

Frequent Hemodialysis Network CANADIAN CENTERS VITAL STATUS FORM - FORM #404

This form should be completed for randomized patients who have reached a point in the study where **only vital and dialysis status is available**. This form should be completed semi-annually based on their date of randomization.

1. Participant ID #						2. Alpha Code	

3. Status date (dd/mon/yyyy)..... ___/___/___
Status date refers to the most current date when a patient's status (alive or dead) is known.
4. Vital Status (0=Dead, 1=Alive)
Check with your province's department of vital statistics to determine the vital status of each patient.
5. Dialysis status:

Patient is:

- 0 = Dead
- 1 = Currently refusing any dialysis
- 2 = Currently refusing dialysis "as prescribed"
- 3 = Currently on in-center hemodialysis 3 times per week
- 4 = Currently on in-center hemodialysis 4-5 times per week
- 5 = Currently on in-center hemodialysis 6 times per week
- 6 = Currently on in-center hemodialysis elsewhere
- 7 = Currently on home 3x/wk during the day hemodialysis
- 8 = Currently on home nocturnal hemodialysis
- 9 = Currently on peritoneal dialysis
- 10= Had a kidney transplant
- 11= Regained renal function
- 12=Pt receiving short daily dialysis (< 4 hrs/day for 5-6 days/week)

(If there was some other reason, contact the DCC and a new code will be provided)

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) ___/___/___