

**DAC Study Form 390 - Annual Check on Vital Status to Inactive Patients**

This form should be completed for "inactive" randomized patients (patients who have completed participation in the Study) annually from the patient's randomization date (i.e., F12, F24, F36, etc). It is also completed for non-randomized patients annually from the patient's consent date (use F12, F24, etc.). Once a patient has died and a form is entered with dialysis status = 0, no further forms need to be completed.

- 1. Patient Identification Number..... \_ \_ \_ \_ \_
- 2. Patient Name Code ..... \_ \_ \_ \_ \_
- 3. Visit Date ..... \_ \_ / \_ \_ / \_ \_ \_ \_ \_
- 4. Visit Type..... F
- 5. Visit Number..... \_ \_ \_
- 6. Vital Status (0=dead, 1=alive, 9=unknown) ..... \_  
If the patient's status is unknown, check with your state's department of vital statistics.  
It is critical to determine the vital status of each patient each year.
- 7. Dialysis Status..... \_ \_ \_  
Patient is:
  - 0 = Dead (use death date for q.3)
  - 1 = Currently refusing any dialysis
  - 2 = Currently refusing dialysis "as prescribed"
  - 3 = Currently on in-center hemodialysis at original unit
  - 4 = Currently on in-center hemodialysis elsewhere
  - 5 = Currently on home hemodialysis
  - 6 = Currently on peritoneal dialysis
  - 7 = Had a transplant
  - 8 = Regained renal function
  - 10 = Has not yet started dialysis
  - 99= Unknown
- 8. Is the patient still in the geographic area of his or her initial dialysis unit?  
(0=no, 1=yes, 9=unknown)..... \_ \_ \_
- 201. Date this form completed..... \_ \_ / \_ \_ / \_ \_ \_ \_ \_
- 202. User ID of person completing this form ..... \_ \_ \_ \_ \_

<b>Clinical Center Use Only</b>
Date Form Entered _ _ / _ _ / _ _ _ _ _
Person Entering this Form _____