

FAVORIT

DIALYSIS POST-EVENT SURVEILLANCE FORM

Folic Acid for Vascular Outcome
Reduction in Transplantation

FORM CODE: DPE VERSION: A 02/02/05

ID NUMBER:

CONTACT OCCASION:

SEQUENCE NUMBER:

PATIENT LAST NAME:

FIRST/MIDDLE INITIALS:

INSTRUCTIONS: Upon notification from the DCC, please contact participant or informant every 6 months until mortality or the end of the study

Dialysis Post-Event Surveillance Form (DPE Screen 1 of 1)

<p>1. Contact source: DPEA1</p> <p>A Participant</p> <p>B Spouse</p> <p>C Parent</p> <p>D Daughter/Son</p> <p>E Other relative</p> <p>F Friend</p> <p>G Coworker</p> <p>H Physician</p> <p>I Other healthcare practitioner</p> <p>J Other</p> <p>If other, specify: _____</p> <p>_____</p> <p>K Unable to locate contact source — <input type="text" value="Go to Item 5"/></p>	<p>3. Date of death: DPEA3</p> <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">/</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">/</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr><tr><td colspan="3">Month</td><td colspan="3">Day</td><td colspan="4">Year</td></tr></table> <p>4. Location of death: DPEA4</p> <p>A In hospital — <input type="text" value="Complete Hospitalization Form upon completion of this form"/></p> <p>B Out of hospital — <input type="text" value="Complete Informant Interview Form upon completion of this form"/></p>			/			/					Month			Day			Year			
		/			/																
Month			Day			Year															
<p>2. Is the participant deceased? DPEA2</p> <p>Y Yes — <input type="text" value="Complete Outcomes Documentation Form upon completion of this form"/></p> <p>N No — <input type="text" value="Go to Item 5"/></p> <p>U Unknown — <input type="text" value="Go to Item 5"/></p>	<p>5. Date of data collection: DPEA5</p> <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">/</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">/</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr><tr><td colspan="3">Month</td><td colspan="3">Day</td><td colspan="4">Year</td></tr></table> <p>6. Method of data collection: DPEA6</p> <p>C Computer</p> <p>P Paper</p> <p>7. Interviewer's Initials: <input type="text"/></p> <p style="text-align: right;">Blind_Staff_ID</p>			/			/					Month			Day			Year			
		/			/																
Month			Day			Year															