

Modification of Diet in Renal Disease Study

Instructions for Completing Form 61

Nutrition Cover Sheet

Purpose: To supply the NCC with additional information about the completed Food Record Form (24-Hour Recall) or Three-Day Food Record.

This form is to be completed by the dietitian during the completion of either a Food Record Form (24-Hour Recall) (Form 62) or Three-Day Food Record (Form 64).

Patient ID

Fill in the patient's six-digit identification code.

Date of Next Visit

Fill in the date of the patient's next visit.

Name Code

Fill in the patient's four-letter name code.

Clinical Center

Write your Clinical Center two-digit code here.

Visit Type

Either B for Baseline or F for Follow-Up.

Visit Number

Example: 00.5 for B0.A Visit
15.0 for F15 Visit

Form Type

Check whether this sheet is attached to a Food Record Form (24-Hour Recall) or a Three-Day Food Record.

Dietitian's contact with patient

Check whether contact was in person or over the phone.

Dietitian's opinion of information

Check whether the information was reliable or unreliable. If unreliable, check the reason (example: other—the patient could not confirm what he had to eat during the three-day period).

Patient's food intake was:

For each day, check whether the patient's intake was typical of what he/she normally eats or not typical (either more or less eaten than usual or unusual types of food eaten). "Not typical" describes the situation where a person drastically changes the volume of food intake to an extreme for that day. If not typical, check the reason.

a. Holiday (National or Religious)

Examples: a huge Thanksgiving dinner or fasting for religious holiday.

b. Medical/Dental Surgery or Test

Note: This does not include fasting prior to MDRD GFR visits.

c. Illness

Examples: anorexia or nausea.

d. Death in Family

e. Other (specify)

Dietitian's Certification Number

Fill in your five-digit certification number.

Date Documented

The date in which the dietitian who collected the food record or recall completes the documentation of the record/recall.

Reviewer's Certification Number

The food record/recall must be reviewed by a NCC certified documenter other than the documenter who collected the record/recall. This reviewer should fill in his/her certification number.

Date Reviewed

The date in which the reviewer reviews the record/recall and fills in any incomplete information.

Reason for no second documenter:

Document why a second person did not review the food record or recall within a three day period.

Example:

1. Second documenter sick
2. Second documenter on vacation
3. Only one person is certified for dietary documentation

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NUTRITION COVER SHEET

Attach to the front of the Food Record Form (24-Hour Recall) (Form 62), or Three-Day Food Record (Form 64).

Patient ID: _____

Date of Next Visit: _____

Name Code: _____

Clinical Center: _____

Visit Type: _____

Visit Number: _____

Form Type: Form 62 - Food Record Form (24-Hour Recall)
 Form 64 - Three-Day Food Record

Dietitian's contact with patient: 1) in person
 2) over the phone

Dietitian's opinion of information: 1) reliable
 2) unreliable (please comment)

Patients's food intake was:

Day 1 or 24-hr recall: 1) Typical
 2) not Typical (Check reason why.)
 a) Holiday (National or Religious)
 b) Medical/Dental Surgery or Test
 c) Illness
 d) Death in Family
 e) Other (specify) _____

Day 2: 1) Typical
 2) Not Typical (Check reason why.)
 a) Holiday (National or Religious)
 b) Medical/Dental Surgery or Test
 c) Illness
 d) Death in Family
 e) Other (specify) _____

Day 3: 1) Typical
 2) Not Typical (Check reason why.)
 a) Holiday (National or Religious)
 b) Medical/Dental Surgery or Test
 c) Illness
 d) Death in Family
 e) Other (specify) _____

Dietitian's Certification Number: _____

Date Documented: ____/____/____

Reviewer's Certification Number: _____

Date Reviewed: ____/____/____

Reason for no second documenter: _____

For NCC Use Only

Date Received _____

Date Due _____

Revised 01/09/90

Entry Initials _____

Editing Initials _____

Batch _____

2.235