

**Modification of Diet in Renal Disease Study**  
**RECRUITMENT DATA FOR PATIENTS IN BASELINE**

The instructions here are self explanatory except for the new (3/1/90) schedule of completion. This form should be renamed and should be completed at the time of the Screening Visit for all patients screened (not just those in Baseline as the name describes).

The forms should be completed retrospectively for any screened patients - note in item 4 that 9=unknown for patients whom you can't get this backlog of data.

[ ]

For DCC Use Only  
Rev. 1 6/1/89

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

Form # 50  
Page 1 of 1



### Modification of Diet in Renal Disease Study Recruitment Data for Patients in Baseline

This form should be completed by June 30, 1989, for all patients enrolled in the study prior to June 15, 1989. Starting with June 15, 1989, this form is to be completed by the recruitment coordinator or study coordinator at each patient's first clinic visit during Baseline.

FORM # ..... 50

1. Patient Identification Number.....
2. Patient Name Code.....
3. Clinical Center .....
4. Where did the person first hear about the study.....
  - 1 = Relative/Friend
  - 2 = Personal Physician
  - 3 = Study Brochure
  - 4 = Newspaper
  - 5 = Radio
  - 6 = TV
  - 7 = Direct Mail
  - 8 = Other (Specify: \_\_\_\_\_)
  - 9 = Unknown
5. Did this person call the 800 number prior to being in contact with center? (1 = yes, 2 = no) \_\_\_\_
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

2.232