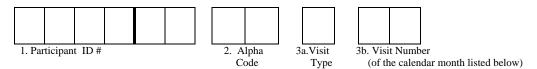
## Frequent Hemodialysis Network ATTENDANCE AT IN-CENTER DIALYSIS SESSIONS - FORM#275

This form is completed during follow-up for all Daily Trial patients (and those in the Nocturnal Trial who are receiving dialysis in-center. Use Form 279 for Nocturnal Trial patients dialyzing at home). Form 275 is to be completed by the study coordinator or dialysis unit technician at the start of each calendar month following randomization in order to document missed dialysis treatments during the prior calendar month. Do not count those treatments completed for ultrafiltration only.



- 4. Indicate calendar month to which this form applies: ...... (mon/yyyy): \_\_\_\_ / \_\_\_ \_\_ /
- 5. Did this patient avoid continual care of your FHN hemodialysis unit through the calendar month for any of the reasons listed below: (For questions 5a-d: 0=No, 1=Yes)
  - a. Patient was admitted to a rehabilitation unit or nursing home.....

  - c. Patient was out of town part of the time .....
  - Patient was being cared for by some other dialysis unit than yours for some other reason ......

## For Questions 6-8: <u>EXCLUDE</u> the time that the patient was not under the care of the FHN dialysis unit:

- 7. How many treatments at your unit were missed during the designated calendar month?..\_\_\_\_

Note: The responses to questions 7 and 8 should add up to the response in question 6.

200. Date form completed...... (dd/mon/yyyy) \_\_\_/\_\_\_/\_\_\_\_/

201. Username of person reviewing completeness of this form......

## For Clinical Center Use Only:

- 202. Username of person entering this form: \_\_\_\_\_
- 203. Date entered: (dd/mon/yyyy) \_\_\_/\_\_\_/