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Instructions for HEMO Study Form 34: Appetite Assessment Form

Complete this form in week one or two of Baseline and annually thereafter. This information will be entered into the study database.

How completed: The dietitian completes this form with the patient.

Intent of Form: This form is designed to asses the patient's appetite over the course of the study to determine whether there are any changes.

Range checks in place:

Question 30. How many times in a month (if any of questions 26 - 30 are yes); 0 - 60.

Instructions for difficult items:

Question 53: A diet diary is considered reliable if the patient is accurate in:

a) correct identification of foods
b) information on food preparation
c) estimates of portion size
d) degree of detail
(otherwise this diary is to be considered not reliable)

HEMO Study Form 34. Appetite Assessment Form

Complete this form at the beginning of Baseline and every 12 months thereafter. Since this form also assesses the reliability of the diet diary, this for should be done in conjunction with the diet diary assessment. This information will be entered into the study database.

1. Patient Identification Number. . . . . __ __ __ __ __ __

2. Patient Name Code . . . . . __ __ __ __

3. Visit Date . . . . . __ __/__ __/__ __ __ __

4. Visit Type . . . . . __

5. Week/Month Number . . . . . __ __ __

We want to know about the way you eat and your appetite. Some people on dialysis eat differently on dialysis days than on non-dialysis days. This form has three parts.

Please write one answer for each question in the space provided, unless you are asked to do otherwise.

Part One: General Level of Appetite. This part has general questions about your appetite and eating habits.

6. During the past week (7 days), how would you rate your appetite?. . . . . __
   1 = very good
   2 = good
   3 = fair
   4 = poor
   5 = very poor

7. Have you had a change in appetite in the past week (7 days)? (0=no, 1=yes) . . . . . __

8. If you answered "yes" to #7, how has your appetite changed?. . . . . __
   1 = increased
   2 = remained the same
   3 = decreased

9. Have you been sick or ill in the last 7 days? (0=no, 1=yes) . . . . . __

10. During the past year (12 months), has your dry weight: . . . . . __
    1 = increased
    2 = remained the same
    3 = decreased

11. During the past week (7 days), has your dry weight: . . . . . .__
    1 = increased
    2 = remained the same
    3 = decreased

12. Are you satisfied with your current dry weight? (0=no, 1=yes). . . . . .__

13. Who does most of your cooking? . . . . . .__
    1 = I do
    2 = my family
    3 = friends
    4 = home attendant
    5 = other

14. Who does most of your food shopping? . . . . . .__
    1 = I do
    2 = my family
    3 = friends
    4 = home attendant
    5 = other

15. Do you have difficulty following your diet? (0=no, 1=yes). . . . . .__

    If you answered "yes," which of the following describes why you are having difficulty (answer all that apply)?

    Write 0=no, 1=yes.

16. I do not feel like eating . . . . . .__

17. I do not feel like preparing food . . . . . .__

18. My diet is too expensive . . . . . .__

19. I do not like the food I am supposed to eat. . . . . .__

20. I do not understand what I am supposed to eat. . . . . .__

21 I do not have control over my food choices . . . . . .__

22. Other . . . . . .__

23. Would you like to change your diet? (0=no, 1=yes). . . . . .__

    If yes, how would you change it? (please specify within 30 characters) _____

    _____

24. Do you ever go out to eat? (0=no, 1=yes). . . . . .__

If yes, where do you go? (Write 0=no, 1=yes for all that apply)

25. Fast food/take-out restaurant . . . . . .__

26. Regular restaurant/cafe/diner . . . . . .__
27. Cafeteria . . . . . .__

28. Friend's/relative's house . . . . . .__

29. Other . . . . . .__

30. If you answered yes to any above (25-29), how often during a month?. . . . . __ __

Which of the following do you have at home? (0=no, 1=yes)

31. Stove . . . . . .__

32. Refrigerator. . . . . .__

33. Freezer . . . . . .__

34. Microwave oven . . . . . .__

35. Food processor/blender. . . . . .__

36. Toaster oven . . . . . .__

Part Two: This part has general questions about your appetite and eating habits on dialysis days.

37. How would you rate your appetite on days that you have dialysis?. . . . . .__
    1 = very good
    2 = good
    3 = fair
    4 = poor
    5 = very poor

38. How many meals do you usually eat on days that you have dialysis? . . . . . .__

39. If you eat meals, which is your biggest meal on days that you have dialysis?. . . . . .__
    1 = breakfast
    2 = lunch
    3 = dinner
    4 = all are the same size

40. How many snacks do you usually eat on days that you have dialysis? . . . . . .__

41. During the past week (7 days), how often did you feel hungry on days that you had dialysis? . . . . . __
1 = never
2 = occasionally
3 = often
4 = always

42. How much do you enjoy eating on days that you have dialysis? . . . . . __
1 = really enjoy
2 = enjoy
3 = neither enjoy or dislike
4 = dislike
5 = really dislike

43. Do you eat while on dialysis? (0=no, 1=yes) . . . . . __

Part Three: This part has general questions about your appetite and eating habits on non-dialysis days.

44. How would you rate your appetite on days that you do not have dialysis? . . . . . __
1 = very good
2 = good
3 = fair
4 = poor
5 = very poor

45. How many meals do you usually eat on days that you do not have dialysis? . . . . . __

46. Which is your biggest meal on days that you do not have dialysis? . . . . . __
1 = breakfast
2 = lunch
3 = dinner
4 = all are the same size

47. How many snacks do you usually eat on days that you do not have dialysis? . . . . . __

48. During the past week (7 days), how often did you feel hungry on days that you did not have dialysis? . . . . . __
1 = never
2 = occasionally
3 = often
4 = always

49. How much do you enjoy eating on days that you do not have dialysis? . . . . . __
1 = really enjoy
2 = enjoy
3 = neither enjoy or dislike
4 = dislike
5 = really dislike

50. How was the appetite assessment done?. . . . . .__
1=by the patient
2=with help from the patient's spouse (not an MD, RN or RD)
3=with help from someone else who lives with the patient (not an MD, RN or RD)
4=with help from someone else who does not live with patient (not an MD, RN or RD)
5=with help from the patient's spouse (an MD, RN or RD)
6=with help from someone else who lives with the patient (an MD, RN or RD)
7=with help from someone else who does not live with patient (an MD, RN or RD)

Thank you for taking the time to answer these questions.

Part Four: Diet Record Assessment (This section to be completed by dietitian)

51. a) Date of first day of diet record . . . . . __ __/__ __/__ __ __ __
b) Was this a dialysis day? (0 = no, 1 = yes) . . . . . .__
c) Was this a diet diary or a dietary recall? (1 = diary, 2 = recall) . . . . . .__

52. a) Date of second day of diet record. . . . . __ __/__ __/__ __ __ __
b) Was this a dialysis day? (0 = no, 1 = yes) . . . . . .__
c) Was this a diet diary or a dietary recall? (1 = diary, 2 = recall) . . . . . .__

53. In your view, is this diet record reliable? (0=no, 1=yes). . . . . .__

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_____