

**Modification of Diet in Renal Disease Study**  
**PILL COUNT FORM**

This form is used to record keto acid supplements given and to evaluate adherence to prescription.

Page 1 of this form should be completed by either the GFR Technician, Study Coordinator, Data Entry Clerk or Dietitian.

Page 2 may be completed by any noted above but, preferably, by the Pharmacist.

Careful review of this form is very important. At time of data entry, Datalex will calculate all figures in the EQUIVALENTS column of item 6 and all parts of items 6c, e, and f.

If a visit is missed completely, DO NOT complete Form 73. Wait until the patient does come and complete the form then.

If a patient comes and does not bring in his/her pills you must still complete the form, indicating this occurrence by entering -9 for items 6a or b, as appropriate.

Page 1 of FORM:

ITEM

INSTRUCTIONS

4a

Enter the date of the last scheduled monthly visit which patient attended. Enter corresponding visit number.

5d

Enter the number of days between last visit patient attended and this visit. This should be the number of days percent adherence is calculated from. If this visit is held in the morning, then be sure it is not counted as a day to have taken pills. You may have to adjust for half days.

Page 2 of FORM:

ITEM 6: Item 6 consists of three columns, one for each of keto acid packets, tablets, and equivalents. All values in the equivalents column will be calculated automatically by Entrypoint and will be skipped during data entry. Complete BOTH of the packet and tablet columns, handling each subitem as follows:

ITEM

INSTRUCTIONS

6a

Enter the number of packets/tablets the patient had in their possession at the end of the last visit. This will equal Item 6b plus Item 6g from last visit's Form 73, plus

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PILL COUNT FORM

ITEM

INSTRUCTIONS

any packets/tablets dispensed between the visits for patients who run out. If the patient is not prescribed one type, enter 0. If the patient forgot to bring the tablets/packets, enter -9. These values are required.

- 6b Enter the number of packets/tablets the patient returned at this visit. If the patient is not prescribed one type, enter 0. If the patient forgot to bring the tablets/packets, enter -9. These values are required.
- 6c The difference between packets/tablets in possession at end of last visit and returned at this visit will be calculated (a - b). This value is calculated by Entrypoint and will be skipped during entry. If a or b = -9, c will equal -9 also.
- 6d Enter the number of packets/tablets prescribed to be taken by the patient per day. If the patient is not prescribed one type, enter 0. These values are required.
- 6e The goal will be calculated as the daily prescription times the number of days between this visit and last visit (d x Item 5d). This value is calculated by Entrypoint and will be skipped during entry.
- 6f Percent adherence is calculated as the number of packets/tablets taken divided by the goal, times 100 (c/e x 100). Adherence is calculated for keto acid equivalents only. This value is calculated by Entrypoint and will be skipped during entry. If the number taken is -9, adherence will be -9 also.
- 6g Enter the number of packets/tablets newly dispensed to the patient at this visit. Do not include any packets/tablets that are reissued. If one type is not dispensed, enter 0. These values are required.

[ ]

For DCC Use Only  
Rev. 4 4/2/90

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V \_\_\_  
T \_\_\_

Form # 73  
Page 1 of 2



### Modification of Diet In Renal Disease Study Pill Count Form

Purpose: To record dietary supplements given and evaluate adherence to prescription.

To be completed by Pharmacist, GFR Technician, Study Coordinator, Data Entry Clerk or Dietitian.

This form is to be completed at follow-up visit 2 and each visit thereafter except follow-up visit 2a, for Diet K patients only.

Questions 1 - 4 and 6 are to be completed at each follow-up visit (referred to here as the "last visit"). The remainder of the form is to be completed at the next follow-up visit (referred to here as "this visit").

Note: This form should be entered into Datalex.

FORM # ..... Z 3

- 1. Patient Identification Number.....
- 2. Patient Name Code.....
- 3. Clinical Center .....
- 4. a. Date of last visit..... / /
- b. Visit Type ..... E
- c. Visit Number.....
- 5. a. Date of this visit..... / /
- b. Visit Type ..... E
- c. Visit Number.....
- d. Number of days between last visit and this visit.....

**Modification of Diet in Renal Disease Study  
Pill Count Form**

	Keto Acid PACKETS	Keto Acid TABLETS	Keto Acid EQUIVALENTS
6. a. In possession at end of last visit.....	_____	_____	_____
b. Returned at this visit.....	_____	_____	_____
c. Taken between last visit and this visit (a - b).....	_____	_____	_____
d. Prescription per day.....	_____	_____	_____
e. Goal: Number of days (Item 5d) x d.....	_____	_____	_____
f. Percent adherence: (c / e) x 100 .....	_____	_____	_____
g. Dispensed at this visit	_____	_____	_____
101. Date form completed.....	___/___/___		
102. Certification number of dietitian completing or reviewing this form .....	_____		
103. Date form entered.....	___/___/___		
104. Certification number of data entry person .....	_____		

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Retain a copy of this form for your files. Send the original to the MDRD Study Data Coordinating Center. *Do not send this form to the NCC.* Please use MDRD Study mailing labels:

MDRD Study Data Coordinating Center  
Department of Biostatistics & Epidemiology  
The Cleveland Clinic Foundation  
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