

Modification of Diet in Renai Disease Study Counseling Summary Form

FO	RM #Z
Pat	tient Identification Number
	lient Name Code
	nical Center
	Date of visit or contact
	Visit Type
C.	Visit number or Contact Code
Die	t Assignment (1 = K; 2 = L; 3 = M)
	P Goal (1 = moderate; 2 = low)
	IOR TO VISIT:
	mpliance Monitoring (Based on data from last visit.) not complete at Visits 1 through 2A.
а.	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

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	1	2	3	4	5	Lacks sufficient
skills and knowledge						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.

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Comments: (Not entered into Datalex.)_____

12. <u>PROGRESS NOTES:</u> 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.

PLAN: Goals set/Strategies developed (See Instructions)_____

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Items 13-16 are completed at Four-Month Compliance Assessment visits <u>only</u>: F5, F9, F13, etc. Please summarize major goals identified at fourmonth 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

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

____, ___, _

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	1	2	3	4	5	Very little
social support		-				social support

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. <u>Health Assessment</u>

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	 Has oreat effect
Has very illie ener			Theo grout eneor

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

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16. Socialization Assessment

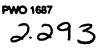
a. Please tell me how your eating style at this time affects your motivation to attend social functions, to eat out, or to travel.

Eating pattern does not interfere with	1	2	3	4	5	Eating pattern interferes greatly with
social activities						social activities

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

01.	Date this form completed									
02.	Certification number of dietitian completing this form									
03.	Date form entered									
04.	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									

Department of Epidemiology Graduate School of Public Health University of Pittsburgh 130 DeSoto Street Pittsburgh, PA 15261



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10. SOCIALIZATION ASSESSMENT

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

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

υ.	diries out frequently
C.	has interfering vacation/travel
	has had a change in frequency of social events
	drinks too much alcohol
	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

	2.294
	weighs and measures foods inaccurately
	incomplete or inaccurate self-monitoring
b.	finds dietary restrictions too complex



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11.	(Cd f.	ontinued) 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
	I.	does not do his own record keeping
	m.	has poor reading skills
	n.	has poor handwriting
	ο.	has language or cultural barrier
	p.	Problems related to sodium intervention
	q.	Problems related to supplement compliance Describe:
	r.	Problems related to weight loss or weight gain
	S.	Other Describe:
12.	Nov	v that the patient has identified some factors that may be affecting his/her ability to

comply, encourage 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
	increase frequency of self-monitoring
	self-monitor problem meal(s) only
d.	focus on weekend eating
	focus on dining out/social events strategies

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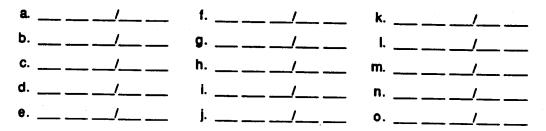
12.	(Co f.	ntinued) increase time available to focus on meal planning/shopping
	g.	increase time available to focus on meal preparation
	h.	discuss goals and needs with spouse/significant other
	1.	try additional low protein products
	j.	try additional/new recipes
	k.	try new convenience foods
	١.	try meatless meals
	m.	take lunch to work
	n.	eat out less often
		sodium specific strategies
	0 .	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.



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
I.	provided guidelines for potassium modification
m.	
n.	provided guidelines for decreasing calories
ο.	provided guidelines for increasing high biological value foods

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14.	(С р.	ontinued) 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
. a	a.	planned a special group session
b	b.	planned a home visit
c	C.	planned a restaurant visit
d	id.	referred patient to another health professional/organization
е	e.	Other
	_	Describe:
ff		Other Describe:
15.	PR	OGRESS NOTES: This section is not entered into Datalax

ction is not entered into Datalex.

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15. PROGRESS NOTES (Continued)

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 The Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland, Ohio 44195-5196

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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