

Follow-Up Site Questionnaire (PFU02)

Participant ID: ___ - ___ - _____

PFU01 method used: Phone/in-person interview..... 1 → Enter **PIP #** here: _____

Online survey.....2 → Enter **Web #** here: _____

Initials of person completing form: _____

Date Form Completed: ___/___/_____ (MM/DD/YYYY)

Form Version: 03 / 01 / 18a

Is the participant seen at the clinical site?

Yes..... 1 **(Skip to A1)**

No..... 2

i. Where is the participant seen? _____

Please record the most recent laboratory and physical exam data for the participant below. Only data that are less than 6 months from the date that the phone/in-person interview or online survey was completed should be used. If there are no data available for a question from that time frame then you should list that specific data as not available.

Section A: Laboratory Results

A1. Are serum renal panel results available?

Yes..... 1 **(Skip to A2)**

No, Specify reason below..... 2

A1i.Reason: _____ **(Skip to A3)**

A2. Date serum renal panel was drawn: _____/_____/_____

M M D D Y Y Y Y

A2a. Sodium (NA) |__|_|_|_| (MEQ/L) or (mmol/L)

A2b. Potassium (K) |__| . |__| (MEQ/L) or (mmol/L)

A2c. Chloride (CL) |__|_|_|_| (MEQ/L) or (mmol/L)

A2d. Carbon Dioxide (CO₂) |__|_|_| (MEQ/L) or (mmol/L)

BUN mmol/L to mg/dL mmol/L ÷ **0.357** = mg/dL Ex: 6.7 mmol/L = 6.7 ÷ 0.357 = 19 mg/dL

Glucose mmol/L to mg/dL mmol/L ÷ **0.0555** = mg/dL Ex: 5.3 mmol/L = 5.3 ÷ 0.0555 = 96 mg/dL

Calcium mmol/L to mg/dL mmol/L ÷ **0.25** = mg/dL Ex: 2.33 mmol/L = 2.33 ÷ 0.25 = 9.3 mg/dL

Phosphate mmol/L to mg/dL mmol/L ÷ **0.323** = mg/dL Ex: 1.19 mmol/L = 1.19 ÷ 0.323 = 3.6 mg/dL

A2e. Urea Nitrogen (BUN) |__|_|_|_| (mg/dL)

A2f. Glucose (GLU) |__|_|_|_| (mg/dL)

A2g. Calcium (CA) |__|_|_| . |__| (mg/dL)

A2h. Phosphate (PO₄) |__|_|_| . |__| (mg/dL)

A2i. Albumin (ALB) |__| . |__| (g/dL)

A2j. Uric Acid (Urate) |__| . |__| (mg/dL)

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SCr umol/L to mg/dL umol/L ÷ 88.4 = mg/dL Ex: 72 umol/L = 72 ÷ 88.4 = 0.9 mg/dL

A2k. Serum Creatinine |__| . |__| |__| (mg/dL)

A2k1. Which assay was used to measure serum creatinine?

Enzymatic..... 1

Other..... 3

Don't Know..... -8

A2k2. What laboratory was used to measure serum creatinine

(ie. Quest, Labcorp, local site lab – give institution name, etc.)?

Don't Know..... -8

CBC Results

A3. Are CBC results available?

Yes..... 1 (Skip to A4)

No, Specify reason below..... 2

A3i. Reason _____ (Skip to A5)

A4. Date CBC was drawn: _____/_____/_____

M M D D Y Y Y Y

Use this table if the results below are reported in units of 10³ uL

4.5 x 10 ³ uL	= 4500 cu mm	9.0 x 10 ³ uL	= 9000 cu mm
5.0 x 10 ³ uL	= 5000 cu mm	9.5 x 10 ³ uL	= 9500 cu mm
5.5 x 10 ³ uL	= 5500 cu mm	10.0 x 10 ³ uL	= 10000 cu mm
6.0 x 10 ³ uL	= 6000 cu mm	10.5 x 10 ³ uL	= 10500 cu mm
6.5 x 10 ³ uL	= 6500 cu mm	11.0 x 10 ³ uL	= 11000 cu mm
7.0 x 10 ³ uL	= 7000 cu mm	11.5 x 10 ³ uL	= 11500 cu mm
7.5 x 10 ³ uL	= 7500 cu mm	12.0 x 10 ³ uL	= 12000 cu mm
8.0 x 10 ³ uL	= 8000 cu mm	12.5 x 10 ³ uL	= 12500 cu mm
8.5 x 10 ³ uL	= 8500 cu mm	13.0 x 10 ³ uL	= 13000 cu mm

A4a. Leukocyte Count (white blood cells) |__| |__| |__| |__| |__| (cu mm)

A4b. Erythrocyte Count (red blood cells) |__| . |__| |__| (M/cu mm) or (x10⁶uL)

A4c. Platelet Count (PLTs) |__| |__| |__| (K/cu mm) or (x10³uL)

A4d. Hemoglobin |__| |__| . |__| (g/dL)

A4e. Packed Cell Volume (Hematocrit) |__| |__| . |__| (%)

A4f. Mean Corpuscular Hemoglobin (MCH) |__| |__| . |__| (pg/cell)

A4g. Mean Corpuscular Hemoglobin Concentration (MCHC) |__| |__| . |__| (g/dL)

A4h. Mean Corpuscular Volume (MCV) |__| |__| |__| . |__| (fL)

A4i. Red Blood Cell Distribution Width (RDW) |__| |__| . |__| (%)

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Iron Results

A5. Are Iron studies results available?

