ç	P	NOR/>	INFORMANT	INT	ERVIEW	FORM
		cid for Vascular Outcome tion in Transplantation	FORM CO	DE: INF	VERSION: B 0	3/18/03
:	ID NUM	MBER:	CONTACT OCCASION:		SEQUENCE NUMB	ER:
I	PATIEN	IT LAST NAME:		FIRS	T/MIDDLE INITIAL	s:
		INFORMANT IN	TERVIEW FORM (INFB Screen	1 of 13)		
Α.	VITA	MINS			INF1	
1.	Over	the past six months, did the part	cicipant take the study vit	amins?	L	
	A	Yes, at least 75% of the time				
	В	Yes, approximately 25% to 75% of	the time			
	С	Seldom, less than 25% of the time	e			
	D	No, did not take study vitamin				
	E	Unknown - Go to Item 6				

INFORMANT INTERVIEW FORM (INFB Screen 2 of 13)

2.	Can a pill count be peri	formed:	INF2	6. Other than the as vitamin, is the p	2	-	INF	-6
3.	Y Yes N No Go to Item 6 Was the study vitamin to (or on day of death if p is deceased)?	aken today	INF3	currently (or was death) using any supplements (mult vitamins, or indi containing folic vitamin B6, or vi Y Yes	at the t vitamin ivitamin, vidual vi acid ("fo	ime of B-grou tamins; late");)	
	_{N No} for m	adher_niddkv1 nedication erence.			Item 8 So to Item	ı 8		
4.	Total number of bottles to the participant since pill count:		INF4	7. Is he/she taking?a. Folic acidb. Vitamin B6	<u>Yes</u> Y Y	<u>No</u> N N	INF7	
5.	Total number of pills re	emaining:	INF5	c.Vitamin B12	Y	Ν	INF7	′C

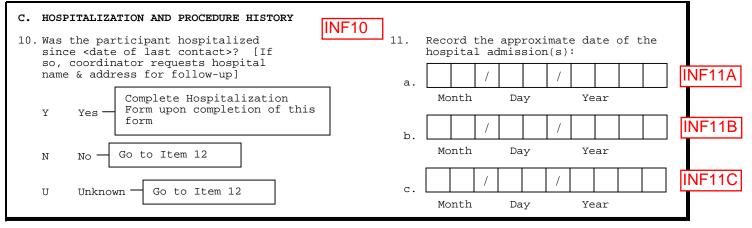
INFORMANT INTERVIEW FORM (INFB Screen 3 of 13)

в.	VITA	MIN SIDE EFFECTS		
8.	Since <date contact="" last="" of="">, did the participant experience any side INF8 effects that may be associated with the vitamins?</date>			
	Y	Yes		
	Ν	No - Go to Item 10		
	U	Unknown — Go to Item 10		

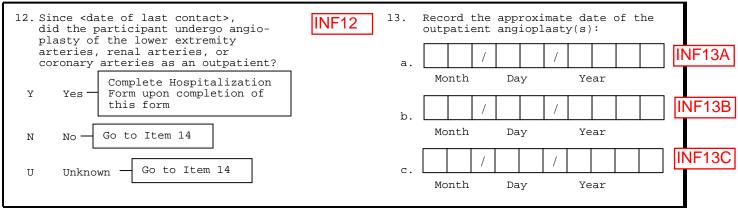
INFORMANT INTERVIEW FORM (INFB Screen 4 of 13)

9. What side effects did the participant exp symptoms, but record yes or no to items a			
a. Itching	Y	N INF9A	
b. Gastrointestinal Disturbances	Y	N INF9B	
c. Headache	Y	N INF9C	
d. Fatigue	Y	N INF9D	
e. Change in appetite or weight	Y	N INF9E	
f. Other significant side effects	Y	N — Go to Item 10	
Specify other significant			
side effects			

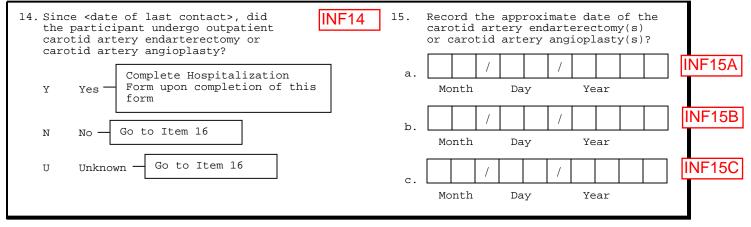
INFORMANT INTERVIEW FORM (INFB Screen 5 of 13)



INFORMANT INTERVIEW FORM (INFB Screen 6 of 13)



INFORMANT INTERVIEW FORM (INFB Screen 7 of 13)



INFORMANT INTERVIEW FORM (INFB Screen 8 of 13)

16.	did	ce <date contact="" last="" of="">, the participant re-initiate Lysis?</date>	INF16 ¹⁷ .	Record the approximate date the participant re-initiated dialysis:	
	Y	Yes			17
	N	No - Go to Item 18		Month Day Year	
	U	Unknown — Go to Item 18			

