [ ]

   NotCompleteDesc

StaffInits

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

Staff Initials ☐☐☐