This Form should be completed by a study coordinator when a patient is considered for entry into DAC Fistula full scale Study or DAC Graft full scale Study. In order for a patient to be randomized for the full scale studies, this form, the consent, the visit form, the screening form, the patient family, employment and income form, the baseline quality of life form, and the baseline local lab form must be in the database.

1.	Patient Identification Number				
2.	Name Code	<u> </u>			
3.	a. Visit type	<u>B</u>			
	b. Visit number	<u> </u>			
4.	Visit date				
5.	Patient's current (dry) weight in kilograms				
DEM	OGRAPHICS				
6.	Race (enter code number which applies)				
	1=American Indian/Alaska Native 3=Native Hawaiian or other Pacific Islander 5=White 9=Unknown	2=Asian 4=Black or African American 6=More than one race			
7.	Hispanic or Latino ethnicity (1=yes, 0=no, 9=unknown)				
8.	Can this patient speak English? (0=no, 1=yes)				
9.	a. Can the patient read and write in English? (0=no, 1=yes, 9=unknown)				
	b. Can the patient read and write in Spanish? (0=no, 1=yes, 9=unknown)				
10.	What is this patient's primary language?				
	Code 1 = English, 2 = Spanish, 3 = French, 4 = Chinese, 5 = other, 6 = French Creole, 7 = Portuguese, 9 = unknown				
11.	Highest level of formal education achieved:				
	1 = <high 2="Completed" 3="Completed" 4="At" 5="Completed" 6="College" 8="Patient" 9="Unknown</td" college="" data="" graduate="" graduation="" high="" least="" of="" one="" post="" provide="" refuses="" school="" technical="" the="" to="" university="" with="" year=""><td>education</td></high>	education			
12.	Does the patient have outside insurance other tha	an Medicare/Medicaid?			

	(0=no, 1=yes, 8= patient refuses to provide the data, 9=unknown)
13.	Height (cm)
14.	Is this an actual height? (1 = actual, 2 = based on recall, 3 = estimate)
15.	Date height measured/estimated
1.6	
16.	Leg amputations
	a. Left (0=none, 1=toe(s), 2=transmetatarsal, 3=below knee, 4=above knee)
	b. Right (0=none, 1=toe(s), 2=transmetatarsal, 3=below knee, 4=above knee)
17.	Pulse (non-dialysis, in sitting position)
SMOF	KING/ALCOHOL/DRUG HISTORY
18.	Cigarette smoking status (0 = never, 1 = former, 2 = current, 9 = unknown)
19.	Total number of years smoked
20.	Number of packs per day
21.	For former smokers only: months since last smoked
	Note: 12 months = 1 year, 120 months = 10 years, etc.
22.	Is there a history of recreational drug use or does the patient currently use recreational drugs?
	(0=no, 1=yes, but more than 5 years ago, 2=yes, in the past 5 years, 9=unknown)
	Note: Current recreational drug users are excluded on the screening form.
23.	Is there a history of alcohol abuse or does the patient currently abuse alcohol?(0=no, 1=yes, but more than 5 years ago, 2=yes, in the past 5 years, 9=unknown)
	Note: Current alcohol abusers are excluded on the screening form.
DIAB	ETES
24.	Does the patient have a previous history of diabetes? (0=no, 1=yes)
25.	Treatment for diabetes
	 0 = not applicable (the patient is not diabetic), 1 = diet alone, 2 = oral hypoglycemic agents,
	3 = insulin,
	4 = oral hypoglycemic agents and insulin
MEDI	CAL CONDITIONS
26.	What is this patient's periodontal status?

1 = no obvious cavities or gingivitis

	2 = cavitis or gingivitis
	3 = edentulous (partial or complete)
Is it k	known that the patient has this condition or is it noted in the chart? Code $1 = yes$, $0 = no$.
27.	History of congestive heart failure
28.	History of myocardial infarction
29.	History of angina
30.	Prior coronary angioplasty or bypass surgery
31.	Prior carotid endarterectomy
32.	Current cardiac arrhythmias or conduction problems
33.	Current pericardial disease or pericarditis
34.	History of stroke or TIA
35.	History of claudication
36.	Known hypercoagulable state
37.	History of lower extremity angioplasty or bypass surgery
38.	History of deep venous thrombosis
39.	History of pulmonary embolism
40.	History of hypertension
41.	Bleeding in the past year requiring hospitalization
42.	Transfusion in the past year
43.	Peptic disease requiring treatment in the past year
44.	Known hyperlipidemia
45.	HIV positive
46.	AIDS
47.	SLE
48.	Vasculitis
49.	Is this patient currently taking anti-hypertensive agents?
REN	AL AND DIALYSIS HISTORY SECTION
50.	Is patient currently on dialysis?
	331 3

	 0 = not currently on dialysis 1 = hemodialysis 2 = peritoneal dialysis 3 = never received dialysis Note: If never received dialysis, skip to item 	54	
	For 51 and 52: If month is unknown – use "C	06", if da	ny is unknown – use "15".
51.	Date of most recent initiation of chronic main hemodialysis (mm/dd/yyyy)		
52.	Date of first chronic maintenance dialysis (E	SRD)	//
	If the patient has been on dialysis continually the same.	v since th	hey started, item 51 and item 52 are
53.	Was first dialysis hemodialysis or peritoneal	? (1=hen	no, 2=peritoneal)
54.	How many previous AV vascular access sites (graft or native fistula) used? (0 = none, 1 = 1, 2 = 2, 99 = unknown)		
55.	Type of vascular access prior to study enrolls	ment	
	0 = none 1 = AV graft - forearm 2 = AV graft - upper arm 3 = AV graft - thigh 4 = AV fistula - forearm 5 = AV fistula - upper arm	7 = 8 = 9 = 10 = 11 = 12 =	temporary internal jugular temporary subclavian temporary femoral Tunneled internal jugular Tunneled subclavian Tunneled femoral Tunnel with subcutaneous port Other
56.	Side of vascular access prior to study enrolln	nent (0 =	none, 1 = right, 2 = left)
57.	Previous central venous catheters - Subclavian?		
58.	Previous central venous catheters - Internal j (0 = none, 1=right, 2=left, 3=both, 4= yes, b it or not)		
59.	Have clamps been used on this patient? (0=n	o, 1=yes	, 9=Unknown)
60.	Primary underlying renal diagnosis (see code	es below))
	 1 = Glomerular Disease 2 = Polycystic Kidney Disease 3 = Hypertensive Nephrosclerosis 4 = Tubulointerstitial Diseases 5 = Urinary Tract Diseases (including obstr 6 = Absence of One Kidney (without other 7 = Diabetic Nephropathy 		ause)

	8 = Hereditary Nephritis 9 = Unknown with Proteinuria >3 g/day 10 = Unknown with Proteinuria 1-3 g/day 11 = Unknown with Proteinuria <1 g/day 12 = Ischemic Renal Disease 13 = Acute Renal Disease 14 = Other 89 = No Secondary Underlying Renal Diagnosis (for question 61 only) 99 = Unknown	
61.	Secondary underlying renal diagnosis (Use codes from Item 60)	
TRAN	NSPLANT	
62.	Is this patient on a transplant waiting list?	
	1 = yes 2 = no; determination of waiting list placement is in progress 3 = no; patient refuses a transplant 4 = no; patient told he/she was medically ineligible 5 = no; reason unknown or other 6 = no; family member will donate the kidney	
201. U	Jser ID of person completing this form	
	Clinical Center Use Only Date Form Entered// Person Entering this Form	