j. Modification of Diet in Renal Disease Study
Close Out Period Nutrition Prescription Form

Indicate prescription patient agrees to follow. You may skip any nutrients that are not prescribed. Complete at the Close Out Visit for all randomized patients. Complete at Post Close Out #1 and Post Close Out #2 if there are any changes.

1. Patient Identification Number . . . . . _ _ _ _ _ _
2. Patient Namecode . . . . . _ _ _ _
3. Clinical Center . . . . . _ _
4. a. Date of Visit . . . . . _ _/_ _/_ _
   b. Visit Type . . . . . _
   c. Visit Number . . . . . _ _._
5. Protein (grams/day) . . . . . _ _ _._ _
6. High biological value protein (grams/day) . . . . . _ _ _._ _
7. Phosphorus (milligrams/day) (mean) . . . . . _ _ _ _
8. Calories (kilocalories/day)
   a. Minimum . . . . . _ _ _ _
   b. Maximum . . . . . _ _ _ _
9. Sodium (milligrams/day)
   a. Minimum . . . . . _ _ _ _
   b. Maximum . . . . . _ _ _ _
10. Multi-vitamins (tablets/day) . . . . . _
11. Calcium (mg/day) (elemental calcium from supplements) . . . . . _ _ _ _
12. Iron (mg/day) (elemental iron from supplements) . . . . . _ _ _ _
13. Potassium (mg/day) (only if for dietary restriction) . . . . . _ _ _ _

Other Comments: _____

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101. Date this form completed . . . . . _ _/_ _/_ _
102. Certification number of dietitian completing this form . . . . . _ _ _ _ _
103. Date form entered . . . . . _ _/_ _/_ _
104. Certification number of data entry person . . . . . _ _ _ _ _