

Check box to left of item number if unable to determine, and leave item blank.

9. Neoplasms:

1-Yes 2-No

If no. skip to number 10.

a. Primary type/site: _____

b. Date of first dx:

c. Known metastases:
1-Yes 2-No

10. Liver Disease:

1-Yes 2-No

a. Hepatitis:

b. Cirrhosis:

11. Other major diagnoses not recorded above (up to 6), by ICD-9 codes or write in descriptive terms: if none check box:

1: _____

2: _____

3: _____

4: _____

5: _____

6: _____

C: INFORMATION AT START OF ESRD

WINDOW: One month prior to onset of ESRD to 6 weeks after first treatment.

1. Height (at any time):
 ft. in. or cm.

2. Wet weight before 1st dialysis ever, or if not available, earliest available predialysis weight:
wt: lb. or kg.

3. Dry weight as ordered:
If unavailable, list lowest weight just after dialysis session within 6 weeks after start of ESRD:
wt: lb. or kg.

4. Nutritional status recorded in the records:
1. Obese/overweight 2. Under-nourished/cachectic

5. Blood pressure:
 a. At onset of ESRD (taken at first dialysis treatment ever, predialysis)
SBP / DBP

b. At 2 to 4 weeks after ESRD onset (taken before dialysis treatment that day)
SBP / DBP

6. Patient status at one month of ESRD:
1-Dead, complete item 7 and complete either 8, or 9, or 10
2-Hemodialysis, complete item 8 (skip 7, 9 & 10)
3-Peritoneal dialysis, complete item 9 (skip 7, 8 and 10)
4-Transplanted, complete item 10 (skip 7, 8 & 9)
5-Recovered renal function (skip to item 11)
6-Lost to follow-up or transferred to another unit (skip to item 11)

7. If dead, enter date of death:

8. For Hemodialysis Patients:
 a. Dialysis location:
1-In-center 2-Home Training 3-At Home

b. Prescribed or usual hours per treatment: (HR:MI) :
hr mi

c. # of dialysis sessions per week:

d. Reuse of dialyzer in this patient:
1-Yes 2-No

e. Highest weight loss during dialysis:
(check in weeks 2 to 6)
(Rounded) lbs. or kg.

f. Blood flow rate (BFR): ml/min

If BFR varies, code prescribed rate or most common rate

g. Dialyzer type: (see Code Book - Attachment B)

If code 300, please specify: _____

h. Vascular access in use: (list up to two)
1-fistula (arterio-venous shunt) 4-temporary line
2-Goretex graft 5-Permanent subclavian catheter
3-Bovine graft 6-Other

9. For Peritoneal Dialysis Patients:

a. Dialysis location:
1-Home 2-Home Training 3-In-center

b. Type:
1-CAPD 2-CCPD 3-IPD

c. # of exchanges per treatment day:

d. # of liters per exchange: (e.g. 2.0)

e. # of treatment days per week (up to 7): ..

10. For Transplant Recipients:

a. Date of transplant:

b. Donor Source:
1-Cadaver 2-Living Related 3-Living Unrelated

Complete with information from the psychosocial evaluation closest to first dialysis. Use social worker's, nurse's, and/or dietitian's records; may use your interpretation of the records.

11. Date of psychosocial evaluation:

Check box to left of item number if unable to determine, and leave item blank.

12. Activities of daily living:

1-Yes 2-No

- a. Independent eating:.....
- b. Independent transferring:.....
- c. Independent ambulating: (includes ambulating with an assistance device)..

13. Marital status:

1-Single 4-Divorced
2-Married 5-Separated
3-Widowed

14. Living alone:

1-Yes 3-Nursing home, institution
2-No 4-Homeless
(If 1, 3, or 4, skip to item 16.)

15. # of Household Members (including patient):

16. Employment level according to the following scale:

(Consider 1 highest)

1-Employed full time or full time student
2-Employed part time or part time student
3-Homemaker
4-Retired
5-Unemployed
6-Disabled
7-Other (specify) _____

- a. Highest level within one year before ESRD:.....
- b. Level at onset of ESRD:.....

17. Education.....

1-Less than 12 Yrs. 3-Some College
2-High School Grad 4-College Grad

18. Occupational level before ESRD:.....

1-Clerical 5-Housewife
2-Professional 6-Student
3-Tradesperson 7-Other
4-Manual Labor

D: LABORATORY DATA

D.1 Serum Creatinine Readings

- 1. Serum Creatinine 1 to 12 months before "first chronic maintenance dialysis" . mg/dl

Date of reading:.....
mm yy

Answer 2a. if not available, answer 2b.

- 2a. Predialysis serum creatinine on day of first chronic maintenance dialysis (refer to date in item A:10a.): . mg/dl

or, if 2a not available,

- 2b. Predialysis serum creatinine on earliest date after first chronic maintenance dialysis (refer to date in item A:10b.): . mg/dl

- 3. Highest serum creatinine any time before onset of ESRD: . mg/dl

- 4. Highest serum creatinine within first month following onset of ESRD (predialysis value): . mg/dl

- 5. Serum Creatinine 2 to 6 weeks following onset of ESRD (predialysis value): . mg/dl

D.2: Laboratory Data Prior to Start of ESRD

- 1. Cardiomegaly by X-ray:.....

1-Yes 2-No

2. Left ventricular hypertrophy by:

1-Yes 2-No

- a. by EKG.....
- b. by echocardiography.....

D.3 Laboratory Data Post ESRD

Window for items 1 to 7 is 2 to 6 weeks following onset of ESRD. Take an average if there are multiple data for an item.

- 1. Bilirubin total: . mg/dl

- 2. HBsAg:.....

1-Positive 2-Negative

3. Lipids

- a. Cholesterol Total:..... mg/dl
- b. Triglycerides:..... mg/dl

- 4. Highest Blood Sugar:(may be only one) mg/dl

- 5. Serum phosphorous (predialysis treatment in hemodialysis patients): . mg/dl

- 6. Hematocrit (rounded):(if transfused, give value before transfusion.) %

- 7a. BUN (predialysis treatment in hemodialysis patients): mg/dl

- 7b. BUN (post dialysis treatment on same day): mg/dl

Window for item 8 is 2 weeks prior to onset of ESRD to 6 weeks following onset of ESRD. May be only one, but take an average if there are multiple data for this item.

- 8. Serum albumin: . g/dl