



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

RENAL REPLACEMENT THERAPY - PRIMARY SURVEY

RRTPRIM CRF to be completed by the Research Coordinator based on response(s) to the ESRD questions on the Medical Event Questionnaire (EVENTS).

1. Are you currently on dialysis?

₁ Yes

₀ No (*Skip to instructions before Q. #5*)

2. What type of dialysis are you currently on?

₁ Hemodialysis (*Continue to 2a, 2b and 2c*)

₂ Peritoneal dialysis (*Skip to 2d and 2e*)

a. If currently on **hemodialysis**, do you get dialysis..?

₁ Once a week

₃ Three times a week

₂ Twice a week

₄ Four or more times a week

b. If currently on **hemodialysis**, is your typical session..?

₁ Less than or equal to 2 hours per session

₂ More than 2 hours but less than or equal to 3 hours per session

₃ More than 3 hours but less than or equal to 4 hours per session

₄ More than 4 hours per session

₉₈ Other **Specify** _____

c. If currently on **hemodialysis**, do you usually miss..?

₁ 0 sessions per month

₃ 3 or 4 sessions a month

₂ 1 or 2 sessions a month

₄ More than 4 sessions a month

Participants on hemodialysis, skip to Q #3.

d. If currently on **peritoneal** dialysis, do you typically have..?

₁ A night time cyclor with one long daytime exchange

₂ Three or less daytime exchanges

₃ Four daytime exchanges

₄ More than four daytime exchanges

₅ A night time cyclor only

₉₈ Other **Specify** _____



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e. If currently on **peritoneal** dialysis, do you typically exchange..?

- ₁ Less than or equal to 1 liter in volume per dwell period
- ₂ More than 1 liter but less than or equal to 2 liters in volume per dwell period
- ₃ More than 2 liters but less than or equal to 2.5 liters in volume per dwell period
- ₄ More than 2.5 liters but less than or equal to 3 liters in volume per dwell period
- ₅ More than 3 liters in volume per dwell period
- ₉₈ Other **Specify** _____

3. What type of dialysis **accesses** do you currently have (even if you do not use it)? (**Check all that apply**)

- None
- Arteriovenous fistula
- Venous catheter
- Peritoneal catheter
- Arteriovenous graft

4. What is the name and address of your current dialysis center?

Name: _____

Address: _____

Participants currently on dialysis, skip to Q. #6.

Question #5: For participants currently not on dialysis.

5. Have you been on dialysis in the past?

- ₁ Yes
- ₀ No (**Skip to Q. #13**)

6. Your first dialysis type was..?

- ₁ Hemodialysis
- ₂ Peritoneal dialysis

a. What type of dialysis **access** was used to start your **first** dialysis treatment?

- ₁ Venous catheter
- ₃ Arteriovenous fistula
- ₂ Arteriovenous graft
- ₄ Peritoneal catheter



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If you are currently on dialysis or have received dialysis in the past:

7. Was the day you first started dialysis..?

- ₁ Planned or Maintenance ₂ Emergency ₈₈ Don't Know

a. What was the date of your first ever dialysis treatment?

___ / ___ / ___
MM YYYY

Please remember to do the dialysis unit data collection when the participant starts dialysis for the first time.

8. What was the reason for starting dialysis? (**Check all that apply**)

- Congestive heart failure which is typically associated with shortness of breath, swelling or even being on the ventilator
- Kidney failure, build up of uremic (kidney) toxins which typically cause symptoms like nausea, vomiting, loss of appetite, itching, hiccups or abnormal findings on your laboratory tests
- Result of a procedure such as surgery or cardiac catheterization
- Other **Specify** _____

9. When did you last see a nephrologist, prior to your first regular dialysis treatment?

- ₀ Never
- ₁ Less than 3 months, prior to starting dialysis
- ₂ From 3 months up to 1 year, prior to starting dialysis
- ₃ 1 year or more, prior to starting dialysis

10. What type of education did you receive prior to starting dialysis? (**Check all that apply**)

- One on one discussion with your doctor Visit to the dialysis center
- Group sessions with other patients Meeting with a dialysis nurse
- Meeting with a dietician Reading material
- Videotapes Other **Specify** _____
- None (**Skip to Q#12**)

11. Indicate your level of satisfaction with your dialysis education prior to starting dialysis:

- ₁ Extremely dissatisfied ₄ Satisfied
- ₂ Dissatisfied ₅ Extremely satisfied
- ₃ No opinion either way



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12. Are your native kidneys working again, so that you are not on dialysis at this time?

₁ Yes

₀ No (*Skip to Q#13*)

If "Yes" to Q#12, complete Q#12a and STOP. Please note that if "Yes" to Q#12, complete another RRTPRIM form when the participant goes back on dialysis.

a. What is the last date that you received dialysis?

___/___/___ (mm/yyyy)

Kidney transplant:

13. Did you have a kidney transplant?

₁ Yes

₀ No (*Skip to Q #18*)

a. What was the date of your transplant?

___/___/___
MM YYYY

14. What was the source of your transplant?

₁ Donor was a living related donor

₂ Donor was any living unrelated donor

₃ The donor was someone who had died and donated their kidney

15. Did you need dialysis prior to the transplant?

₁ Yes

₀ No (*STOP*)

16. What was the first dialysis type that you received prior to the transplant?

₁ Hemodialysis

₂ Peritoneal dialysis

17. What was the date of your first dialysis treatment prior to the transplant?

___/___/___
MM YYYY

Participants who received a kidney transplant, STOP.

18. Which of the following plans for a kidney transplant have been made for you? (*Check all that apply*)

I am on the transplant waiting list/cadaver waiting list

I am being prepared for a living donor transplant

I have been told I am not medically suitable for transplant

I have not been offered transplant as an option

I don't know

Other *Specify* _____

I am not interested in a transplant