



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)?

	<b>A Have?</b>	<b>B HMO?</b>
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

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**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 1<sup>st</sup> 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

### Frequent Hemodialysis Network CLINICAL CENTER MISCELLANEOUS QUESTIONS - FORM #233

- 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:

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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) \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_