

Frequent Hemodialysis Network NOCTURNAL STUDY v2.1 RESULTS OF TRAINING - FORM #201

This form is only for those patients randomized before October 2006 (noct. protocol v3.0). See Form 211 for results of training for those patients enrolled in nocturnal protocol version 3.0.

This form is administered to patients randomized to nocturnal hemodialysis after they successfully complete their first nocturnal dialysis session, or alternatively, it is decided that patient will never be able to successfully have their home hemodialysis.

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1. Participant ID #

2. Alpha Code

3. Date of first in-person training session with dialysis staff:..... _ _ / _ _ / _ _ _ _
(dd/mon/yyyy)
4. Date of last in-person training session with dialysis staff:..... _ _ / _ _ / _ _ _ _
(dd/mon/yyyy)
5. Total number of in-person training sessions with dialysis staff:..... _ _
6. Total number of hours spent on in-person training with dialysis staff: (hours)..... _ _
7. a. Was patient successfully able to complete their first nocturnal dialysis session at their residence? (0=No, answer 7b, 1=Yes, answer 7c)
- b. Primary reason for not getting through training and starting home dialysis:.....
 1=Pt. unable to understand dialysis sufficiently to be safe having treatments at home
 2=Pt. is unable to physically perform dialysis treatments at home
 3=Pt noncompliance: the patient did not cooperate in learning how to perform dialysis treatments at home
 4= It was intended that a caregiver would perform the dialysis treatments, but the caregiver is unable to understand dialysis sufficiently to safely do the treatments
 5= It was intended that a caregiver would perform the dialysis treatments, but the caregiver is unable to physically perform their dialysis treatments at home
 6= Caregiver noncompliance: It was intended that a caregiver would perform the dialysis treatments, but the caregiver did not cooperate in learning how to perform dialysis treatments at home
 7= Patient's residence could not be modified to accommodate dialysis treatments due to financial constraints
 8= Patient's residence could not be modified to accommodate dialysis treatments due to logistic constraints
 9= Patient moved away from the area of the nocturnal training center before training could be completed.
Contact the DCC if you have another reason the patient was not able to complete training. A new code will be assigned.
- c. Date patient successfully completed their first nocturnal dialysis session at their residence:(dd/mon/yyyy) _ _ / _ _ / _ _ _ _

- 8. Was a caregiver successfully trained in nocturnal hemodialysis? (0=No, 1=Yes)
- 9. At the beginning of the baseline period was the patient performing "in-center" self-care dialysis (pt. performing some or all of their own dialysis treatments such as taking blood pressures, etc). (0=No, 1=Yes)
- 10. At the beginning of the baseline period was the patient self-cannulating his/her access as part of their self-care dialysis treatments? (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) ___/___/___