

Frequent Hemodialysis Network
PARTICIPANT DIALYZING AT HOME LOG SHEET - FORM #209

Study Coordinator Instructions: This form is filled out by all participants dialyzing at home.

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

At the scheduled clinic visit, the study coordinator should give this form to the participant along with an addressed stamped envelope. The study coordinator should explain to the participant how to fill out the following log sheet for a 1-week period. The participant should fill out form over a 1-week prior starting with the date of their clinic visit. The next 5 dates should be the dates of their next 5 treatments over that week. All communications with health care professionals, either in person or by phone, should be recorded over the week. At the end of the 1-week period, the participant should mail form to coordinator in the envelope provided.

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

Participant to complete this section on pages 1 and 2:

Dialysis Session Number	Date of Session (dd/mon/yyyy)	Time spent preparing for dialysis (minutes)	Time spent after dialysis, to clean machine and supplies (minutes)	<u>Nurse in-person or phone visits-</u> number of minutes (put 0 if did not talk to nurse)	<u>Nurse Practitioner /Physician Assistant-</u> in-person or phone visits, number of minutes (put 0 if did not talk to nurse practitioner)	<u>Dietician in-person or phone visits</u> – number of minutes (put 0 if did not talk to dietician)
1 (clinic visit)						
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 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	_____
--	-------

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) ____/____/____