

Frequent Hemodialysis Network NOCTURNAL TRIAL ACTUAL COST OF HOME MODIFICATIONS - FORM #260

Instructions: This form is to be completed for the nocturnal trial only following completion of home modifications. Review Form 101 for the list of necessary home modifications.

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1. Participant ID #

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2. Alpha Code

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3. Date modifications completed: dd/mon/yyyy

Actual Costs of Home Modifications Required to Perform Home Hemodialysis

Modifications (write in the modification needed)	Actual Cost of Modification(s)* (in whole dollars)	Percent (%) covered by the Patient
Plumbing Modifications:		
4.	_ _ _ _ _	_ _ _ _ _
5.	_ _ _ _ _	_ _ _ _ _
6.	_ _ _ _ _	_ _ _ _ _
7.	_ _ _ _ _	_ _ _ _ _
Carpentry Modifications:		
8.	_ _ _ _ _	_ _ _ _ _
9.	_ _ _ _ _	_ _ _ _ _
10.	_ _ _ _ _	_ _ _ _ _
11.	_ _ _ _ _	_ _ _ _ _
Electrical Modifications:		
12.	_ _ _ _ _	_ _ _ _ _
13.	_ _ _ _ _	_ _ _ _ _
14.	_ _ _ _ _	_ _ _ _ _
15.	_ _ _ _ _	_ _ _ _ _
Other Modifications: (e.g., phone line)		
16.	_ _ _ _ _	_ _ _ _ _
17.	_ _ _ _ _	_ _ _ _ _
18.	_ _ _ _ _	_ _ _ _ _
19.	_ _ _ _ _	_ _ _ _ _

20. *Identify currency (1=US, 2=Canadian)

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) _ _ / _ _ _ _ / _ _ _ _