

**HEMO Study Form 21. Annual Follow-Up after
Loss to Routine Follow-Up, or for Non-Randomized Patients**

This form should be completed for "lost to routine follow-up" randomized patients annually at the time of the patient's regularly scheduled annual follow-up visit from the patient follow-up appointment schedule. It is also completed annually for non-randomized patients, following the non-randomized patient's appointment schedule.

1. Patient Identification Number....._____

2. Patient Name Code....._____

3. Visit Date ___/___/_____

4. Visit Type _____

5. Month Number _____

6. Vital Status (0=dead, 1=alive, 9=unknown)..... _____
If a *previously randomized patient* is dead, complete Form 17. Otherwise, do Form 16.
If the patient's status is unknown, check with your state's department of vital statistics.
It is critical to determine the vital status of each patient each year.

7. Dialysis Status..... _____

Patient is:

0 = Dead

1 = Currently refusing any dialysis

2 = Currently refusing dialysis "as prescribed"

3 = Currently on in-center hemodialysis at original unit

4 = Currently on in-center hemodialysis elsewhere

5 = Currently on home hemodialysis

6 = Currently on CAPD

7 = Currently on CCPD

8 = Had a transplant

9 = Unknown

10 = Regained renal function

8. Is the patient still in the geographic area of his or her initial dialysis unit?
(0=no, 1=yes, 9=unknown)..... _____

201. Date this form completed ___/___/_____

202. Certification number of person completing this form _____

Clinical Center Use Only

Date Form Entered ___/___/___ Verified? _____

Person Entering this Form _____