

Modification of Diet in Renal Disease Study
PATIENTS ELIGIBLE FOR SCREENING VISIT
BUT WHO DO NOT HAVE ONE

Complete this form for each patient eligible for a screening visit who does not have one.

<u>QUESTION #</u>	<u>INSTRUCTIONS</u>
1. ID Code	This is the same numerical number given to the patient when screened. See Form #01.
2. Name Code	The name code consists of the first two letters of the patient's first name and the first two letters of the patient's last name as used on Form #01.
3. Clinical Center	Enter the permanent code number given to your Center.
4. Reason	Give the primary or first reason for the patient not coming in for a visit.
5. Comment	If the reason is 'other', specify in the comment area. This will not be key entered.
101. Date this form completed	Enter the date that the form is completed. Right justify.
102. Certification number of person filling out this form	Enter your unique certification number. You thus take responsibility, for the accuracy of the data contained in this form.
103. Date form entered	Enter the date that the contents of this form have been entered into the computer. This should be the same date as when the form was completed, or as soon as possible thereafter.
104. Certification number of data entry person	The data entry person's certification number must be entered. He or she thus takes responsibility for the accuracy of the entered data.

For DCC Use Only
Rev. 1 9/1/88

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V ___
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Form # 02
Page 1 of 1



**Modification of Diet in Renal Disease Study
Patients Eligible for Screening Visit
But Who Do Not Have One**

This form is to be completed for each patient who is eligible for a screening visit, but did not have one.

FORM # 0 2

- 1. Patient Identification Number.....
- 2. Patient Name code
- 3. Clinical Center
- 4. Reason Screening Visit not held.....
 - 1 = Patient moved
 - 2 = Patient died
 - 3 = Patient on dialysis
 - 4 = Patient couldn't be reached
 - 5 = Patient refused
 - 6 = Study Team Preference
 - 7 = Other

5. Comments:

- 101. Date this form completed..... / /
- 102. Certification number of person filling out 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 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