

Phone/In-Person Follow-Up Interview Form (PFU01)

Participant ID: ___ - ___ - _____

Follow-up Visit #: ___ ___ ___

Interviewer's Initials: ___ ___ ___

Date Form Completed: ___/___/_____ (MM/DD/YYYY)

Form Version: 0 3 / 0 1 / 1 3

INDICATE PERSON	Child/young adult.....	1
COMPLETING THE FORM	Parent or other adult.....	2
	Both (Parent and Child/young adult)	3

Section A: Vital Status

A1. Date of Interview/Vital Status Determination: ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

- A2. What is the vital status of the participant? Circle only one answer.
- Alive..... 1 **(Skip to Question A5)**
 - Deceased*..... 2
 - Unknown..... 3 **(Skip to Question A4)**
 - Contacted but refused interview... 4 **(END FORM HERE)**

***Note: If patient death is known, do not contact family.**

A3. Date of Participant's Death ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

A3i. Cause of Death (Please use code from list provided): ___ ___ **(END FORM HERE)**

A4. If vital status is unknown, what methods of contact were used to locate or reach the participant?
(Please circle "Yes", "No" or "Don't Know" for EACH of the following methods below)

	Yes	No	Don't Know
Home Number	1	2	-8
Work Number	1	2	-8
Family Contact	1	2	-8
Social Contact	1	2	-8
Other Method	1	2 (Skip to A4i)	-8 (Skip to A4i)

Specify other method used: _____

A4i. Date of first attempt to contact participant: ___ ___ / ___ ___ / ___ ___ ___ ___

A4ii. Number of times attempted to contact participant: ___

A4iii. Date of last attempt to contact participant: ___ ___ / ___ ___ / ___ ___ ___ ___

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A5. Who reported the vital status of the participant (i.e., who participated in the interview or provided information about the vital status)?

Participant..... 1

Mother..... 2

Father..... 3

Relative or Acquaintance..... 4

i. Please specify relationship: _____

Other Method..... 5

i. Please specify **OTHER** method: _____

Section B: Renal Replacement Therapy

Transplantation:

B1. Has (*name of child*) ever had a kidney transplant?

Yes..... 1

No..... 2 **(Skip to B2)**

Don't Know..... -8 **(Skip to B2)**

B1a. How many transplants has (*name of child*) had?

One..... 1

Two..... 2

Three or More..... 3

B1b. Was (*name of child*)'s most recent transplant from a living related, living unrelated, or deceased donor?

(Please circle "Yes", "No" or "Don't Know" for EACH of the following)

	Yes	No	Don't Know
Living Related Donor	1	2	-8
Living Unrelated Donor	1	2	-8
Deceased Donor	1	2	-8

B1c. Date of Most Recent Transplant: ____/____/____
M M D D Y Y Y Y

B1d. What is the current clinical status of (*name of child*)'s kidney transplant? If he/she has had more than one kidney transplant please answer based on their most recent transplant.

Functioning Graft..... 1 **(Skip to B5)**

Graft Failure..... 2

Don't Know..... -8 **(Skip to B5)**

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B2. In the past year, have you discussed renal transplantation with your/your child's nephrologist or health care provider?

- Yes..... 1
 No..... 2 **(Skip to B5)**
 Don't Know..... -8 **(Skip to B5)**

B3. Which donor option(s) has/have been discussed?

(Please circle "Yes", "No" or "Don't Know" for EACH of the following)

- | | Yes | No | Don't Know |
|----------------|-----|----|------------|
| Living Donor | 1 | 2 | -8 |
| Deceased Donor | 1 | 2 | -8 |

B4. Has (*name of child*) been listed for deceased donor transplantation?

- Yes..... 1
 No..... 2 **(Skip to B5)**
 Don't Know..... -8 **(Skip to B5)**

B4a. Date Listed: ____/____/____
 M M / Y Y Y Y

Dialysis:

B5. Has (*name of child*) ever been on dialysis?

- Yes..... 1
 No..... 2 **(Skip to B6)**
 Don't Know..... -8 **(Skip to B6)**

B5a. Was the child on dialysis at birth

- Yes..... 1
 No..... 2
 Don't Know..... -8

B5b. What type of dialysis did (*name of child*) use most recently:

- Hemodialysis..... 1
 Peritoneal Dialysis..... 2
 Don't Know..... -8

B5c. Date Most Recent Dialysis was Initiated: ____/____/____

M M D D Y Y Y Y

B5d. Is (*name of child*) currently on dialysis?

- Yes..... 1 **(END FORM HERE)**
 No..... 2
 Don't Know..... -8

B6. In the past year, have you discussed dialysis with your/your child's nephrologist or health care provider?

- Yes..... 1
 No..... 2 **(END FORM HERE)**
 Don't Know..... -8 **(END FORM HERE)**

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- B7. Which modality is recommended (i.e., preferred)?
- Hemodialysis..... 1
 - Peritoneal Dialysis..... 2
 - No Recommendation/Preference.. 3