



Participant ID: _____

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RENAL REPLACEMENT THERAPY – HEMODIALYSIS DATA

Information recorded from dialysis unit chart - all data refer to the clinical status at the time of visit to the dialysis unit.

1. Home hemodialysis: ₁ Yes ₀ No
2. Current access being used for hemodialysis (**check one**):
 - ₁ Native AV fistula
 - ₂ Synthetic graft
 - ₃ Catheter
 - ₈₈ Unknown
3. Number of times dialyzed per week: _____ times

If more than 4 times a week, abstract data for treatments beyond fourth (4th) treatment in item #s 6 – 9 and record on the Renal Replacement Therapy – Hemodialysis Addendum Case Report Form – RRTHDADD.

4. Prescribed duration of dialysis: _____ mins

5. Na⁺ modeling prescribed: ₁ Yes ₀ No

Record the most recent values in chronological order, starting with the latest available date of the last complete week of non-hospital treatment in item #s 6 – 9.

6. Pre-dialysis weight :

#	Pre-dialysis Weight (kg)	Date (mm/dd/yyyy)
1.	_____ . ____ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____
2.	_____ . ____ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____
3.	_____ . ____ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____
4.	_____ . ____ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____

7. Post-dialysis weight:

#	Post-dialysis Weight (kg)	Date (mm/dd/yyyy)
1.	_____ . ____ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____
2.	_____ . ____ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____
3.	_____ . ____ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____
4.	_____ . ____ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____



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8. Pre-dialysis systolic and diastolic blood pressure:

#	Pre-dialysis Systolic Blood Pressure (mmHg)	Pre-dialysis Diastolic Blood Pressure (mmHg)	Date (mm/dd/yyyy)
1.	_____ <input type="checkbox"/> ₈₈ Unknown	_____ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____
2.	_____ <input type="checkbox"/> ₈₈ Unknown	_____ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____
3.	_____ <input type="checkbox"/> ₈₈ Unknown	_____ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____
4.	_____ <input type="checkbox"/> ₈₈ Unknown	_____ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____

9. Post-dialysis systolic and diastolic blood pressure:

#	Post-dialysis Systolic Blood Pressure (mmHg)	Post-dialysis Diastolic Blood Pressure (mmHg)	Date (mm/dd/yyyy)
1.	_____ <input type="checkbox"/> ₈₈ Unknown	_____ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____
2.	_____ <input type="checkbox"/> ₈₈ Unknown	_____ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____
3.	_____ <input type="checkbox"/> ₈₈ Unknown	_____ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____
4.	_____ <input type="checkbox"/> ₈₈ Unknown	_____ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____

10. Epoetin (Epogen) currently administered?

₁ Yes

₀ No

10a. If Yes in item #10, dose:

_____ U

10b. If Yes in item #10, frequency:

₁ Per hemodialysis

₂ Per week

₉₈ Other: *specify* _____

10c. If Yes in item #10, administration mode:

₁ IV

₂ SQ

11. Darbepoetin (Aranesp) currently administered?

₁ Yes

₀ No

11a. If Yes in item #11, dose:

_____ mcg

11b. If Yes in item #11, frequency:

₁ Per hemodialysis

₂ Per week

₃ Per month

₉₈ Other: *specify* _____



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12. IV Calcitriol (Calcijex) currently administered? ₁ Yes ₀ No

12a. If Yes in item #12, dose: _____ . _____ mcg

12b. If Yes in item #12, frequency: ₁ Per hemodialysis
₂ Per week
₉₈ Other: *specify* _____

13. IV Paricalcitol (Zemlar) currently administered? ₁ Yes ₀ No

13a. If Yes in item #13, dose: _____ . _____ mcg

13b. If Yes in item #13, frequency: ₁ Per hemodialysis
₂ Per week
₉₈ Other: *specify* _____

14. IV Doxercalciferol (Hectorol) currently administered? ₁ Yes ₀ No

14a. If Yes in item #14, dose: _____ . _____ mcg

14b. If Yes in item #14, frequency: ₁ Per hemodialysis
₂ Per week
₉₈ Other: *specify* _____

Record in chronological order 3 most recent complete assessments, starting with the latest available date; data generally available as part of monthly laboratory panel in item #s 15 and 16.

15. Urea reduction ratio (**URR**):

#	Pre - BUN (mg/dL)	Post - BUN (mg/dL)	URR (%)	Date (mm/dd/yyyy)
1.	<input type="checkbox"/> ₈₈ Unknown	<input type="checkbox"/> ₈₈ Unknown	<input type="checkbox"/> ₈₈ Unknown	___ / ___ / ___
2.	<input type="checkbox"/> ₈₈ Unknown	<input type="checkbox"/> ₈₈ Unknown	<input type="checkbox"/> ₈₈ Unknown	___ / ___ / ___
3.	<input type="checkbox"/> ₈₈ Unknown	<input type="checkbox"/> ₈₈ Unknown	<input type="checkbox"/> ₈₈ Unknown	___ / ___ / ___



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16. Kt/V:

#	Kt/V	Date (mm/dd/yyyy)	Modality 1 = Single pool 2 = Equilibrated 88 = Not specified 98 = Other	Specify if modality is recorded as "Other/98"
1.	<input type="checkbox"/> ₈₈ Unknown	___/___/_____	___	_____
2.	<input type="checkbox"/> ₈₈ Unknown	___/___/_____	___	_____
3.	<input type="checkbox"/> ₈₈ Unknown	___/___/_____	___	_____

Record in chronological order 2 most recent complete assessments, starting with the latest available date; data generally available as part of monthly laboratory panel in item #s 17 - 27.

