

DAC Study Form 322 - Patient Family, Employment and Income Form

This Form should be completed by a study coordinator when a patient is considered for entry into either the DAC Graft Study or the DAC Fistula Study. In order for a patient to be randomized, this Form must have been entered in the database.

1. Patient Identification Number _ _ _ _ _

2. Name Code..... _ _ _ _ _

3. a. Visit Type B

b. Visit Number..... _ _ _ _ _

4. Marital Status _

1 = Single and never been married

2 = Married

3 = Common law marriage/Living together unmarried/partnered

4 = Separated

5 = Divorced

6 = Widowed

8 = Patient refuses to provide the data

9 = Unknown

5. Household Size: (Enter 0=no, 1=yes, 8=patient refuses to provide the data, 9=unknown)

a. Lives with spouse..... _

b. Lives with children _

c. Lives with parent(s) _

d. Lives with other relatives..... _

e. Lives with other roommates..... _

f. Boarding house or rooming house _

g. Homeless..... _

h. Institutionalized or in nursing home _

i. Lives alone..... _

6. How many people live in the household? _

(Code: 00 if homeless or institutionalized or nursing home or boarding house,
99 if unknown or patient refuses to provide the data.)

7. Has the patient ever been employed for pay? _

(Code: 0=no, 1=yes, 8=patient refuses to provide the data, 9=unknown)
(If no, skip to item 14 "Patient's current gross annual income")

8. Work status six months prior to initiation of any ESRD replacement therapy _

1 = Student, not employed

6 = Not working, seeking work, disabled

DAC Study Form 322 - Patient Family, Employment and Income Form

- | | |
|---|---|
| 2 = Student, also employed | 7 = Not working, seeking work, not disabled |
| 3 = Homemaker | 8 = Employed full-time |
| 4 = Not working, not seeking work, disabled | 9 = Employed part-time |
| 5 = Not working, not seeking work, not disabled | 10 = Retired |
| | 99 = Unknown |

9. Current work status (Same codes as above)

10. Current job title: (50 characters) _____

11. Current occupation code (from Forms manual code list)

12. Primary reason for work status change (between pre-ESRD and current)?

- 1 = There was no change
- 2 = Due to time constraints of chronic kidney failure treatment
- 3 = Due to complications of chronic kidney failure
- 4 = Due to illness other than chronic kidney failure
- 5 = Due to retirement
- 6 = Other (50 characters)

13. What was the last year the patient was employed?.....

Note: Enter current year for currently employed.

14. Patient's individual current gross annual income (include disability incomes)

- | | |
|---------------------|---|
| 1 = < \$7,500 | 5 = > 100,000 |
| 2 = 7,500 - 24,999 | 6 = Patient refuses to provide the data |
| 3 = 25,000 - 49,999 | 9 = Unknown |
| 4 = 50,000 - 99,999 | |

15. Patient's total household gross annual income (include disability income)

- | | |
|---------------------|---|
| 1 = < \$7,500 | 5 = > 100,000 |
| 2 = 7,500 - 24,999 | 6 = Patient refuses to provide the data |
| 3 = 25,000 - 49,999 | 9 = Unknown |
| 4 = 50,000 - 99,999 | |

16. Is the patient receiving Disability Income?
 (Code: 0=no, 1=yes, 8=patient refuses to provide the data, 9=unknown)

201. Date this form completed..... / /

202. User ID of person completing this form

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