

Instructions for difficult items on Form 3:

6. Beginning at the F12 visit, the “Dates of year reviewed” should reflect a start date equal to the actual end date of the year covered in the previous Form 3 review. This may or may not equal one year.

26. (Diabetes mellitus): Emergency-room visits are not counted for hospitalizations for hyperglycemia or ketoacidosis.

35. (Ophthalmologic conditions): For patients with severe vision impairment (legal blindness) due to conditions other than those specifically listed in the ophthalmologic category, score the IDS as 3. While the exact cause will not be known, the severity will be accurate.

HEMO Study Form 3: Comorbidity Assessment

Complete form at Baseline Week 5 and annually at F12, F24 etc. Please review the chart sections (items 7-14) in the dialysis chart. Record whether or not the item is available in the chart for review (0=no, 1=yes). A reasonable effort should be made to obtain a discharge summary if patient has been admitted in the last year and there are none in the chart.

- 1. Patient Identification Number. _____
- 2. Patient Name Code _____
- 3. Date ____/____/_____
- 4. Visit Type _____
- 5. Week/Month Number _____
- 6. Dates of year reviewed
(one year prior to visit date). ____/____/_____ to ____/____/_____
- 7. **Discharge Summary** _____
Obtain discharge summary from most recent hospitalization if there is no discharge summary in chart from past year. (Note: At B5, if the patient has not been hospitalized in the past year, review the latest discharge summary available.) Review all available summaries in the chart from the past year.
- 8. Physician's Monthly Progress Notes (past twelve months) _____
- 9. Medication Record (most recent medication review). _____
- 10. Chest X-ray (most recent available) _____
- 11. EKG (most recent available). _____
- 12. Echocardiogram (most recent available) _____
- 13. History and Physical Exam (most recent available) _____
- 14. Problem List _____

Complete this section only if pertinent information is recorded from other areas of the chart or from other knowledge of the patient's medical condition (0=no, not available, 1=yes, available).

- 15. Consultant's note. _____
- 16. Other X-rays, diagnostic tests, or procedures _____
- 17. Other knowledge of patient's medical condition _____
- 18. Other _____

Items with an asterisk (*) are recorded if patient has ANY history of these conditions. Other items are recorded ONLY if they occurred during the 12 month period of comorbidity review, unless other time frame specified on form. After chart review is completed, complete peak IDS score for each category. If a "0" is entered, you do not need to fill in "0" for all items in the table. During data entry, the items in this category will automatically be skipped. For all other IDS scores (1, 2, or 3), ALL items in the table must have a 0 or 1 entered, (0=no, 1=yes).

19. Ischemic Heart Disease Peak IDS Score (0 for none, 1, 2, 3)..... ____

A. IDS=1	B. IDS=2	C. IDS=3
1. *Diagnosis of coronary artery disease*..... ____	1. *Any history of myocardial infarction (MI)* ____	1. Angina at rest ____
2. *Ischemia on EKG or other diagnostic test* ____	2. *EKG evidence of old MI* ____	2. MI in past three months ____
3. Angina: stable, exertional or on dialysis ____	3. *S/P CABG or coronary angioplasty* ____	

20. Congestive Heart Failure Peak IDS Score (0 for none, 1, 2, 3)..... ____

A. IDS=1	B. IDS=2	C. IDS=3
1. *Diagnosis of any CHF or history of pulmonary edema (pre or post ESRD)*..... ____	1. CHF requiring medications or hospitalizations in past year (post ESRD) ____	1. Multiple episodes of hypotension during hemodialysis related to cardiomyopathy ____
		2. Hospitalized more than twice in past year for CHF (post ESRD) ____

21. Arrhythmias and Conduction Problems Peak IDS Score (0 for none, 1, 2, 3)..... ____

A. IDS=1	B. IDS=2	C. IDS=3
1. *Arrhythmia or conduction problem (on EKG or in notes)* ____	1. Arrhythmias or conduction problem requiring medication or temporary pacemaker ____	1. Recurrent syncope (due to arrhythmia or conduction problem) while on medication..... ____
	2. Currently on anticoagulation medication ____	2. *Requires permanent pacemaker or defibrillator*..... ____
		3. Cardiac arrest..... ____

