

# 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 9 / 0 1 / 1 2  
**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 <b>(Skip to A4i)</b>	-8 <b>(Skip to A4i)</b>

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. If yes, was it 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

B1b. Date of Transplant: \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
 M M D D Y Y Y Y

B1c. 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)**

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)**

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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	<b>(Skip to B5)</b>
Don't Know.....	-8	<b>(Skip to B5)</b>

B4a. Date Listed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 M M / Y Y Y Y

**Dialysis:**

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

Yes.....	1	
No.....	2	<b>(Skip to B6)</b>
Don't Know.....	-8	<b>(Skip to B6)</b>

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	<b>(END FORM HERE)</b>
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	<b>(END FORM HERE)</b>
Don't Know.....	-8	<b>(END FORM HERE)</b>

B7. Which modality is recommended (i.e., preferred)?

Hemodialysis.....	1
Peritoneal Dialysis.....	2
No Recommendation/Preference..	3