



**Modification of Diet in Renal Disease Study  
Counseling Summary Form**

FORM # ..... Z 6

- 1. Patient Identification Number.....
- 2. Patient Name Code.....
- 3. Clinical Center.....
- 4. a. Date of visit or contact..... / /
- b. Visit Type..... E
- c. Visit number or Contact Code.....
  - . 0 = Regular Follow-up Visit
  - . 5 = Regular Dietitian Only Visit
  - . 7 = Group Visit
  - . 9 = Dietitian Only Visit conducted by telephone
- 5. Diet Assignment (1 = K; 2 = L; 3 = M).....
- 6. MAP Goal (1 = moderate; 2 = low).....

**PRIOR TO VISIT:**

- 7. **Compliance Monitoring** (Based on data from last visit.)  
Do not complete at Visits 1 through 2A.
  - a. Percent Agreement of EPI (UNA) with Protein Prescription:  
EPI (UNA) (%).....
  - b. Percent Agreement of Reported Protein with Protein Prescription:  
Reported Protein (%).....
  - c. Adherence Category.....
  - d. (Diet K only) Is aminogram data (see Fast Report Form) consistent with pill count  
and/or other records of keto acid use? (1 = Yes, 2 = No).....
  - e. Was last visit missed? (1 = Yes, 2 = No).....  
If yes, please record reason (not entered in Datalex).....
  - f. Was patient discussed at team meeting since the last visit? (1 = Yes, 2 = No).....
  - g. Was follow-up phone call made during the past month in response to EPI (UNA) or  
aminogram out of range? (1 = Yes, 2 = No).....
  - h. Telephone Contact Summary (This section is not entered into Datalex)

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**AT FOLLOW-UP VISIT:**

**8. Patient Achievements**

During the visit, encourage the patient to discuss successes, achievements, and progress in working toward or maintaining dietary goals since the last visit. Refer to the phrases in the instructions and use up to four codes to describe what the patient has discussed. Include your assessment of the patient's achievements (even if they are not specifically stated by the patient).

Code achievements using codes listed in Instructions..... \_ \_ \_ \_

Comments: (Not entered into Datalex.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Self-Monitoring Activities**

a. Number of days per week patient uses "Standard MDRD Technique" (See Instructions) to self-monitor protein (enter 0-7)..... \_

b. Number of days per week patient uses other method(s) to self-monitor protein (See Instructions); (enter 0-7) ..... \_

c. Grams of protein per day as recorded on self-monitoring tool ..... \_ \_ \_ . \_

d. Code other nutrients being self-monitored (See codes list on Instructions for Form #76) ..... \_ \_ \_ ' \_ \_ ' \_

Comments: (Not entered into Datalex.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Skill/Knowledge Assessment**

a. Do you have evidence to suggest that the patient has sufficient skills and knowledge at this time to meet study goals?

Has sufficient skills and knowledge	1	2	3	4	5	Lacks sufficient skills and knowledge
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b. If 1 is circled, go on to Question 11; if 2,3,4, or 5 is circled, code possible problem areas using corresponding codes listed in Instructions to Form 76.

Comments: (Not entered into Datalex.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**11. Dietitian Counseling Activities**

Enter counseling activities that you included at this contact or that you plan to use in the next month. Use codes listed in Instructions to Form #76.

\_\_\_\_\_  
Comments: (Not entered into Datalex.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. PROGRESS NOTES:** Please summarize session here. Be sure to conclude your note by listing in the section labeled "Plan" below Goals set/Strategies developed for the next month or next four-month period. (Clinic progress notes may be attached as a substitution for this section, however, please delete patient name and other confidential information.) This section is not entered into Datalex.

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**PLAN:** Goals set/Strategies developed (See Instructions) \_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

### Modification of Diet in Renal Disease Study Counseling Summary Form

Items 13-16 are completed at Four-Month Compliance Assessment visits only: F5, F9, F13, etc. Please summarize major goals identified at four-month visit in Progress Notes (#12). Other visits go on to Item 101. Comments are not entered into Datalex.

**13. Attitude Assessment**

a. How does your MDRD eating pattern fit into your current lifestyle at this time?

Very positive attitude	1	2	3	4	5	Very negative attitude
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b. If 1 is circled go on to Question (14); if 2,3,4, or 5 is circled, code possible problem areas using codes in Instructions

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

**14. Environment/Social Support Assessment**

a. Please describe the help and support that you get from your family, friends, or from people at work at this time.

