

Frequent Hemodialysis Network
CLINICAL CENTER MISCELLANEOUS QUESTIONS - FORM #233

Instructions: Clinical Center staff completes these questions at intervals specified in each section.

Follow-up Extension Study: For all patients consenting to the Follow-up Extension Study, only complete Questions 12a - 13b at the end of this form.

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

For all U.S. patients at baseline:

4b. Did patient agree to provide health insurance identification numbers for future linkage with USRDS?.....

0=No, patient refused (*Do not complete Form 108*)

1=Yes, patient agreed. (*Complete Form 108*)

8=Not applicable

For Daily Trial: skip questions 5 and 6.

Nocturnal Trial Blood Pressure - at baseline only:

5. Mid-arm circumference for BP cuff (in cm)..... _ . _ .

6. a. Cuff size provided to the patient for the OMRON machine
 1=Pediatric 3=Large
 2=Regular 4=X-large (thigh sized)

b. How much is patient's electric bill per month?.....\$ _ . _ .

c. How much is patient's water bill per month?.....\$ _ . _ .

d. What currency are Items 6b & c reported in?
 (1=American, 2=Canadian, 3=Australian)

Items 7 - 11 For All Patients At End of Trial

Employment Status Change

7. Current work status:

| | |
|--|--|
| 01=Student, not employed | 07=Not working, seeking work, not disabled |
| 02=Student, employed | 08=Employed full-time |
| 03=Homemaker | 09=Employed part-time |
| 04=Not working, not seeking work, disabled | 10=Retired |
| 05=Not working, not seeking work, not disabled | |
| 06=Not working, seeking work, disabled | 99=Unknown |

8. Has there been a change in employment status since baseline?

(0=No, skip to Q10, 1=Yes, complete Q9)

(questions continued on next page)

9. Primary reason for work status change (between trial baseline and current)? _____

1=Due to time constraints of chronic kidney failure treatment

2=Due to complications of chronic kidney failure

3=Due to illness other than chronic kidney failure

4=Due to retirement

5=Patient now working more hours.

6=Due to other reasons

If other reason for change in work status, contact DCC for new code.

For All Patients At The End of the Study

Patient Health Insurance: (For questions 10a-h: 0=No, 1=Yes, 8=Not Applicable)

10. **Column A:** What type of health insurance does the patient have?

Column B: Are any of the insurance plans the patient listed
an HMO (Health Maintenance Organization)?

A
Have? **B**
HMO?

a. Medicare: _____

b. Medicaid or State Medical Assistance: _____

c. State or county program other than Medicaid: _____

d. Employer-sponsored or retiree health plan: _____

e. Privately-purchased policy (e.g., Medigap or Medicare supplement): _____

f. Veterans benefit, TriCare or military health plan: _____

g. Canadian health care benefits: _____

h. None: _____

11. a. Is Medicare paying for this patient's hemodialysis? _____

0=No, answer Question 11b

1=Yes, skip to Question 200.

(Note: This question may need to be completed by your Billing Department.)

b. If no to Question 11a, why not? _____

1=Patient recently started hemodialysis

2=Patient is Canadian

3=U.S. Patient has alternative insurance

4=Patient is Australian

Follow-up Extension Study Final Visit Only: *Modality Preference.*

12. a. There are a number of different treatment options for patients with kidney failure. If you (patient) were eligible for all of the following treatments, which would you rank as your 1st preference? _____

1= Peritoneal dialysis

2=In-center 3 times weekly hemodialysis

3=In-center 6 times weekly hemodialysis

4=Home 6 times weekly daily hemodialysis

5=Home 6 times weekly nocturnal hemodialysis

6=Kidney transplant

7=Home 3 times weekly hemodialysis

8=Home 3 times weekly nocturnal hemodialysis

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b. Which would be your 2nd preference?

1= Peritoneal dialysis

2=In-center 3 times weekly hemodialysis

3=In-center 6 times weekly hemodialysis

4=Home 6 times weekly daily hemodialysis

5=Home 6 times weekly nocturnal hemodialysis

6=Kidney transplant

7=Home 3 times weekly hemodialysis

8=Home 3 times weekly nocturnal hemodialysis

c. Which would be your 3rd preference?

1= Peritoneal dialysis

2=In-center 3 times weekly hemodialysis

3=In-center 6 times weekly hemodialysis

4=Home 6 times weekly daily hemodialysis

5=Home 6 times weekly nocturnal hemodialysis

6=Kidney transplant

7=Home 3 times weekly hemodialysis

8=Home 3 times weekly nocturnal hemodialysis

13. a. What is primary reason patient would prefer dialysis modality indicated in Q12a?

1=Convenience for patient's schedule

2=Convenience for caregiver's schedule

3=Pt feels best using this modality

4=Pt believes he/she will feel better using this modality

5=Pt concern for access

8=Other reason (complete Q13b)

b. If Q13a=8, provide other reason in comment section:

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

201. Username of person completing this form.....

For Clinical Center Use Only:

202. Username of person entering this form: _____

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