

Study F Close Out

For DCC Use Only  
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Form #45  
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**b. Modification of Diet in Renal Disease Study  
MDRD Study Survey for Non-Randomized Patients**

Your honest thoughts and feelings about the MDRD Study are important to us. Your answers to this survey will help us learn what you liked and did not like about the MDRD Study. Your answers will also help us to better prepare for future studies. Please answer all of the questions, place your evaluation form in the envelope, and seal it. The sealed envelope will be sent unopened to the MDRD Data Coordinating Center in Cleveland, Ohio.

No one at your clinical center will see your answers to this survey. Your answers will be kept strictly confidential.

*Please circle a Y for yes and N for no.*

**1. Thinking back, why did you decide to start in Baseline of the MDRD Study?**

- |  |   |   |
|--|---|---|
| A. Free medical services.                  | Y | N |
| B. Close, frequent medical monitoring.     | Y | N |
| C. Reassurance.                            | Y | N |
| D. Hope for physical improvement.          | Y | N |
| E. To help others with kidney disease.     | Y | N |
| F. To take part in research.               | Y | N |
| G. My doctor recommended it.               | Y | N |
| H. My family wanted me to be in the study. | Y | N |
| I. It seemed harmless.                     | Y | N |
| J. Curiosity - I wanted to give it a try.  | Y | N |
| K. Had time available.                     | Y | N |
| L. Other (please state) _____              |   |   |

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**2. Who do you feel was helped by the MDRD Study?**

- |                                     |   |   |
|-------------------------------------|---|---|
| A. Myself                           | Y | N |
| B. Scientists                       | Y | N |
| C. The MDRD staff                   | Y | N |
| D. Other people with kidney disease | Y | N |
| E. My family members                | Y | N |
| F. My friends                       | Y | N |
| G. Other (please state) _____       |   |   |

**3. For patients who attended Study F Visits: Have any of the items below been a problem for you in the MDRD Study?**

- 1 = Never
- 2 = Rarely
- 3 = Sometimes
- 4 = Often
- 5 = Always

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | A. Travel to and from the clinic                          |
| 1 | 2 | 3 | 4 | 5 | B. Parking  |
| 1 | 2 | 3 | 4 | 5 | C. Location of clinic                                     |
| 1 | 2 | 3 | 4 | 5 | D. Long waits for clinic visits                           |
| 1 | 2 | 3 | 4 | 5 | E. Hurried clinic visits                                  |
| 1 | 2 | 3 | 4 | 5 | F. Too much time spent in clinic visits                   |
| 1 | 2 | 3 | 4 | 5 | G. Too many clinic visits                                 |
| 1 | 2 | 3 | 4 | 5 | H. Inconvenient scheduling of visits                      |
| 1 | 2 | 3 | 4 | 5 | I. Changes in the staff at the MDRD Clinic                |
| 1 | 2 | 3 | 4 | 5 | J. Work-related problems                                  |
| 1 | 2 | 3 | 4 | 5 | K. Family problems related to my attending visits         |
| 1 | 2 | 3 | 4 | 5 | L. Family problems related to following my eating pattern |

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4. The MDRD Study has placed a number of demands on you. Please rate the items below on a scale from 1 to 5 where:

1 = NOT at all unpleasant or difficult;  
5 = EXTREMELY unpleasant or difficult.

- 1 2 3 4 5 A. Baseline GFR
- 1 2 3 4 5 B. Baseline blood tests
- 1 2 3 4 5 C. Baseline 24-hour urine collection
- 1 2 3 4 5 D. Baseline three-day food records
- 1 2 3 4 5 E. Study F phone calls to me
- 1 2 3 4 5 F. Study F phone calls to my physician

5. For each statement below, please show how much you agree or disagree on a scale from 1 to 5 where:

1 = Strongly Agree  
2 = Agree Somewhat  
3 = Undecided  
4 = Disagree Somewhat  
5 = Strongly Disagree

- 1 2 3 4 5 A. My decision to take part in the MDRD Study was a good idea.
- 1 2 3 4 5 B. The results of the MDRD Study will be of great value to people with kidney disease.

6. Date form completed

\_\_\_/\_\_\_/\_\_\_

Please feel free to write any other comments on the back of this form. These comments will be read and summarized confidentially by the people who work at the MDRD Data Coordinating Center at The Cleveland Clinic Foundation. Your comments will not be shown to any of the staff members at your MDRD clinic.