Persons using assistive technology may not be able to fully access information in this file. For assistance, e-mail niddk-cr@imsweb.com. Include the Web site and filename in your message.

Frequent Hemodialysis Network
FEELING THERMOMETER RESULTS – FORM #230

Instructions: This form is completed by Study Staff based on the rating provided by the patient. This rating a scale from 0 to 100 with 0 = "Worst imaginable health state" and 100="Best imaginable health state". The patient is to use the form provided to answer the question, "How good or bad is your health today."

It is recommended that the patient complete this test before the other physical function tests. It is also recommended that test be done greater than 6 hours following the end of hemodialysis.

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

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

4b. Time of interview? (24 hr clock) ..... __ __:__ __

5. What rating did the patient record on the worksheet? (000 to 100).....__ __ __
(Note: leave blank if unable to complete test. Go to Q101.)

For Center Use:

100. Language used to complete this form? (1=English, 2=Spanish) .....__

101. Identify reason this instrument was not completed?.....__
1=N/A, instrument was completed
2=Attempted but unable to be completed - patient too sick
3=Attempted but unable to be completed - patient did not want to be bothered at this time
4=Attempted but patient cannot grasp how to do the test
5=Unable. Patient in hospital.
6=Patient forgot to bring eyeglasses or other visual aid
7=Unable. Patient withdrew consent.
8=Staff logistics

200. Date this form completed (dd/mon/yyyy)..... __ __/__ __ __ /__ __ __ __

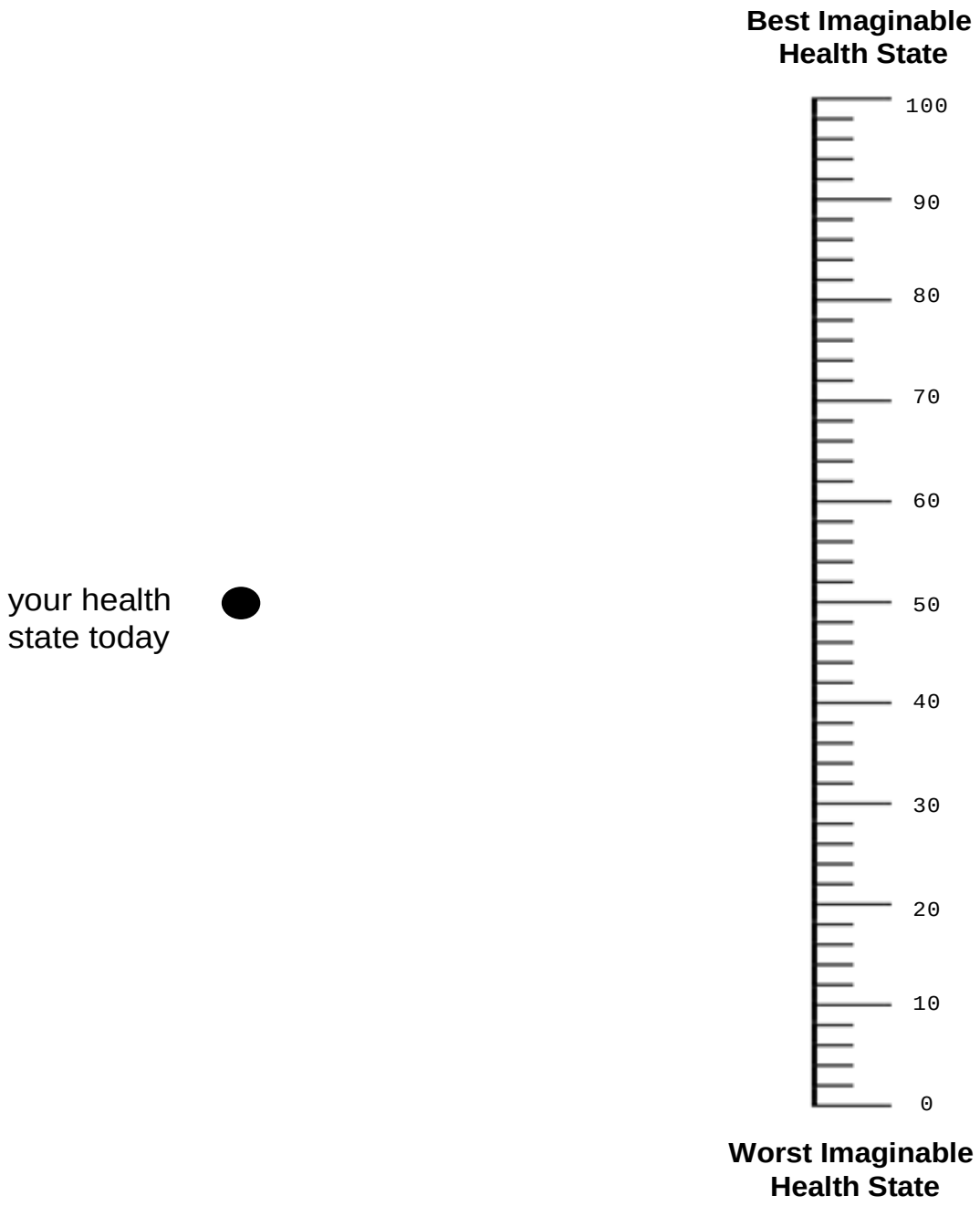
201. Username of certified person who performed this test .....__ __ __ __ __ __ __

For Clinical Center Use Only:
202. Username of person entering this form: __ __ __ __ __ __ __

203. Date Entered: (dd/mon/yyyy) __ __/__ __ __ /__ __ __ __

Feeling Thermometer

1. Participant ID # 2. Alpha 4a. Date of Questionnaire: dd/mon/yyyy

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the *best* state you can imagine is marked by 100, and the *worst* state you can imagine is marked by 0.

We would like you to indicate on this scale how good or bad your health is today. Please do this by drawing a straight line from the black dot to whichever point on the scale that indicates how good or bad your health is currently.