



Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* HALT PKD ID number, clinical center ID, and visit number.

Clinical Center: _____ clinic

Activity for Month: _____

MONTHLY PRE-SCREENING ACTIVITY REPORT FORM

Form # 1

This form is to be completed by designated personnel and entered per site at the end of each calendar month.

1. Gender:

a) Total Number of Males beginning pre-screening this month	Total: _____
b) Total Number of Females beginning pre-screening this month	Total: _____
c) Total Number of Unknown Gender contacting the PCC this month	Total: _____

2. Totals for each Method of Learning about HALT-PKD:

a) Ad/Announcement	Total: _____
b) Friend/Relative	Total: _____
c) Current PCC patient	Total: _____
d) Primary Care Provider	Total: _____
e) Nephrologist	Total: _____
f) PKD Meeting/Newsletter	Total: _____
g) PKD Pamphlet	Total: _____
h) Website	Total: _____
i) Unknown Method	Total: _____

HALT PKD staff member completing this form: _____ cmidnum Date: ____/____/____
Month cdm Day cdd Year cdy

HALT PKD investigator reviewing this form: _____ Date: ____/____/____
(signature required) Month Day Year

Data Entry Status: Please check to indicate that the above information has been entered ☐

Primary Entered by: _____ deidnum Date: ____/____/____
dem Month ded Day dey Year

Secondary Entered by: _____ Date ____/____/____