

Dialysis Session Number	Date of Session (dd/mon/yyyy)	Social Worker in-person or phone visits number of minutes (put 0 if did not talk to social worker)	Physiotherapist in-person or phone visits - number of minutes (put 0 if did not talk to physiotherapist)	Physician in-person or phone visits - number of minutes (put 0 if did not talk to physician)
1 (clinic visit)				
2				
3				
4				
5				
6				
TOTAL MINUTES*:		_____	_____	_____
# 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) ____/____/____