

Frequent Hemodialysis Network PATIENT CONTACT - FORM #107

This form is completed as soon as the patient signs the consent form for participation in the FHN Trials. The DCC does **not** have access to this form. You will need to login to the QOL website at <https://surveyweb2.ucsur.pitt.edu/DialysisQOL/index.php>. Your center's login information can be obtained by writing to survey@pitt.edu.

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1. Participant ID #

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2. Alpha Code

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3. Date dd/mon/yyyy

4. Patient's Full Name:
 - a. Last Name:
 - b. First Name:.....
 - c. Middle Initial:

5. Trial:
 - a. Daily Study
 - b. Nocturnal Study

6. Visit:
 - a. Baseline
 - b. First Follow-up (F4 or F5)
 - c. Final Follow-up (F12 or F14)

7. Status:
 - a. Baseline
 - b. Still in Trial
 - c. Withdrew from Trial, agreed to be contacted for QOL interview
 - d. Withdrew from Trial, do not contact for QOL interview
 - e. Deceased

8. Age:
 - a. Adult 18 years old and over
 - b. 17 years old and younger

9. Preferred Interview Language:
 - a. English
 - b. Spanish.....

10. Best times to Call:

Phone 1: _____

Time 1 _____

Phone 2 _____

Time 2 _____

Phone 3 _____

Time 3 _____

11. Emergency contacts:

Name 1 _____

Phone 1 - - - - -

Name 2 _____

Phone 2 - - - - -

Name 3 _____

Phone 3 - - - - -