

**Modification of Diet in Renal Disease Study
CLINICAL CENTER RECRUITMENT FORM**

This form is to be completed for all initial phone contacts from potential study participants initiated through the 800 number or from outside the clinic. These phone contacts should be referred to someone at the center knowledgeable in the eligibility requirements for the MDRD Study.

If a patient contacts a center via a letter, this form should still be completed.

<u>QUESTION #</u>	<u>INSTRUCTIONS</u>
2	If you have an answering machine that takes a message from a caller on day 1 for instance, but you don't actually contact the patient until day 6. You should enter the date of day 6 when you talked with the person and got the information.
3	Note the word <u>first</u> . You may be in contact with this person after they called the 800 number, but where did the person learn of the 800 number? If the patient heard about the study from a friend who had heard about it on television, you should mark a 6 = television. If you get two or more responses to the question you should enter only one response. You should try by talking with the person to get at which place really made the patient make the phone call. If you can't do this, enter the choice which appears first on the form. (If T.V. and radio, enter 5 = radio) Do not enter "other" and specify T.V. and radio for instance.
6-10	These questions relate to eligibility. As soon as you determine the person is not eligible, you can skip to item 103. If creatinine is unknown, leave blank. If the person is eligible by these criteria, you may initiate further contact. A Form 1 must be completed if the person is considered for entrance into the study even if your first contact is a visit and not just a chart review.
11	If the person will be contacted further, (or for your own information), you may complete the Name, Address, and Phone here. You should not and cannot enter these items in Datalex.
103-104	The data recorded here should be entered at the center and transmitted as usual. It will not be connected to the MDRD database however (note no ID number of any kind). We will simply use these data to tally how people learned of the study and what percent of these people were eligible for further consideration.

2.14

For DCC Use Only
Rev. 1 10/1/88

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Modification of Diet in Renal Disease Study Clinical Center Recruitment Form

This form is to be completed for each initial phone contact with a potential study participant.

FORM # 00

1. Clinical Center
2. Date of Contact..... / /
3. Where did the person first hear about the study.....
 - 1 = Relative/Friend
 - 2 = Personal Physician
 - 3 = Study Brochure
 - 4 = Newspaper (Specify: _____)
 - 5 = Radio (Specify: _____)
 - 6 = TV (Specify: _____)
 - 7 = Other (Specify: _____)
4. Did person call 800 number prior to being in contact with center? (1 = yes, 2 = no)
5. Sex (1 = Male, 2 = Female).....
 Items 6-10 relate to eligibility. When you determine that a person is not eligible, you do not have to complete the other items.
6. Age (18 to 70 to be eligible).....
7. Has person gone on dialysis? (1 = yes, 2 = no)
8. Is person a kidney transplant recipient? (1 = yes, 2 = no)
9. Does person take insulin? (1 = yes, 2 = no)
10. Serum creatinine (mg/dl) (1.2 - 7.0 female, 1.4 - 7.0 male to be eligible)
11. Name _____
 Address _____

 Phone Number _____ - _____ - _____
103. Date form entered..... / /
104. Certification number of data entry person

Retain a copy of this form for your files. Send the original to the MDRD Study Data Coordinating Center. Please use MDRD Study mailing labels:

MDRD Study Data Coordinating Center
Department of Biostatistics & Epidemiology
The Cleveland Clinic Foundation
9500 Euclid Avenue
Cleveland, Ohio 44195-5196