

Frequent Hemodialysis Network AMPUTATION FORM #202

Baseline: This form is **required by all study participants once during baseline.** It is needed for the kinetic modelling reporting program and must be entered at baseline before a KM report can be generated.

Follow-up: Complete this form during follow-up every time it is identified that a patient has undergone an amputation.

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

5. Location of amputation:

- a. Left leg (0=none, 1=toe(s), 2=below ankle, 3=below knee, 4=above knee)
- b. Right leg (0=none, 1=toe(s), 2=below ankle, 3=below knee, 4=above knee)
- c. Left arm (0=none, 1=finger(s), 2=below wrist, 3=below elbow, 4=above elbow)
- d. Right arm (0=none, 1=finger(s), 2=below wrist, 3=below elbow, 4=above elbow)

If amputation occurred during follow-up, please be sure to complete the hospitalization forms 302 and 303.

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) _____