

**Modification of Diet in Renal Disease Study**  
**Special Food Products Order Form**

**Purpose:** To provide a method for the patient to order Special Food Products on a regular basis and for the dietitian to record what food was actually distributed to the patient.

To be completed by the dietitian beginning at Follow-Up Visit 1 or 1A when the patient receives a Special Food Products introductory package for the first time and then at each visit when food products are distributed to the patient. The dietitian completes the AMOUNT columns to record which foods were DISTRIBUTED to the patient.

Pages two and three of the form may be given to the patient at one visit to be taken home, completed, and returned at the following visit. Or the patient may be asked at each visit what special food products he would like and the columns completed at that time.

Only the amount of food that is actually distributed to the patient is to be recorded on the form. If the patient orders a food product which is not in stock or the number of packages actually distributed is different than what the patient ordered, the form should be changed accordingly.

Please note that under Items 9, 21, 22, 23, 24, 41, 42, and 43, the TOTAL NUMBER of packages of pasta, baking mix, cookies, gelled dessert mix, GO, Carnation Instant Breakfast and Buitoni pasta is to be totalled and entered in the AMOUNT COLUMN.

**Instructions:**

- a) At Follow-Up Visit 1 or 1A, patients receive an introductory Special Food Products package. The samples provided in the introductory package are at the discretion of the dietitian.
- b) The dietitian completes the Amount columns of pages 2 and 3 to record which foods were distributed at this visit.
- c) The patient may also receive a new copy of pages 2 and 3 of this form. The patient is encouraged to try the Special Food Products at home and return the form at his next visit. He is asked to return the form with the Amount column of pages 2 and 3 completed indicating which food products and what amounts he would like for the next month.
- d) The dietitian distributes the Special Food Products that the patient has requested and completes the Amount columns of pages 2 and 3.

- e) If the amount of food actually given to the patient is different than the amount ordered by the patient, the form should be changed accordingly. Thus the form will record the foods ACTUALLY DISTRIBUTED to the patient.
- f) The patient may choose not to take the form home, but complete it at the visit. Or the dietitian may just ask the patient which foods he would like. Again, the Amount columns are completed for the amount of foods actually distributed.
- g) Please note that for certain products it is not necessary to enter a specific flavor or type in the Amount column.

For the following item numbers, enter only the TOTAL in the Amount column:

- Item 19 - Other Low Protein Pastas
- Item 20 - Other Baking Mixes
- Item 21 - Other Cookies
- Item 39 - "Go" Mix Drink
- Item 40 - Carnation Instant Breakfast
- Item 41 - Buitoni Pasta

- h) Items 42-50 - As new products become available, they will be recorded in these spaces with codes assigned by the NOC.

Blanks on this form will be treated as zeros. Thus no "missing" data.

For DCC Use Only  
Rev. 2 2/15/91

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Please note that under items 19, 20, 21, 22, 39, 40, and 41, the total number of packages of pasta, baking mix, cookies, etc., is to be totaled and recorded in the amount column.

(Note: This form should be entered into Datalex.)

FORM # ..... 79

- 1. Patient Identification Number.....
- 2. Patient Name Code.....
- 3. Clinical Center .....
- 4. a. Date of visit at which the food is given to the patient ..... / /
- b. Visit Type ..... E
- c. Visit Number.....
  
- 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 this form for your files.

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Name: \_\_\_\_\_

**Low Protein Products**

Please mark the amounts of the items you would like and give this order blank to your dietitian.

Product	Amount	Product	Amount
5. Alterna Lo Pro Dairy Drink Mix (pkg) .....	_____	19. Other Low Protein Pasta .....	_____
6. Unimix - Kingsmill Baking Mix (pkg) .....	_____	<i>(Total Pastas Listed Below)</i>	
7. Lo Pro Rice Starch Bread (loaf) .....	_____	Aproten Anellini .....	_____
8. Wel-Plan Cream-Filled Vanilla Wafers (box) .....	_____	Aproten Ditalini .....	_____
9. Prono Gelled Dessert Mix (pkg) .....	_____	Aproten Fusilli .....	_____
10. Wel-Plan Macaroni (box) .....	_____	Aproten Rigatini .....	_____
11. Wel-Plan Short Cut Spaghetti (box) .....	_____	Aproten Spaghetti .....	_____
12. Wel-Plan Spaghetti Rings (box) .....	_____	_____ ..	_____
13. Aproten Tagliatelle Pasta (box) .....	_____	<i>List Type</i>	
14. Aproten Rusks (box) .....	_____	20. Other Baking Mixes .....	_____
15. Med-Diet Chocolate Chip Cookies (package) .....	_____	<i>(Total Mixes Listed Below)</i>	
16. Med-Diet Spice Cookies (package) .....	_____	Wel-Plan Baking Mix .....	_____
17. R & D Ratatouille (package) .....	_____	dp Baking Mix .....	_____
18. Other Low Protein Bread .....	_____	Other Baking Mix .....	_____
_____		21. Other Cookies .....	_____
<i>List Type</i>		<i>(Total Cookies Listed Below)</i>	
		Med-Diet Vanilla Creme Wafers (package) .....	_____
		Wel-Plan Sweet Cookie (package) .....	_____
		Wel-Plan Chocolate Filled Wafer (package) .....	_____
		Wel-Plan Chocolate Cookies (package) .....	_____
		_____ ..	_____
		<i>List Type</i>	

2.305.4

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Product	Amount	Product	Amount
22. Other LoPro Gelled Dessert Mix.....	_____	40. Carnation Instant Breakfast.....	_____
<i>List Type</i>		Reg. or Unsweetened (Circle Type) (Total Flavors Listed Below)	
23. Wel-Plan LoPro Crackers (bx).....	_____	<i>List Flavor</i>	
24. dp Wheat Starch (package)....	_____	<i>List Flavor</i>	
25. Low Pro Rice Starch (pkg) .....	_____	41. Buitoni Pasta.....	_____
26. Kingsmill Cake and Cookie Base (package) .....	_____	(Total Types Listed Below)	
27. R & D Creamy Lemon Herb Sauce (package).....	_____	<i>List Type</i>	
28. R & D Garlic Herb Sauce (package).....	_____	<i>List Type</i>	
29. R & D Tomato Sauce (pkg).....	_____	<i>List Type</i>	
30. Polycose Powder OR Liquid (Circle Type) .....	_____	Other Products	Code #
31. Med Diet Cheddar Cheese Sauce (pkg).....	_____	42. _____	.....
32. Apple Chips (package).....	_____	<i>List Type</i>	
33. Low Protein Rice (box).....	_____	43. _____	.....
34. Low Protein Porridge (box)....	_____	<i>List Type</i>	
35. Baxter Beef Stew (package) ..	_____	44. _____	.....
36. Baxter Corn Chowder (pkg) ...	_____	<i>List Type</i>	
37. Baxter Pasta Alfredo (pkg).....	_____	45. _____	.....
38. Baxter Oriental Rice (pkg).....	_____	<i>List Type</i>	
39. "GO" Milk Drink (package).....	_____	46. _____	.....
(Total Flavors Listed Below)		<i>List Type</i>	
<i>List Flavor</i>		47. _____	.....
<i>List Flavor</i>		<i>List Type</i>	
		48. _____	.....
		<i>List Type</i>	
		49. _____	.....
		<i>List Type</i>	
		50. _____	.....
		<i>List Type</i>	

2.305.5