Seq	No	

INFORMANT	INTERVIEW	FORM	(INFB	Screen	9	of	13)
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D.	DEATH			
18.	Is the part	icipant deceased?	INF18 ^{19.}	Date of death: INF19
	Y Yes —	Complete Outcomes Documentation Form upon completion of this form		Month Day Year
	n no —	Go to Item 29		
	U Unknov	wn — Go to Item 29		

INFORMANT INTERVIEW FORM (INFB Screen 10 of 13)

20.	Presumed cause of death:	
		INF20A
		INF20B
		INF20C
1		

INFORMANT INTERVIEW FORM (INFB Screen 11 of 13)

21.	Loca A	ation of death: In hospital	22.	An "Event Packet ID" must be assigned/used whenever an Out-of- Hospital death occurs. The same Event Packet ID must be used on the corresponding OUT form.
	В	In emergency room INF21		Record appropriate FAVORIT Event
	С	En route to hospital		Packet ID:
	D	At home		
	Е	At work		
	F	Unknown	23.	Was death witnessed?
	G	Other		Y Yes — Go to Item 26
	If c	other specify:		N No
				U Unknown — Go to Item 26

Seq	No
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INFORMANT INTERVIEW FORM (INFB Screen 12 of 13)

24.		long had it been since the icipant was seen alive?	INF24	27.		emergency resuscitation INF27			
	A	<1 hour			Y	Yes			
	В	1 hour to <24 hours			Ν	No			
	С	≥ 24 hours			U	Unknown			
	D	Unknown							
25.	Was	the participant found in bed?	INF25	28.		sidering the participant's INF28			
	Y	Yes			prior to death, was the death clinically expected?				
	Ν	No			Y	Yes			
	U	Unknown			N	No			
26.		the participant receiving bice care?	INF26		U	Unknown			
	Y	Yes							
	N	No							
	U	Unknown							

INFORMANT INTERVIEW FORM (INFB Screen 13 of 13)

Е.	ADMI	INISTRATIVE INFORMATION		
29.	Informant source: INF29		30.	the information provided by this
	A	Spouse		informant reliable?
	В	Parent		A Very reliable
	С	Daughter/Son		B Somewhat reliable
	D	Other relative		C Unreliable
	Е	Friend	31.	Date of data collection:
	F	Workmate	51.	INF31
	G	Physician		Month Day Year
	Η	Other healthcare practitioner		
	I	Other	32.	Interviewer's Initials:
	If c	other, specify:		Blind_staff_ID

	÷F	WOR/>	INFORMANT	INT	ERVIEW	FORM
		Acid for Vascular Outcome ction in Transplantation	FORM CO	DE: INF	VERSION: A C	03/11/03
	ID NU	IMBER:	CONTACT OCCASION:		SEQUENCE NUMB	ER:
	PATIE	ENT LAST NAME:		FIRS	ST/MIDDLE INITIAL	s:
_		INFORMANT I	INTERVIEW FORM (INFA Screen	1 of 13)		
	 A. VIT 1. Ove 	AMINS	rticipant take the study vit	amins?	INF1]
	A	Yes, at least 75% of the time				
	В	Yes, approximately 25% to 75% o	f the time			
	С	Seldom, less than 25% of the ti	me			
	D	No, did not take study vitamin				
	Е	Unknown - Go to Item 6				

INFORMANT INTERVIEW FORM (INFA Screen 2 of 13)

2.	Can a pill count be performed:	INF2	6. Other than the assigned study				
	Y Yes N No Go to Item 6		6. Other than the assigned study vitamin tablets, is the participant INF6 currently using any vitamin supplements (multivitamin, B-group, vitamins, or individual vitamins) containing folic acid ("folate"), vitamin B6, or vitamin B12?				
3.	Was the study vitamin taken today (or on day of death if participant is deceased)?	INF3	Y Yes N No- Go to Item 8				
	Y Yes See adher_niddkv1		U Unknown - Go to Item 8				
	N No for medication						
	U Unknown		7. Is he/she taking: <u>Yes</u> <u>No</u>				
4.	Total number of bottles dispensed	INF4	a.Folic acid Y N INF7A				
	to the participant since the last pill count:		b.Vitamin B6 Y N INF7B				
			c.Vitamin B12 Y N INF7C				
5.	Total number of pills remaining:	INF5					

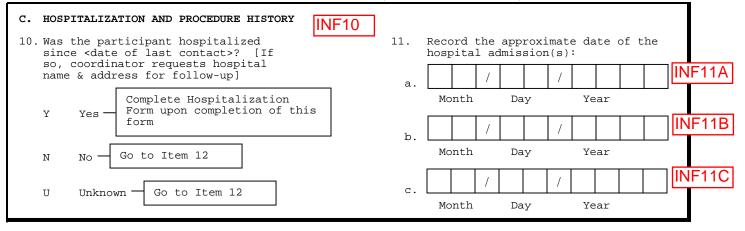
INFORMANT INTERVIEW FORM (INFA Screen 3 of 13)