17. Normalized protein catabolic rate (*nPCR*, also known as *npNA* – normalized protein equivalent of nitrogen appearance):

#	nPCR (g/kg/day)	Date (mm/dd/yyyy)
1.	___ . ___ <input type="checkbox"/> ₈₈ Unknown	___/___/_____
2.	___ . ___ <input type="checkbox"/> ₈₈ Unknown	___/___/_____

18. Pre-dialysis blood urea nitrogen (*BUN*):

#	Pre-dialysis Blood Urea Nitrogen (BUN) (mg/dL)	Date (mm/dd/yyyy)
1.	___ <input type="checkbox"/> ₈₈ Unknown	___/___/_____
2.	___ <input type="checkbox"/> ₈₈ Unknown	___/___/_____



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19. Pre-dialysis serum creatinine (**SCR**):

#	Pre-dialysis Serum Creatinine (mg/dL)	Date (mm/dd/yyyy)
1.	___ . ___ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____
2.	___ . ___ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____

20. Hemoglobin and hematocrit:

#	Hemoglobin (g/dL)	Hematocrit (%)	Date (mm/dd/yyyy)
1.	___ . ___ <input type="checkbox"/> ₈₈ Unknown	___ . ___ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____
2.	___ . ___ <input type="checkbox"/> ₈₈ Unknown	___ . ___ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____

21. Serum albumin:

#	Serum Albumin (gm/dL)	Reported Upper Limit of Normal (gm/dL)	Reported Lower Limit of Normal (gm/dL)	Date (mm/dd/yyyy)
1.	___ . ___ <input type="checkbox"/> ₈₈ Unknown	___ . ___ <input type="checkbox"/> ₈₈ Unknown	___ . ___ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____
2.	___ . ___ <input type="checkbox"/> ₈₈ Unknown	___ . ___ <input type="checkbox"/> ₈₈ Unknown	___ . ___ <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____

22. Calcium or ionized calcium:

#	Calcium (mg/dL)	Ionized Calcium	Date (mm/dd/yyyy)
1.	___ . ___ <input type="checkbox"/> ₈₈ Unknown	___ . ___ <input type="checkbox"/> ₁ mg/dL <input type="checkbox"/> ₂ mmol/L <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____
2.	___ . ___ <input type="checkbox"/> ₈₈ Unknown	___ . ___ <input type="checkbox"/> ₁ mg/dL <input type="checkbox"/> ₂ mmol/L <input type="checkbox"/> ₈₈ Unknown	___ / ___ / _____



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23. Phosphorus:

#	Phosphorus (mg/dL)	Date (mm/dd/yyyy)
1.	____.____ <input type="checkbox"/> ₈₈ Unknown	___/___/_____
2.	____.____ <input type="checkbox"/> ₈₈ Unknown	___/___/_____

24. Ferritin:

#	Ferritin (mcg/L)	Date (mm/dd/yyyy)
1.	_____ <input type="checkbox"/> ₈₈ Unknown	___/___/_____
2.	_____ <input type="checkbox"/> ₈₈ Unknown	___/___/_____

25. Total cholesterol:

#	Total Cholesterol (mg/dL)	Date (mm/dd/yyyy)
1.	_____ <input type="checkbox"/> ₈₈ Unknown	___/___/_____
2.	_____ <input type="checkbox"/> ₈₈ Unknown	___/___/_____

26. Hemoglobin A1c:

#	Hemoglobin A1c	Date (mm/dd/yyyy)
1.	____.____ <input type="checkbox"/> ₈₈ Unknown	___/___/_____
2.	____.____ <input type="checkbox"/> ₈₈ Unknown	___/___/_____

27. Serum bicarbonate:

#	Serum Bicarbonate (mmol/L)	Date (mm/dd/yyyy)
1.	____.____ <input type="checkbox"/> ₈₈ Unknown	___/___/_____
2.	____.____ <input type="checkbox"/> ₈₈ Unknown	___/___/_____



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Record in chronological order 2 most recent complete assessments, starting with the latest available date; data generally available as part of quarterly laboratory panel in item #s 28 and 29.

28. Parathyroid hormone (*PTH*):

#	PTH (pg/mL)	Type of PTH 1 = Intact 2 = Bio-intact	Reported Upper Limit of Normal (pg/mL)	Reported Lower Limit of Normal (pg/mL)	Date (mm/dd/yyyy)
1.	<input type="checkbox"/> ₈₈ Unknown	<input type="checkbox"/> ₈₈ Unknown	<input type="checkbox"/> ₈₈ Unknown	<input type="checkbox"/> ₈₈ Unknown	___/___/_____
2.	<input type="checkbox"/> ₈₈ Unknown	<input type="checkbox"/> ₈₈ Unknown	<input type="checkbox"/> ₈₈ Unknown	<input type="checkbox"/> ₈₈ Unknown	___/___/_____

29. Measure of residual renal function:

#	Urea Clearance (mL/min)	Creatinine Clearance (mL/min)	Urine Volume (mL in hours)	Kt/V Renal	Date (mm/dd/yyyy)
1.	<input type="checkbox"/> ₈₈ Unknown	<input type="checkbox"/> ₈₈ Unknown	_____ mL in _____ hrs. <input type="checkbox"/> ₈₈ Unknown	<input type="checkbox"/> ₈₈ Unknown	___/___/_____
2.	<input type="checkbox"/> ₈₈ Unknown	<input type="checkbox"/> ₈₈ Unknown	_____ mL in _____ hrs. <input type="checkbox"/> ₈₈ Unknown	<input type="checkbox"/> ₈₈ Unknown	___/___/_____

30. Comments?

₁ Yes

₀ No
