

F208

Hemodialysis Fistula Maturation Study (HFM/MANVAS Studies) Pre-Operative Physical Activity Form (Form # 208)

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

5. How many days a week do you exercise sufficiently to break a sweat? EXERCISE
(0=0 days, 1=1 day, 2=2 days, 3=3 days, 4=4 days, 5=5 days, 6=6 days, 7=7 days)

6. a. During the past week, were you limited in your work or other regular daily activities
as a result of a problem with your arm, shoulder or hand? (0=no, 1=yes)..... LIMITED
b. If yes, which arm, shoulder or hand? (1=right, 2=left, 3=both)..... LIMITED_ARM

7. In the past week did you do heavy household chores (e.g., wash walls, floors)? (0=no, 1=yes) HEAVY

8. In the past week did you take part in recreational activities which require little effort
(e.g., cardplaying, knitting, etc.)? (0=no, 1=yes)..... EASY

9. a. In the past week did you take part in activities in which you take some force or
impact through your arm, shoulder, or hand (e.g. golf, hammering, tennis, etc.)?
(0=no, 1=yes) IMPACT
b. If yes, which arm did you use? (1=right, 2=left, 3=both) IMPACT_ARM

10. a. In the past week did you take part in recreational activities in which you move your
arm freely (e.g. playing Frisbee, badminton, etc.)? (0=no, 1=yes) MOVE
b. If yes, which arm did you use? (1=right, 2=left, 3=both) MOVE_ARM

11. a. Are you currently employed? (0=no, 1=yes)..... EMPLOYED
b. If yes, does your job require physical labor or lifting more than ten pounds? (0=no, 1=yes)..... EMP_LABOR
c. If yes, which arm did you use? (1=right, 2=left, 3=both) EMP_LABOR_ARM

12. a. In the past week did you play a musical instrument? (0=no, 1=yes) INSTRUMENT
b. If yes, which instrument? (specify)..... INSTRUMENT_TYPE

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