

Frequent Hemodialysis Network NOCTURNAL TRIAL ONLY: PATIENT MEALS DURING TRIAL and CURRENT DIALYSIS QUESTIONS - FORM #241

Instructions: This form should be completed one time for all 3x/week and 6x/week **Nocturnal Study patients whether they are currently in follow-up or have completed FHN Trial follow-up.** Study coordinators should complete and enter this form in the month after their local IRB has confirmed that this questionnaire may be used on all patients.

1. Participant ID #						2. Alpha Code		3. Date questions asked: dd/mon/yyyy											

For questions 4-6, responses should relate to patient's 12 month follow-up period after being randomized.

A. Patient's Usual Meal Status During the FHN Follow-up Period:

4. On a typical day, what time of day do/did you (the patient) normally eat your main meal: (use 24-hr clock – hh:mm) :
5. Do/did you usually eat a medium or large meal (not including snacks) **within** the 3-hour period prior to starting dialysis (0=No, 1=Yes)
6. Do/did you usually eat a medium or large meal (not including snacks) **during** your dialysis session? (0=No, 1=Yes)

Questions 7- 16 relate to the patient's condition at the present time.

B. Patient's Current Dialysis Status

7. Patient's dialysis status on date questions asked:
 1=On hemodialysis (complete Sections C and D below)
 2=Has a functioning transplanted kidney (*skip to the end of form*)
 3=On peritoneal dialysis (*skip to the end of form*)
 4=regained renal function (*skip to the end of form*)
 5=Requires dialysis but refusing dialysis (*skip to the end of form*)
 8=Patient expired or refuses to answer (*skip to the end of form*)

C. In-Center Hemodialysis:

8. How much of the last calendar month date questions asked was the patient on in-center dialysis? (% of time)
Enter percentage, so that if the patient dialyzed in-center all month, response is 100. If percentage is 0, skip to section D below.
9. How long were the patient's in-center dialysis sessions?.....
 1=less than or equal to about 2 hours 6=about 4.5 hours
 2=about 2.5 hours 7=about 5 hours
 3=about 3 hours 8=about 5.5 hours
 4=about 3.5 hours 9=less than or equal to about 6 hours
 5=about 4 hours

In-center dialysis questions, continued:

10. How many times per week did the patient dialyze in-center (use 1-7).....__

11. What time does dialysis usually start (use 24-hr clock - hh:mm) __ __ : __ __

D: For Home Hemodialysis

12. How much of the last calendar month was the patient on home dialysis? (% of time)__ __ __
Enter percentage, so that if the patient dialyzed at home all month, response is 100. If percentage is 0, skip to the end of the form.

13. How long were the patient's home dialysis sessions?

- | | |
|---------------------------------------|---------------------------------------|
| 0=greater than 6 hours | 5=about 4 hours |
| 1=less than or equal to about 2 hours | 6=about 4.5 hours |
| 2=about 2.5 hours | 7=about 5 hours |
| 3=about 3 hours | 8=about 5.5 hours |
| 4=about 3.5 hours | 9=less than or equal to about 6 hours |

14. How many times per week did the patient dialyze at home? (use 1-7)

15. What time of day did the home dialysis usually start (use 24-hr clock - hh:mm) __ __ : __ __

16. Did the patient use a NxStage device? (0=No, 1=Yes)

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) ____/____/____