Excellent social support	1	2	3	4	5	Very little social support
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b. If 1 is circled go on to Question (15); if 2,3,4, or 5 is circled, code possible problem areas using codes in Instructions

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

**15. Health Assessment**

a. Please describe how your overall health has influenced your appetite or eating pattern in recent weeks.

Has very little effect	1	2	3	4	5	Has great effect
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b. If 1 is circled go on to Question (16); if 2,3,4, or 5 is circled, code possible problem areas using codes in Instructions

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

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**16. Socialization Assessment**

a. Please tell me how your eating style at this time affects your motivation to attend social functions, to eat out, or to travel.

Eating pattern does not interfere with social activities	1	2	3	4	5	Eating pattern interferes greatly with social activities
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b. If 1 is circled go on to Question (101); if 2,3,4, or 5 is circled, code possible problem areas using codes in Instructions

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

- 101. Date this form completed.....\_ / \_ / \_
- 102. Certification number of dietitian completing this form..... \_\_\_\_\_
- 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 Nutrition Coordinating Center. Do not send this form to the DCC. Please use MDRD Study mailing labels:

MDRD Nutrition Coordinating Center  
Department of Epidemiology  
Graduate School of Public Health  
University of Pittsburgh  
130 DeSoto Street  
Pittsburgh, PA 15261

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10. SOCIALIZATION ASSESSMENT

Please tell me how you feel your eating style affects your motivation to attend social functions, to eat out, or to travel.

- a. Patient indicates he/she is able to manage most social situations or dining out. (1 = yes, 2 = no) Go on to 10b.....

Does the patient indicate or do you perceive that the patient has a problem in any of the areas listed below. Additional spaces are included for you to write in other problems. Limit each to twenty characters. (For the following: 1 = yes, this is a problem area, 2 = no, this is not a problem area. Leave blank if not discussed.)

POSSIBLE PROBLEM AREAS

- b. dines out frequently.....
- c. has interfering vacation/travel.....
- d. has had a change in frequency of social events.....
- e. drinks too much alcohol.....
- f. avoids eating out.....
- g. Other problems .....  
Describe: \_\_\_\_\_
- h. Other problems .....  
Describe: \_\_\_\_\_

11. SKILL/KNOWLEDGE ASSESSMENT

In your opinion, as a dietitian, do you feel the patient has sufficient skills and knowledge to carry out study goals?

- a. Patient has sufficient skills and knowledge. (1 = yes, 2 = no) Go on to 11b.....

Do you perceive that the patient has a problem in any of the areas listed below. Additional spaces are included for you to write in other problems. Limit each to twenty characters. (For the following: 1 = yes, this is a problem area, 2 = no, this is not a problem area. Leave blank if not discussed.)

POSSIBLE PROBLEM AREAS

- b. finds dietary restrictions too complex.....
- c. incomplete or inaccurate record keeping.....
- d. incomplete or inaccurate self-monitoring.....
- e. weighs and measures foods inaccurately.....

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11. (Continued)
- f. refuses to weigh and measure foods.....
  - g. does not record recipes completely or accurately.....
  - h. discriminates protein values poorly.....
  - i. underestimates protein intake .....
  - j. lacks understanding.....
  - k. unable to modify recipes or food preparation .....
  - l. does not do his own record keeping .....
  - m. has poor reading skills.....
  - n. has poor handwriting.....
  - o. has language or cultural barrier.....
  - p. Problems related to sodium intervention .....
  - Describe: \_\_\_\_\_
  - q. Problems related to supplement compliance .....
  - Describe: \_\_\_\_\_
  - r. Problems related to weight loss or weight gain.....
  - Describe: \_\_\_\_\_
  - s. Other.....
  - Describe: \_\_\_\_\_

12. Now that the patient has identified some factors that may be affecting his/her ability to comply, encourage the patient to develop goals or strategies to remediate the problem areas. Additional spaces are included so you can write in other strategies that the patient develops. Limit each to twenty characters. Use the following code to identify goals or strategies the patient currently uses or plans to use in the next month or until the next contact: 1 = yes - plans to use this strategy, or, 2 = no - the patient does not plan to use this strategy.

#### PATIENT STRATEGIES

- a. maintain frequency of self-monitoring.....
- b. increase frequency of self-monitoring .....
- c. self-monitor problem meal(s) only.....
- d. focus on weekend eating.....
- e. focus on dining out/social events strategies .....

