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Frequent Hemodialysis Network
SINGLE FREQUENCY BIOELECTRIC IMPEDANCE (BIA) ASSESSMENT - FORM #242

Instructions: Prior to the measurement, **the patient should lie flat for 15-20 minutes to equilibrate fluid distribution**. See MOP for specific instructions on how to take the measurements. You will need to ask the patient whether he/she has an implanted defibrillator or pacemaker, and if he does, do not do the test. Do not do the test if the patient is a bilateral amputee.

It is preferable, but not mandatory, that all measurements be conducted in the supine position, if at all possible, and should be performed immediately prior to a mid-week HD treatment (i.e., Wednesday or Thursday).

Recommended Schedule: Daily Study: Baseline, F1, F4, and F12 *(BIA is not required for randomization as of 22/FEB/2007.)*
Nocturnal Study v3.0: Baseline, F4, and F12. (v2.1: F5 and F14)

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

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

5. Height (measure supine length in those unable to stand) (cm).....__ __ __.__
   For bilateral amputees, do not do test.

6. a. Current weight (kg).....__ __ __.__

   b. Estimated dry weight (kg).....__ __ __.__

7. Body position (1=Supine [preferred], 2=Seated, 3=Semi-recumbent).....__

8. Side measured (1=Right, 2=Left) .....__

9. Measured resistance (R) (ohms) .....__ __ __

10. Measured reactance (Xc) (ohms).....__ __

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) __ __/__ __ __ /__ __ __ __