

Frequent Hemodialysis Network CO-MORBIDITY ASSESSMENT and MEDICAL HISTORY - FORM #104

Instructions: The patient's primary physician should provide a list of the patient's medical history which should include any current diagnoses and past pertinent medical history. In the event this list is not prepared, the FHN study physician will review the patient's medical records. Medical records might include, but are not limited to: hospital discharge summaries, consultation letters, MD progress notes, problem lists, medication records and imaging reports [i.e. x-ray, ultrasound, CT].

1. Participant ID #					2. Alpha Code		3a. Visit Type	3b. Visit Number		4. Date: dd/mon/yyyy									

5. Medical history reviewed from what period: .. ___/___/___ to ___/___/___
(mon/yyyy) (mon/yyyy)

History of Any of the Following Medical Conditions:

For Questions 6-33: 0=No, 1=Yes, except where indicated otherwise

- 6. a. Myocardial infarction (MI) [by history not only by EKG changes]? (from Charlson)..... ___
If No, skip to Q6d, if Yes, continue:
- b. Myocardial infarction in past year? ___
- c. Myocardial infarction before the past year? ___
- d. Atrial fibrillation? ___
- 7. a. Congestive Heart Failure (CHF)? (from Charlson) ___
If No, skip to Q8, if Yes, continue:
- b. Admitted to hospital once in the past year for CHF/fluid overload (post-ESRD)? ___
- c. Admitted to hospital more than once in the past year for CHF/fluid overload (post-ESRD)? ___
- 8. Connective Tissue Disease? (from Charlson) ___
(e.g., lupus, Wegener's granulomatosis, other vasculitis, scleroderma; exclude rheumatoid arthritis-see Q17)
- 9. Peripheral vascular disease (includes aortic aneurysm > 6 cm)? (from Charlson) ___
(Includes intermittent claudication, history of bypass, gangrene, untreated abdominal aortic aneurysm of 6 cm or more [AAA] or thoraco-abdominal aneurysm [TAA].)
- 10. History of abdominal aortic aneurysm repair or bypass grafting? ___
- 11. A previous history of amputation and location: question moved to Form 202-needed for KM reports
- 12. Current infection, ulceration or gangrene of a digit or limb? ___

For Questions 6-33: 0=No, 1=Yes, continued:

- 13. Cerebrovascular disease? (from Charlson)
(Includes history of CVA with minor or no residua and transient ischemic attacks) _____
- 14. Hemiplegia? (from Charlson).....
(Includes paraplegia/hemiplegia resulting from CVA or other condition) _____
- 15. Dementia? (from Charlson) _____
- 16. Chronic pulmonary disease? (from Charlson) _____
- 17. Rheumatologic condition? _____
- 18. Ulcer disease? (from Charlson) _____
- 19. Diabetes without end-organ damage? (from Charlson).....
(For example, a diabetic where diabetes is not listed as the cause for ESRD). _____
- 20. Diabetes with end-organ damage (retinopathy, neuropathy or kidney failure)? (from Charlson) _____
- 21. Hepatitis B surface antigen positive?..... _____
- 22. Hepatitis C positive?..... _____
- 23. Mild Liver Disease (without portal hypertension, includes chronic hepatitis)? (from Charlson) _____
- 24. Moderate or Severe Liver Disease (such as portal hypertension or jaundice)? (from Charlson)..... _____
- 25. Leukemia (acute or chronic)? (from Charlson) _____
- 26. Lymphoma? (from Charlson) _____
- 27. Multiple myeloma? _____
- 28. Tumor without metastases (exclude if 5 years from diagnosis)? (from Charlson)..... _____
- 29. Metastatic solid tumor? (from Charlson) _____
- 30. Gout?..... _____
- 31. Human immunodeficiency virus (HIV)? _____
- 32. Uses nasal CPAP at night? _____
- 33. Legally blind? _____

Note: A patient is legally blind if he or she has central visual acuity of 20/200 or less in his or her better eye, even when his vision is measured using the best possible correction.
- 34. History of cigarette smoking? _____
1=Never smoked, 2=Used to smoke, 3=Currently smokes

35. History of excess alcohol use?
0=No history 2=Yes, currently
1=Yes, used to drink in excess

36. History of illicit drug use?
0=No history, 2=Yes, in the past 5 years, 1=Yes, but more than 5 years ago

37. In the past year, how many times was the patient admitted to an intensive care unit?.....
0=Not admitted, 1=Admitted once, 2=Admitted more than once

38. In the past year, how many times was the patient admitted to a cardiac/coronary
care unit (0=Not admitted, 1=Admitted once, 2=Admitted more than once)?

39. Primary reason kidneys failed:.....
01=Diabetic nephropathy
02=Hypertensive nephrosclerosis
03=Glomerulonephritis (includes, but not limited to: membranous nephropathy, focal sclerosis,
membranoproliferative glomerulonephritis, mesangial proliferative glomerulonephritis, chronic renal
failure with proteinuria, nephritic syndrome without biopsy, IGA nephropathy, other glomerulonephritis)
04=Polycystic kidney disease
05=Physical trauma
06=Analgesic nephropathy
07=Obstructive uropathy (includes, but not limited to: obstructive uropathy-acquired,
obstructive uropathy-congenital, urinary tract stones)
88=Other (includes, but not limited to: hereditary nephritis, pyelonephritis, other interstitial nephritis,
vesico-ureteral reflux, renal artery stenosis)
99=Unknown

40. Is the patient currently on the cadaveric transplant waiting list?
0=No, patient is currently being assessed to be on the list
1=No, possibility of transplant was never discussed with patient
2=No, patient refuses a transplant or is not interested in being assessed for transplant
3=No, patient was assessed and told he/she was medically ineligible
4=No, patient is expecting a living donor to come forward
5=No, reason unknown or other
6=Yes

41. Number of previous kidney transplants? (0 for none, 1 for one, etc.)

42. Has the patient previously received peritoneal dialysis? (0=No, 1=Yes)

43. Generally uses a wheelchair to move around? (0=No, 1=Yes)

200. Date this form completed (dd/mon/yyyy)..... ___/___/___

201. Username of person reviewing completeness of this form..... _____

For Clinical Center Use Only:

202. Username of person entering this form: _____

203. Date Entered: (dd/mon/yyyy) ___/___/___