

DAC Study Form 331 - Demographic/Comorbidity/Dialysis History Data

(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 / /
Note: For q.15: If month is unknown – use “06”, if day is unknown – use “15”.
- 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)

SMOKING/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.

DIABETES

- 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

MEDICAL CONDITIONS

- 26. What is this patient’s periodontal status?

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- 1 = no obvious cavities or gingivitis
- 2 = cavitis or gingivitis
- 3 = edentulous (partial or complete)

Is it 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?..... _____

RENAL AND DIALYSIS HISTORY SECTION

- 50. Is patient currently on dialysis? _____

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- 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 “06”, if day is unknown – use “15”.

51. Date of most recent initiation of chronic maintenance hemodialysis (mm/dd/yyyy) ___ ___ / ___ ___ / ___ ___ ___ ___

52. Date of first chronic maintenance dialysis (ESRD)..... ___ ___ / ___ ___ / ___ ___ ___ ___

If the patient has been on dialysis continually since they started, item 51 and item 52 are the same.

53. Was first dialysis hemodialysis or peritoneal? (1=hemo, 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 enrollment ___

- | | |
|----------------------------|------------------------------------|
| 0 = none | 6 = temporary internal jugular |
| 1 = AV graft - forearm | 7 = temporary subclavian |
| 2 = AV graft - upper arm | 8 = temporary femoral |
| 3 = AV graft – thigh | 9 = Tunneled internal jugular |
| 4 = AV fistula - forearm | 10 = Tunneled subclavian |
| 5 = AV fistula - upper arm | 11 = Tunneled femoral |
| | 12 = Tunnel with subcutaneous port |
| | 98 = Other |

56. Side of vascular access prior to study enrollment (0 = none, 1 = right, 2 = left) ___

57. Previous central venous catheters - Subclavian? ___
(0 = none, 1=right, 2=left, 3=both, 4= yes, but side unknown, 9= don't know if they had it or not)

58. Previous central venous catheters - Internal jugular? ___
(0 = none, 1=right, 2=left, 3=both, 4= yes, but side unknown, 9= don't know if they had it or not)

59. Have clamps been used on this patient? (0=no, 1=yes, 9=Unknown)..... ___

60. Primary underlying renal diagnosis (see codes below) ___

- 1 = Glomerular Disease
- 2 = Polycystic Kidney Disease
- 3 = Hypertensive Nephrosclerosis
- 4 = Tubulointerstitial Diseases
- 5 = Urinary Tract Diseases (including obstruction)
- 6 = Absence of One Kidney (without other known cause)
- 7 = Diabetic Nephropathy

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- 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).....__ __

TRANSPLANT

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. User ID of person completing this form.....__ _ _ _ _

<i>Clinical Center Use Only</i>
Date Form Entered __ __ / __ __ / __ __ __ __
Person Entering this Form _____