

Frequent Hemodialysis Network NOCTURNAL STUDY v3.0 RESULTS OF BASELINE HOME TRAINING - FORM #211

This form is only for those patients enrolled under October 2006 nocturnal protocol v3.0. (Use Form 201 for results of training for those patients randomized in nocturnal protocol version 2.1.)

This form is used during baseline to document completion of Phase I (before randomization) of home hemodialysis training.

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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. a. Total number of in-person training sessions with dialysis staff:
b. Total number of hours spent on in-person training with dialysis staff: (hours)

(Please respond 0=No, 1= Yes to each part of question 6. When the patient has been trained in all of the items listed under question 6, the baseline portion of home training has been completed.)

- 6. Has this patient been trained in:
 - a. Vital signs, including BP measurement?
 - b. Setting up and tearing down the dialysis machine without assistance?
 - c. Recognizing machine problems and troubleshooting them appropriately?
 - d. Able to access dialysis vascular access consistently and independently?
 - e. Machine disinfection?
 - f. Water treatment maintenance?

- 7. a. Was patient successfully trained in Phase I of home training? (0=No, answer 7b, 1=Yes)
- 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

responses continued on next page

Q7, responses continued:

- 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 home 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.

Note: If the patient cannot successfully complete Phase I of training during baseline, he/she cannot be randomized. Complete and enter Form 103.

- 8. Was a caregiver successfully trained in home 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)..... _____
- 11. At the beginning of the baseline period was the patient already performing home (conventional sessions 3x per week) 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) ____/____/____