в.	VITA	MIN SIDE EFFECTS			
8.	Since <date contact="" last="" of="">, did the participant experience any side INF8 effects that may be associated with the vitamins?</date>				
	Y	Yes			
	N	No - Go to Item 10			
	U	Unknown — Go to Item 10			

INFORMANT INTERVIEW FORM (INFA Screen 4 of 13)

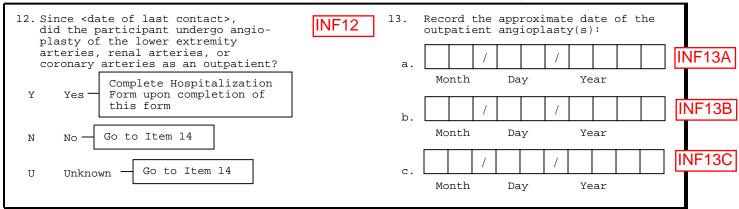
 What side effects did the participant expension symptoms, but record yes or no to items a- 		
a. Itching	У	N INF9A
b. Gastrointestinal Disturbances	Y	N INF9B
c.Headache	Y	N INF9C
d.Fatigue	Y	N INF9D
e.Change in appetite or weight	Y	N INF9E
f. Other significant side effect	Y	N — Go to Item 10 INF9F
Specify other significant		
side effect		

INFORMANT INTERVIEW FORM (INFA Screen 5 of 13)

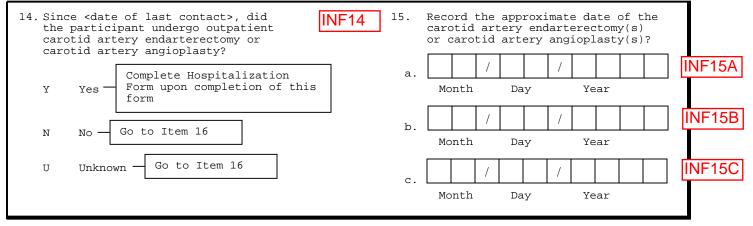


Seq No

INFORMANT INTERVIEW FORM (INFA Screen 6 of 13)



INFORMANT INTERVIEW FORM (INFA Screen 7 of 13)



INFORMANT INTERVIEW FORM (INFA Screen 8 of 13)

16.	<pre>16. Since <date contact="" last="" of="">, did the participant re-initiate dialysis?</date></pre>		INF16 ¹⁷ .	Record the approximate date the participant re-initiated dialysis:							
	Y	Yes				/		/			INF17
	N	No - Go to Item 18		Мо	onth		Day		Ye	ar	
	U	Unknown — Go to Item 18									

INFORMANT	INTERVIEW	FORM	(INFA	Screen	9	of	13)
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D.	DEATH	
18.	Is the participant deceased?	INF18 19. Date of death: INF19
	Y Yes - Complete Outcomes Documentation Form upon completion of this form	Month Day Year
	N No - Go to Item 29	
	U Unknown — Go to Item 29	

INFORMANT INTERVIEW FORM (INFA Screen 10 of 13)

20.	Presumed cause of death:	
		INF20A
		INF20B
		INF20C

INFORMANT INTERVIEW FORM (INFA Screen 11 of 13)

21.	Loca	ation of death:	Complete	22.	Was death witnessed?
	A	In hospital —	Hospitalization Form Go to Item 29		Y Yes — Go to Item 26
	В	In emergency r	oom INF21]	N No
	С	En route to ho	spital	_	U Unknown - Go to Item 26
	D	At home			
	Е	At work		23.	An "Event Packet ID" must be assigned/used whenever an Out-of-
	F	Unknown			Hospital death occurs. The same Event Packet ID must be used on the corresponding OUT form.
	G	Other			Record appropriate FAVORIT Event
	If c	other specify:			Packet ID:

C0

Sea	No	

INFORMANT INTERVIE	V FORM	(INFA	Screen	12	of	13))
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24.		long had it been since the cicipant was seen alive?	INF24	27.		emergency resuscitation INF27	
	A	<1 hour			Y	Yes	
	В	1 hour to <24 hours			N	No	
	С	≥ 24 hours			U	Unknown	
	D	Unknown	INF25	28.	28.		idering the paticipant's
25.	Was	the participant found in bed?		INF25	prio	ically expected?	
	Y	Yes			Y	Yes	
	Ν	No				N	No
	U	Unknown			U	Unknown	
26.		the participant receiving pice care?	INF26				
	Y	Yes					
	N	No					
	U	Unknown					

INFORMANT INTERVIEW FORM (INFA Screen 13 of 13)

E.	ADMI	INISTRATIVE INFORMATION		
29.	Info	ormant source: INF29	30.	In this interviewer's opinion, is INF30 the information provided by this
	A	Spouse		informant reliable?
	В	Parent		A Very reliable
	С	Daughter/Son		B Somewhat reliable
	D	Other relative		C Unreliable
	Е	Friend	31.	Date of data collection:
	F	Workmate		/ / / INF31
	G	Physician		Month Day Year
	Н	Other healthcare practitioner	32.	Interviewer's Initials:
	I	Other		Blind_staff_ID
	If c	other, specify:		

ID_____

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