

Frequent Hemodialysis Network PARTICIPANT IN-CENTER LOG SHEET - FORM #208

Study Coordinator Instructions: This form is filled out by all participants dialyzing in center (conventional, daily, and any participants who failed home nocturnal). The study coordinator should explain to the participant how to fill out the following log sheet for a 1 week period. For participants receiving conventional dialysis, fill out sessions 1, 2, and 3.

Schedule: Daily: Baseline, F-4, F-8 and F-12.

Nocturnal v3.0: Baseline, F-4, F-8, and F-12. (Nocturnal v2.1: Baseline, F-5, F-9, and F-14).

For Daily participants, fill out sessions 1 - 6. Please LEAVE THE FORM ON THE FRONT OF THE CHART so that the participant can be reminded to fill it out at each dialysis session during the week. The Study Coordinator should pick up the form at the end of the week or beginning of the next week.

<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>									<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> </tr> </table>		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table>												
1. Participant ID #	2. Alpha Code	3a. Visit Type	3b. Visit Number	4. Date: dd/mon/yyyy																									

Participant to complete this section on pages 1 and 2:

Dialysis Session Number	Date of Session (dd/mon/yyyy)	Travel Time to and from dialysis unit (minutes)	Waiting time before dialysis (minutes)	Waiting time before leaving dialysis unit (minutes)	Dietician Visits – number of minutes (put 0 if did not talk to dietician)	Physiotherapist Visits - number of minutes (put 0 if did not talk to physiotherapist)
1						
2						
3						
4						
5						
6						
TOTAL MINUTES*:		_____	_____	_____	_____	_____
Number of times participant communicated with health care professional:					_____	_____

The computer will calculate the numbers in the grey area.

Continued on page 2

Dialysis Session Number	Date of Session (dd/mon/yyyy)	Social Worker Visits- number of minutes (put 0 if did not talk to social worker)	Nurse Practitioner /Physician Assistant Visits- number of minutes (put 0 if did not talk to nurse practitioner)	Physician Visits - number of minutes (put 0 if did not talk to physician)
1				
2				
3				
4				
5				
6				
TOTAL MINUTES*:		_____	_____	_____
Number of times participant communicated with health care professional:		_____	_____	_____

For Study Coordinator Completion:

Total number of dialysis sessions for which this form was completed	_____
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The computer will calculate the numbers in the grey areas. The data entry person should copy down the numbers into spaces provided.

- 7. How was this form completed?
 1=Participant filled it out and mailed form in
 2=Participant filled it out and coordinator picked it up from unit
 3=Coordinator filled it out
- 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) ____/____/_____