HEMO Study Form 36. Action Item Nutrition Assessment Form

Complete this form and a 24-Hour Dietary Recall within four weeks of action item notification when a patient reaches

- an initial HEMO action item for decline in serum albumin
- an initial HEMO action item for undesired weight loss that is greater than or equal to 5kg. or greater than or equal to 10% from the mean baseline weight

Complete this form every three months when a patient has a persistent HEMO action item for a decline in serum albumin or a persistent HEMO action item for undesired weight loss. Also, do a 24-Hour Dietary Recall every three months, unless the exception criteria listed under question #6 are applicable and patient is stable. The patient is stable if the patient's weight is within 2 kg of weight at the time of the initial action item weight and the patient's albumin is within 0.2 gm/dL of the initial action item albumin.

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

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

3. Date of the Action Item you are responding to with this form . . . . __ __/__ __/__ __ __ __

4. Was this an albumin action item . . . . . __
   0 = no
   1 = initial
   2 = persistent

5. Was this a weight loss action item? . . . . . __
   0 = no
   1 = initial
   2 = persistent

6. Was a 24-Hour HEMO Dietary Recall completed and transmitted to the DCC? . . . . . __
   1 = Yes
   2 = No, due to HEMO staff reasons
   3 = No, because the patient declined to do one
   4 = No, because the patient is unable to do one
   5 = No, because a two-day HEMO Diet Diary Assisted Recall was completed during the month that a 24-Hour Recall was required
   6 = No, because the 24-Hour Recall was required for an albumin action item but the patient's albumin is currently > 4 gm/dL; patient is currently stable
   7 = No, because the 24-Hour Recall was required for weight loss but the patient's weight loss was over six months ago; patient is currently stable
   8 = No, because the 24-Hour Recall was required for weight loss but the weight loss was actually due to an amputation; patient is currently stable
   9 = No, because the 24-Hour Recall was required for weight loss but the weight loss was actually due to achievement of "dry weight"; patient is currently stable
   10 = No, because the 24-Hour Recall was required for weight loss but the patient has begun intentional weight loss since the last Form 6 was filed
   11 = No, because the 24-Hour Recall was required for weight loss but was actually due to nephrectomy; patient is currently stable
   99 = No, reason unknown

   If yes, Complete Items 7, 8, and 9.
   If no, Skip to Item 10.

7. What was the date of the 24-Hour Dietary Recall . . . . . __ __/__ __/__ __ __ __
   (Please transmit the results of this recall to the DCC within 4 weeks.)

8. In the opinion of the person completing this form, was this 24-Hour Dietary Recall reliable? . . . . . __
(0 = no, 1 = yes)

9. In the opinion of the person completing this form, was this 24-Hour Dietary Recall typical? . . . . . __
(0 = no, 1 = yes)

10. What is the patient's reported appetite change in the past month?. . . . . __
1 = decreased reported
2 = no change reported
3 = increase reported
9 = unknown

11. Has the patient been ill or sick in bed or impaired enough in the following time periods such that it has affected the patient's ability to perform his or her usual daily activities? (Answer 0 = no, 1 = yes, or 0 = unknown for each of the items *a* through *h* below.)
    a. Between the action item (date in item 3) and today (date in item 201) . . . . . __
    b. Between the action item and one week before the action item. . . . . __
    c. Between one week before the action item and two weeks before the action item . . . __
    d. Between two weeks before the action item and one month before the action item . . __
    e. Between one month before the action item and two months before the action item . __
    f. Between two months before the action item and three months before the action item. . . . . __
    g. Between three months before the action item and six months before the action item __

12. As a result of the current HEMO action item, was the patient prescribed any oral enteral supplements that are not listed on the patient's most recent Form 33, item 13 (Supplement Prescription)? . . . . . __
0 = no
1 = yes

    If yes, please complete a Form 33 as soon as possible.

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

202. Certification number of person completing this form . . . . . __ __ __ __ __

Clinical Center Use Only Data Form Entered __ __/__ __/__ __ __ __ Person Entering this Form_____