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VA WEST HAVEN CSP530
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 18V - 12 MONTH FOLLOW-UP FOR VA PATIENTS

Hospital ☐☐☐ PatID ☐☐☐ PatInits ☐☐☐ Date Date Form Completed ☐☐ / ☐☐ / ☐☐

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 that [you/patient] may have received outside of the VA system. I am only interested in care you received since _____ , the date of the last survey.
(60-Day survey date)

2. Since _____, were [you/patient] admitted to any hospital outside the VA System? Yes ☐ No ☐ HospAdmit
(60-day survey date)

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 that hospital? ☐☐☐ Days HospDays

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

f. Have there been additional admissions? ☐ yes ☐ no AdditionalAdmit

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

3. Since _____, were [you/patient] admitted to any nursing home outside the VA System? Yes ☐ No ☐ NursingHome
(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? ☐☐☐ Days NHDays

e. Have there been additional nursing home admissions? ☐ yes ☐ no NHAddAdmit

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

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

If Yes, Hospice

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

b. Facility name: HospiceFacility

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

c. City and state where facility located: HospiceCity HospiceState

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐

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

e. Has there been additional hospice admissions? HospiceAddAdmit ☐ yes ☐ no

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

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.

5. Since _____, have [you/patient] seen a doctor outside the VA concerning your
(60-day survey date)
kidney problems? Doctor Yes ☐ No ☐

If Yes,

a. How many times? Appointments ☐☐

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

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

6. Since _____, have [you/patient] received regular kidney dialysis treatment
(60-day survey date)
outside the VA system? Dialysis Yes ☐ No ☐

If Yes,

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

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

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

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7. Since _____, have [you/patient] had medical appointments outside the VA System
(60-day survey date)
for something other than kidney problems? ---------- MedCare Yes ☐ No ☐

If Yes,

a. How many visits? ---------- 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 you medication? ---------- Yes ☐ No ☐ HHC

If yes,

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

HHCPerWeek

Now I'd like to ask you about prescription medications.

9. Since _____, have you obtained a prescription at any pharmacy other than a
(60-day survey date)
VA pharmacy? ---------- Prescriptions Yes ☐ No ☐

If yes,

a. About how many presciptions was that? ---------- ☐☐

PrescriptionsNo

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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 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

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

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

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

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

a. Admission date: AdmitDate3 / / (mm/dd/yy)

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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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? days Days4

e. For hospital stays, how many days were spent in an Intensive Care Unit? days ICUDays4

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

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

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

FacilityType6

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

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? 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)?

WhoAnswered

- ☐ Study Subject
- ☐ 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)

NotComplete

- ☐ Subject deceased and no-one esle was availabale
- ☐ 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

NotCompleteDesc

StaffInits

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

Staff Initials