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12. (Continued)
- f. increase time available to focus on meal planning/shopping.....\_\_\_\_\_
  - g. increase time available to focus on meal preparation.....\_\_\_\_\_
  - h. discuss goals and needs with spouse/significant other.....\_\_\_\_\_
  - i. try additional low protein products.....\_\_\_\_\_
  - j. try additional/new recipes.....\_\_\_\_\_
  - k. try new convenience foods.....\_\_\_\_\_
  - l. try meatless meals.....\_\_\_\_\_
  - m. take lunch to work.....\_\_\_\_\_
  - n. eat out less often.....\_\_\_\_\_
- sodium specific strategies
- o. Describe: \_\_\_\_\_
  - p. Describe: \_\_\_\_\_
- fat/cholesterol reducing strategies
- q. Describe: \_\_\_\_\_
  - r. Describe: \_\_\_\_\_
- specific strategies to improve compliance to supplements
- s. Describe: \_\_\_\_\_
  - t. Describe: \_\_\_\_\_
- weight loss strategies (reduce calories)
- u. Describe: \_\_\_\_\_
  - v. Describe: \_\_\_\_\_
- weight gain strategies (increase calories)
- w. Describe: \_\_\_\_\_
  - x. Describe: \_\_\_\_\_



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13. INTERVENTION MATERIALS

Indicate the code number of intervention materials used at this session. This code is found in the lower right hand corner of all intervention handouts. Please limit codes to fifteen.

- |               |               |               |
|---------------|---------------|---------------|
| a. _____/____ | f. _____/____ | k. _____/____ |
| b. _____/____ | g. _____/____ | l. _____/____ |
| c. _____/____ | h. _____/____ | m. _____/____ |
| d. _____/____ | i. _____/____ | n. _____/____ |
| e. _____/____ | j. _____/____ | o. _____/____ |

14. DIETITIAN COUNSELING ACTIVITIES

Summarize counseling activities that you included at this contact or that you plan to use in the next month. (For the following: 1 = yes, was included or is to be implemented, 2 = no, not to be included.)

COUNSELING ACTIVITIES

- a. introduced or reviewed the Study Diet Prescription.....\_\_\_\_\_
- b. provided counseling regarding pill compliance.....\_\_\_\_\_
- c. reviewed Nutrient Summary Report(s).....\_\_\_\_\_
- d. reviewed Compliance Flowsheet(s).....\_\_\_\_\_
- e. reviewed Biochemistry Flowsheet(s).....\_\_\_\_\_
- f. provided new or more low protein food products.....\_\_\_\_\_
- g. provided new or additional recipes.....\_\_\_\_\_
- h. provided additional menus.....\_\_\_\_\_
- i. provided guidelines for sodium modification.....\_\_\_\_\_
- j. provided guidelines for cholesterol/fat modification.....\_\_\_\_\_
- k. provided guidelines for phosphorus modification.....\_\_\_\_\_
- l. provided guidelines for potassium modification.....\_\_\_\_\_
- m. provided guidelines for increasing calories.....\_\_\_\_\_
- n. provided guidelines for decreasing calories.....\_\_\_\_\_
- o. provided guidelines for increasing high biological value foods.....\_\_\_\_\_

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14. (Continued)
- p. reviewed label reading .....
  - q. had patient demonstrate skills for you.....
  - r. provided a food tasting session .....
  - s. used a food demonstration session .....
  - t. planned for increased telephone contact .....
  - u. introduced or updated How is It Going? .....
  - v. used CDDT at the visit.....
  - w. will use CDDT after the visit.....
  - x. will send postcard reminders or other forms of mail contact.....
  - y. planned for a special meeting with study team or PI .....
  - z. planned for a special meeting with family/significant other.....
  - aa. planned a special group session.....
  - bb. planned a home visit .....
  - cc. planned a restaurant visit.....
  - dd. referred patient to another health professional/organization .....
  - ee. Other .....
  - Describe: \_\_\_\_\_
  - ff. Other.....
  - Describe: \_\_\_\_\_

15. **PROGRESS NOTES:** This section is not entered into Datalex.

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15. **PROGRESS NOTES** (Continued)

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101. Date this form completed..... \_ / \_ / \_  
102. Certification number of dietitian completing this form..... \_\_\_\_\_  
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Retain a copy of this form for your files. Send the original to the MDRD Study Data Coordinating Center and send a copy to the MDRD Nutrition Coordinating Center. Please use MDRD Study mailing labels:

MDRD Study Data Coordinating Center  
Department of Biostatistics & Epidemiology  
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