



**Q8 (deviation due to medical reason continued: Code 0=No, 1=Yes)**

- f. Vascular access problem made no hemodialysis possible.....
- g. Moderate vascular access problem was judged to make dialysis possible no more than 3x per week.....
- h. Other medical indication described in text field (Q13) .....  
*(Email the DCC at fhn-dcc@bio.ri.ccf.org if an additional reason is identified)*

9. Is the planned deviation the result of patient non-adherence?.....  
(0=No, skip to Q11, 1=Yes, answer Q10)

10. If Q9 is Yes, indicate which of the following apply: (For 10a-g: use 0=No, 1=Yes)

- a. Transportation difficulties? .....
  - b. Inadequate caregiver assistance? .....
  - c. Employment constraints? .....
  - d. Concern over vascular access? .....
  - e. Other time commitments?.....
  - f. Patient burn-out?.....
  - g. Patient symptoms suspected by patient to be due to over dialysis? .....
- (Email the DCC at fhn-dcc@bio.ri.ccf.org if an additional reason is identified)*

11. Is the planned deviation the result of logistical or scheduling issues with the dialysis unit? (0=No, skip to Q13, 1=Yes, answer Q12).....

12. If Q11 is Yes, indicate which of the following apply: (For 12a-b: use 0=No, 1=Yes)

- a. Staffing shortage? .....
  - b. Scheduling issues preclude the designated dialysis treatment schedule?.....
- (Email the DCC at fhn-dcc@bio.ri.ccf.org if an additional reason is identified)*

13. Other Comments: Please describe what is going on with this patient (database will allow up to 2000 characters)

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200. Date this 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) \_\_\_/\_\_\_/\_\_\_