Yes..... 1 (Skip to A6)

No, Specify reason below..... 2

A5a.Reason: _____ (Skip to Section B)

A6. Date Iron sample was drawn:

___/___/_____
M M D D Y Y Y Y

A6a. % Transferrin Saturation (TSAT) |__| |__| (%)

A6b. Serum Iron |__| |__| |__| (ug/dL)

Section B: Physical Exam

B1. a. Clinical Blood Pressure (Systolic/Diastolic)

___/___

b. Date clinical BP was measured:

___/___/_____
M M D D Y Y Y Y

Results Not Available..... -8 (Skip to B2)

c. What method was used to obtain blood pressure?

Manual..... 1

Automatic..... 2

Don't Know..... -8

B2. Participant Weight (If weight is measured in pounds (lbs), please convert to kilograms (kg) 1lb = [1 / 2.2]kg Example: 150lbs = 150/2.2 = 68.18 = 68.2 kg.)

a. _____ . ____ (kg)

b. Date of weight measurement:

___/___/_____
M M D D Y Y Y Y

Results Not Available..... -8

B3. Participant Length/Height/Stature (If height is measured in inches, please convert to centimeters (cm) 1in = 2.54cm Example 4 ft 5 in = 53in x 2.54 = 134.6 cm.)

a. _____ . ____ (cm)

b. Date of height measurement:

___/___/_____
M M D D Y Y Y Y

Results Not Available..... -8

Participant ID: ___ - ___ - _____

PIP # or Web #: _____

Date Form Completed: ___/___/___
(MM/DD/YYYY)

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Section C: Outcomes for Transplant Patients

- C1. Has the participant ever undergone a kidney transplant?
 Yes..... 1
 No..... 2 (**Skip to D1**)
- C2. How many transplants has (*name of participant*) had?
 One..... 1
 Two..... 2
 Three or more..... 3
- C3. Date of most recent kidney transplant: ___ ___ / ___ ___ / ___ ___ ___ ___
 M M D D Y Y Y Y
- C4. What is the current clinical status of the (*name of participant*)’s kidney transplant?
 If he/she has had more than one kidney transplant please answer based on their most recent transplant.
 Functioning graft..... 1
 Graft Failure..... 2

Section D: Outcomes for Dialysis Patients

- D1. Has the participant ever been on dialysis?
 Yes..... 1
 No..... 2 (**SKIP TO E1**)
- D2. What type of dialysis did the participant use **initially** (i.e, the first dialysis treatment initiated)?
 Hemodialysis..... 1
 Peritoneal dialysis..... 2
- D2a. Date **first** Dialysis was started: ___ ___ / ___ ___ / ___ ___ ___ ___
 M M D D Y Y Y Y
- D3. Date **Most Recent** Regularly Scheduled*
 Dialysis was started: ___ ___ / ___ ___ / ___ ___ ___ ___
 M M D D Y Y Y Y
- Indicate the start date of the most recent "regularly scheduled" dialysis.
 For hemodialysis, indicate the date when participant started treatments 2 or more days/week for at least 3 months.
 For peritoneal dialysis (PD), indicate the date when participant started treatments 5 or more days a week for at least 3 months.*
- D4. What type of dialysis did the participant use **most recently**?
 Hemodialysis..... 1
 Peritoneal dialysis..... 2
- D5. Is (*name of participant*) currently receiving regularly scheduled dialysis therapy?
 Yes..... 1
 No..... 2

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Section E: Ambulatory Blood Pressure Monitoring

E1. In the past year, has (*name of participant*) had an ABPM?

- Yes..... 1
No..... 2 **(END)**
Don't Know..... -8 **(END)**

E2. Date when ABPM was worn:

Indicate the date when the ABPM device was used. If the month or day is unknown, indicate the year. Otherwise, indicate "Don't Know/Not Sure."

___/___/___
M M D D Y Y Y Y
Don't Know/Not Sure.....-8

E3. 24 hour BP

Load

Systolic (mmHg): _____

Diastolic (mmHg) _____

E4. Day/Awake BP

Load

Systolic (mmHg): _____

Diastolic (mmHg) _____

E5. Night/Sleep BP

Load

Dipping

Systolic (mmHg): _____ . _____ %

Diastolic (mmHg) _____ . _____ %