22. Other Heart Disease and Conditions Peak IDS Score (0 for none, 1, 2, 3) ___

A. IDS=1	B. IDS=2	C. IDS=3
1. *Diagnosis of rheumatic fever or valve disease* ___	1. Symptoms (e.g., syncope, dyspnea) controlled with medications ___	1. Dyspnea or syncope at rest or with minimal exertion. ___
2. *Left ventricular hypertrophy (LVH) on echocardiogram* ___	2. Currently on anticoagulation medication. ___	2. Malfunctioning of prosthetic valve ___
3. *Valve disease on echocardiogram* ___	3. *Required prosthetic valve* ___	3. Complications: embolic events, acute exacerbation of symptoms ___
4. *LVH on EKG* ___		
5. *Cardiomegaly on CXR* ___		
6. Pericarditis. ___		

23. Hypertension Peak IDS Score (0 for none, 1, 2, 3). ___

A. IDS=1	B. IDS=2	C. IDS=3
1. *Diagnosis of hypertension* ___	1. Requires antihypertensive medication. ___	1. Episode of malignant or accelerated hypertension in past three months ___

24. Cerebral Vascular Disease Peak IDS Score (0 for none, 1, 2, 3)___

A. IDS=1	B. IDS=2	C. IDS=3
1. *Diagnosis of CVD* ___	1. Multiple TIAs in past year ___	1. *CVA with major deficit (e.g., paralysis, aphasia, blindness)* ___
2. *Carotid stenosis: asymptomatic or history of TIA* ___	2. Currently on anticoagulation medication ___	
3. *S/P carotid endarterectomy* ___	3. *History of CVA with no or mild deficit (eg. hemiparesis, slurred speech, mild cognitive changes)*. ___	

25. Peripheral Vascular Disease PVD (Peak) IDS Score (0 for none, 1, 2, 3)___

A. IDS=1	B. IDS=2	C. IDS=3
1. *Diagnosis of PVD*..... ___	1. Intermittent claudication___	1. Pain at rest due to PVD..... ___
2. *History of deep vein thrombosis (DVT)*..... ___	2. Currently on anticoagulation medication.....___	2. Inoperable disease..... ___
3. *Abdominal or thoracic aneurysm (AAA or TAA)*..... ___	3. Recurrent cellulitis, skin infections, gangrene of toes___	3. *Amputation below or above knee* ___
	4. *Amputation of toes or foot*.....___	
	5. *S/P bypass graft, AAA or TAA repair*___	

26. Diabetes Mellitus (Type I or II) Peak IDS Score (0 for none, 1, 2, 3)..... ___

A..... IDS=1	B..... IDS=2	C..... IDS=3
1. *Diagnosis of diabetes*..... ___	1. Requires oral medications ___	1. Uncontrolled diabetes; four or more hypoglycemic episodes or two or more hospitalizations for hyperglycemia or ketoacidosis.....___
2. Diet controlled ___	2. Requires insulin ___	

27. Respiratory Disease Peak IDS Score (0 for none, 1, 2, 3)..... ___

A. IDS=1	B. IDS=2	C. IDS=3
1. *Diagnosis of COPD (e.g., chronic bronchitis, asthma, emphysema) or pulmonary fibrosis ___	1. Asthma or COPD requiring medications.....___	1. Dyspnea at rest due to lung disease___
2. *COPD or chronic lung disease on CXR*..... ___	2. Dyspnea on exertion, due to lung disease.....___	2. Requires home oxygen..___
3. *History of sleep apnea* ___		

28. Musculoskeletal and Connective Tissue Diseases Peak IDS Score (0 for none, 1, 2, 3). . __

A. IDS=1	B. IDS=2	C. IDS=3
1. *Diagnosis of musculoskeletal (MS) or connective disease (e.g., chronic MS pain, arthritis, carpal tunnel, DJD, gout, renal osteodystrophy, avascular necrosis, SLE)* __	1. Systemic or active disease requiring medications (other than aspirin or acetaminophen) or other treatment. __	1. Severe incapacitating pain, not controlled with medication or surgery __
2. Asymptomatic or symptoms controlled with aspirin or acetaminophen . . __	2. *S/P parathyroidectomy* __	
	3. *S/P joint replacement* __	

