

F204

Hemodialysis Fistula Maturation Study (HFM/MANVAS Studies) Renal, Dialysis, Access History Form (Form # 204)

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1. Identification Number PID 2. Alphacode AC 3. Visit Number VIST 4. Date of Exam/Interview: mm/dd/yyyy VISIT_DT

Renal Diagnosis:

5. Primary underlying renal diagnosis if known RENAL_DIAG

(Enter code 99 if underlying diagnosis is unknown.)

- 1 = Glomerulonephritis
- 2 = Polycystic Kidney Disease
- 3 = Hypertensive Nephrosclerosis
- 4 = Tubulointerstitial Diseases
- 5 = Urinary Tract Diseases (including obstruction)
- 6 = Absence of One Kidney (without other known cause)
- 7 = Diabetic Nephropathy
- 8 = Hereditary Nephritis
- 12 = Ischemic Renal Disease
- 13 = Acute Renal Disease
- 14 = Other
- 99 = Unknown

6. a. Has this patient ever received a kidney transplant? (0=no, 1=yes) KID_TX

b. If yes, date of most recent transplant (mm/yyyy) KID_TX_DT

7. Is this patient on a transplant waiting list? KID_TX_WAIT

- 1 = yes
- 2 = no; evaluation not yet done
- 3 = no; patient refuses a transplant
- 4 = no; patient is temporarily off the transplant list because of medical problems
- 5 = no; patient does not want a transplant for the foreseeable future
- 6 = no; patient told he/she was medically ineligible
- 7 = no; reason unknown or other
- 8 = no; family member or friend slated to donate kidney

8. a. Has this patient ever received chronic hemodialysis? (0=no, 1=yes) HEMO_D

1) previous dialysis for acute renal failure with subsequent discontinuation of dialysis for at least 3 months before study entry is considered "not yet on chronic dialysis" and 2) previous chronic dialysis with subsequent discontinuation for kidney transplantation but no dialysis for at least 3 months before study entry is considered "not yet on chronic dialysis".

b. If yes, total number of years undergoing hemodialysis? HEMO_D_YRS

9. a. Has the patient ever received peritoneal dialysis therapy? (0=no, 1=yes) PERI_D

b. If yes, total number of years undergoing peritoneal dialysis therapy? PERI_D_YRS

Note: Any amount of PD more than one day and less than 0.1 year can be coded as 0.1 year

10. Status regarding type of dialysis DIAL_STAT

0=not currently on dialysis, 1=currently on hemodialysis, 2=currently on peritoneal dialysis

For those participants who have ever received dialysis:

11. Was first dialysis hemodialysis or peritoneal? (1=hemo, 2=peritoneal) HEMO_PERI

For Q12 and 13: If month is unknown – use “06”.

12. Date of **first ever** chronic maintenance dialysis
(hemodialysis or peritoneal) (mm/yyyy)..... FIRST_DIAL

13. Date of **most recent** initiation of chronic maintenance
dialysis (mm/yyyy)..... RECENT_DIAL
If the patient has been on dialysis continually since they started, items 12 and 13 are the same.

14. How many previous vascular accesses have been placed
(count fistulas and grafts but not catheters)? (0 = none, 1 = 1, 2 = 2, ... 99 = unknown) PREV_VA

For Q.15-18, catheters refer to dialysis catheters only. Answer “none” for non-dialysis catheters.

15. Type of functioning vascular access in use at the time of HFM Study fistula
creation surgery VA_TYPE

- | | |
|-------------------------------|---|
| 0 = none | 8 = Non tunneled internal jugular catheter |
| 1 = AV graft – forearm | 9 = Non tunneled subclavian catheter |
| 2 = AV graft - upper arm | 10 = Non tunneled femoral catheter |
| 3 = AV graft – thigh | 11 = Tunneled internal jugular catheter |
| 4 = AV graft at other sites | 12 = Tunneled subclavian catheter |
| 5 = AV fistula - forearm | 13 = Tunneled femoral catheter |
| 6 = AV fistula - upper arm | 14 = Tunneled catheter with subcutaneous port |
| 7 = AV fistula at other sites | 98 = Other |

16. Side of functioning vascular access at the time of
HFM Study fistula creation surgery (0=none, 1=right, 2=left)..... VA_SIDE

17. Previous central venous catheters - Subclavian?SUBCLAVIAN
(0=none, 1=right, 2=left, 3=both, 4=yes, but side unknown, 9=don't know if they had one or not)

18. Previous central venous catheters - Internal jugular? INT_JUGULAR
(0=none, 1=right, 2=left, 3=both, 4=yes, but side unknown, 9=don't know if they had one or not)

200. Date this form completed (mm/dd/yyyy)..... COMP_DT

201. Username of person completing/reviewing completeness of this form.....COMP_USER

Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) ENTER_DT

Username of person entering this form ENTER_USER