

Modification of Diet in Renal Disease Study
STUDIES F AND G FORM

This form should be completed every four months for Study F and annually for Study G. Data should be obtained in three possible ways, patient or physician contact or a patient visit.

The form should be completed with as much data as possible leaving not applicable or unknown items blank.

If a visit is held, central blood measurements for creatinine and albumin should be done. Use Form 17 to accompany the samples to the lab. Label Form 17 as visit type and number X4, X8, X12 etc... The X will alert the central lab to know which analyses to do.

If a visit is held and outside information is readily available, complete both sections of the form.

Visit Type and Number must be completed whether contact is made or not. Indicate the type and number it would be if it were held (i.e., X, 4, 8, 12, 16, etc...).



Modification of Diet in Renal Disease Study Study F Form

This form is to be completed every six months (± 30 days) from the B0 Visit for Study F patients. Information can be received over the phone or by having a visit. If a visit is held, blood work would be measured centrally using appropriate mailing and result forms. Annually, for Study F patients complete Form 13 as well.

FORM # 47

1. Patient Identification Number.....
2. Patient Name Code.....
3. Clinical Center.....
4. a. Date of Contact (date of visit, if held)..... / /
(Enter date of final attempt if unsuccessful)
- b. Visit Type..... X
- c. Visit Number.....
- d. Source of Information or type of contacts attempted (1 = yes, 2 = no)
 1. patient.....
 2. other physician or hospital.....
 3. clinic visit.....
 4. other (friend, relative) (.....).....
- e. Reason visit not held or data unavailable within the window.....

1 = All required data received by interview, visit not necessary	8 = Patient refused
2 = Illness	9 = Weather
3 = Hospitalization	10 = Moved
4 = Personal family business	11 = Could not contact
5 = Work related business	12 = Other
6 = Vacation	13 = Unknown
7 = Patient forgot	
5. Status (1 = alive, 2 = dead).....

If dead, Complete Death Notification Form (Form #15)

6. a. Has the patient begun dialysis? (1 = yes, 2 = no).....
- b. Date dialysis began..... / /
- c. Type of dialysis.....

1 = Hemodialysis	4 = CCPD
2 = Home Hemodialysis	5 = IPD
3 = CAPD	9 = Unknown

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7. a. Has the patient had a kidney transplant? (1 = yes, 2 = no)..... _____
b. Date of transplant..... ____/____/____
8. Did any hospitalizations occur since the last patient contact? (1 = yes, 2 = no)..... _____
If yes, Complete Unscheduled Attention Form (Form #10) for each hospital stay.
9. How many packs per day does the patient smoke?..... ____ . ____
10. Which of the following medications is the patient presently taking? (1 = yes, 2 = no)
a. ACE inhibitors..... _____
b. Calcium Channel Blockers..... _____
c. Beta Blockers..... _____
d. Diuretics..... _____
e. Other antihypertensives..... _____
f. Erythropoietin..... _____
11. Is the patient currently following any special diet therapy? (1 = yes, 2 = no)
a. Very low protein (with supplements)..... _____
b. Low protein..... _____
c. Low salt..... _____
d. Low calorie..... _____
e. Other (_____)..... _____

If information received from sources other than a visit, complete items 12 to 15.

12. a. Reported Actual Body Weight (kg)..... _____
(Be sure to convert pounds to kilograms)
b. Date obtained..... ____/____/____
13. a. Reported Blood Pressure (mmHg)..... ____/____/____
b. Date of measurement..... ____/____/____
14. a. Reported Serum Creatinine (mg/dl)..... _____
b. Date of measurement..... ____/____/____

