(1)



EPIDEMIOLOGY OF DIABETES INTERVENTIONS AND COMPLICATIONS

Verification of Renal Failure Event (Dialysis or Kidney Transplant)

This form should be completed in conjunction with the Annual Medical History and Physical Exam (EDIC Form 002) only if there is at least one positive response to Questions I.5 or I.6. One form for each event should be completed. Send the completed form to the Data Coordinating Center in your monthly mailing and retain a copy in the patient's file for your records.

b) If date uncertain, ✓ here:

A.	IDENTIFYING INFORMATION						
	1. Clinic Number		3.	Specify date EDIC clinic			
	2. Patient ID Number			learned of the event:	— — — — Month Day	- — —	
	3. Patient's Initials			•	Monten Day	rear	
	4. Date form completed		4.	How did clinic learn of the event?			
		Month Day Year		Annual Medical History and Physica	l Exam	(1)	
	5. EDIC follow-up year (complete either	r <u>a</u> or <u>b</u>)		Telephone Call		(2)	
	a) The event was reported at the an	nual visit.		Patient/Family notified clinic		(3)	
	What is the EDIC follow-up year?			Third party notified clinic		(4)	
	b) The event was reported between t visits. What is the LAST EDIC	wo annual		Clinic recognized event and inform	ed patient	(5)	
	follow-up year?		5.	Was the patient treated within a health care facility for this even	t? No	Yes	
в.	RECOGNITION OF EVENT (since last annual visit)			a) Emergency room	(1)) (2)	
				b) Inpatient hospitalization	(1)) (2)	
	1. Confirmation of renal failure event	No Yes		c) EDIC clinic	(1)) (2)	
	a) Dialysis	(1) (2)		d) Tranplantation surgery	(1)) (2)	
	b) Kidney/Renal Transplantation	(1) (2)		e) Nephrology consultation	(1)) (2)	
				f) Other, specify	(1)) (2)	
	2. a) Specify date of occurrence or						
	recognition of the event:		C. PAST MEDICAL HISTORY OF KIDNEY DISEASE				
		Month Day Year	1.	Prior to this event, did the patien	t have:		
	<u>OR</u>			a) Renal Failure (dialysis or t	ransplant) (1)	

(1)

b)	Renal Insufficiency (serum creatinine is		
	>=2.0 mg/dl, and there is an absence of	:	
	ketonemia, or if GFR is <=70		
	$ml/min/1.73m^2$)	(2)
c)	Chronic Kidney Disease (as diagnosed by a		
	physician)	(3)
d)	Unknown	(4)
e)	None of the above,	(5)
	Specify:		

D. NATURAL HISTORY OF EVENT

- 1. Was renal failure episode (check only one):
 - a) acute (1)
 - b) chronic (skip to question 3) (2)
 - c) unknown (3)
- 2. If acute, did the renal No Yes failure last for more than one week? (1)(2)
- 3. Was there a definite non-diabetic No Yes Maybe cause for the renal failure event (i.e. induced by glomerulonephritis, toxin, stones, infection, surgery, obstruction, or chemotherapy)? (1) (2) (3)

E. OUTCOME OF EVENT

- 1. Was the disease resolved? If so, ✓ here: (1)
 - a) Specify date of resolution of disease or event:

<u>OR</u> Month Day Year

- b) If date uncertain, ✓ here: (1)
- 2. Treatment of Disease (check only one):
 - a) Treatment by kidney transplant (1)
 - b) Treatment by a single dialysis treatment
 (or treated during hospital stay and not
 afterward) (1)
 - c) Treatment by continued (outpatient)
 dialysis treatments
 - d) Treatment by another modality, specify: (1)

3. If transplant was done, was the graft
 rejected? If so, ✓ here: (1)

F. ARE HOSPITAL RECORDS ATTACHED? No Yes (1) (2)

If NO, why not?

Type or print name of person completing form:

Certification Number

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