



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

CRF Date: _____

RC ID: _____

RENAL REPLACEMENT THERAPY – PERITONEAL DIALYSIS DATA

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

1. Total volume of exchanges in 24 hours: _____ . ____ liters
2. Use of cyclor? ₁ Yes ₀ No

If "No/0" in item #2, i.e. only continuous ambulatory peritoneal dialysis (CAPD), go to item #3; if "Yes/1" in item #2, go to item #4.

3. For CAPD patients:

3a. Number of exchanges per 24 hours: _____

3b. Volume per day of 1.5% dextrose: _____ . ____ liters

3c. Volume per day of 2.5% dextrose: _____ . ____ liters

3d. Volume per day of 4.25% dextrose: _____ . ____ liters

3e. Volume per day of icodextrin: _____ . ____ liters

4. For those who use cyclor, i.e. continuous cyclor-assisted peritoneal dialysis (CCPD) or automated peritoneal dialysis (APD):

4a. Total hours of CCPD: _____ . ____ hours

4b. Total volume of exchanges per night: _____ . ____ liters

4c. Number of daytime (usually manual) exchanges: _____

4d. Total volume of (all) daytime (usually manual) exchanges: _____ . ____ liters

4e. Use of icodextrin with CCPD? ₁ Yes ₀ No

5. Last 2 weights at routine clinic visits:

| # | Weight (kg) | Check if Without Dwell | Date (mm/dd/yyyy) |
|----|---|---------------------------------------|-------------------|
| 1. | _____ . ____ <input type="checkbox"/> ₈₈ Unknown | <input type="checkbox"/> ₁ | ___/___/_____ |
| 2. | _____ . ____ <input type="checkbox"/> ₈₈ Unknown | <input type="checkbox"/> ₁ | ___/___/_____ |



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5a. Blood Pressure reading from the last two routine clinic visits:

| | 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 | ___/___/_____ |

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 6 – 19.

6. Weekly Kt/V:

| # | Peritoneal | Renal | Total | Date |
|----|---|---|---|---------------|
| 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 | ___/___/_____ |

7. Creatinine clearance:

| # | Peritoneal (mL/min) | Renal (mL/min) | Total (mL/min) | 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 | ___/___/_____ |

8. Urea clearance:

| # | Peritoneal (mL/min) | Renal (mL/min) | Total (mL/min) | 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 | ___/___/_____ |



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9. 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 | ___ / ___ / _____ |

10. Blood urea nitrogen (*BUN*):

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

11. Serum creatinine (*Scr*):

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

12. 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 | ___ / ___ / _____ |

13. 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 | ___ / ___ / _____ |



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14. 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 | ____ / ____ / ____ |

15. Phosphorus:

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

16. Ferritin:

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

17. Total cholesterol:

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

18. Hemoglobin A1c:

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



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19. Serum bicarbonate:

| # | Serum Bicarbonate (mmol/L) | Date (mm/dd/yyyy) |
|----|--|----------------------|
| 1. | ___ . ___ <input type="checkbox"/> ₈₈ Unknown | ___ / ___ / _____ |
| 2. | ___ . ___ <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 quarterly laboratory panel in item #20.

20. 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 | ___ / ___ / _____ |

21. Comments?

₁ Yes ₀ No