29. Nonvascular Nervous System Disease Peak IDS Score (0 for none, 1, 2, 3) __

A. IDS=1	B. IDS=2	C. IDS=3
1. *Diagnosis of seizure disorder, dementia, depression or other psychiatric illness, insomnia, mild chronic headaches, peripheral neuropathy (including diabetic), restless legs syndrome* __	1. Symptoms requiring medication or hospitalization __	1. Uncontrolled seizures or Parkinson's, severe dementia __
		2. Psychiatric disorder requiring frequent hospitalizations, suicide attempt in past year __

30. Gastrointestinal Disease Peak IDS Score (0 for none, 1, 2, 3) __

A. IDS=1	B. IDS=2	C. IDS=3
1. Diagnosis of GI disease IN THE PAST YEAR ONLY (includes esophagitis, gastritis, ulcers, colitis __	1. Active disease requiring medication or surgery in the past year __	1. Active diseases with severe symptoms while on medication __
2. History of hiatal hernia, diabetic gastroparesis, reflux, diverticulosis, polyps* __	2. Complications of GI diseases (e.g. hemorrhage, perforation) in past year, but >3 months ago __	2. Complications of GI diseases in past 3 months __

31. Hepatobiliary Disease Peak IDS Score (0 for none, 1, 2, 3)

A. IDS=1	B. IDS=2	C. IDS=3
1. *Diagnosis of hepatitis*	1. Chronic hepatitis, elevated LFT's	1. Chronic active hepatitis, symptomatic or requiring medications
2. *Hepatitis B antigen positive or hepatitis C antibody positive*	2. Symptomatic gall bladder disease..	2. *Esophageal varices, ascites, or cirrhosis*
3. Gall bladder stones		3. *S/P portacaval shunt or surgical procedure for portal hypertension*

32. Urinary Tract Disease Peak IDS Score (0 for none. 1, 2, 3)

A. IDS=1	B. IDS=2	C. IDS=3
1. Chronic UTIs in past year	1. Symptomatic stones or cysts requiring medications	1. UTIs, stones, or cysts causing frequent or severe symptoms requiring hospitalization.
2. *Nephrolithiasis*		
3. *Acquired cystic disease*		

33 . Malignancy^a IDS Score (0 for none)

A. IDS=1	B. IDS=2	C. IDS=3
1. *Diagnosis of malignancy, > 5 yrs. since last treatment*	2. Diagnosis of malignancy, ≤ 5 years since last treatment but none in past year	3. Current malignancy or treatment within last year

^aExcluding basal cell cancer of skin
Treatment: radiation, chemotherapy, or surgery

34. HIV/AIDS Peak IDS Score (0 for none, 1, 2, 3)

A. IDS=1	B. IDS=2	C. IDS=3
1. *Diagnosis of HIV (HIV positive)*	1. Symptomatic or requiring antiviral medication	1. *Diagnosis of AIDS*

35. Ophthalmologic Conditions^a Peak IDS Score (0 for none, 1, 2, 3) ___

A. IDS=1	B. IDS=2	C. IDS=3
1. *Diagnosis of glaucoma requiring medications* ___	1. *S/P vitrectomy or laser surgery* ___	1. *Legally blind or complete blindness* ___
2. *Retinopathy (hypertensive or ___		

^aGlasses for near- or farsightedness=0

36. Hematologic Conditions (Non-Malignant) Peak IDS Code (0 for none, 1, 2, 3) ___

A. IDS=1	B. IDS=2	C. IDS=3
1. *Diagnosis of non-malignant hematologic disease (e.g. sickle cell anemia, thrombocytopenia pernicious anemia)* ___	1. Diagnosis of non-malignant hematologic disease requiring medications or occasional transfusions. ___	1. Current non-malignant hematologic disease, transfusion dependent or requiring more than two hospitalizations ___

37. Anticoagulation Peak IDS Score (0 for none, 1, 2, 3) ___

A. IDS=1	B. IDS=2	C. IDS=3
	1. Currently on anticoagulation medication: reason not found in chart review ___	1. Major hemorrhage while on anticoagulation in past three months ___

201. Date this form completed ___/___/___

202. Certification number of person completing this form _____

Clinical Center Use Only	
Data Form Entered ___/___/_____	Verified? _____
Person Entering This Form _____	