



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

PROXY INFORMATION

1. When were proxy data collected?

1a. Visit #: ___

1b. Visit date: ___/___/_____

2. Which of the following case report forms recorded data from a proxy respondent? (Check all that apply)

- ₁ Concomitant Medications (**CMEDS**)
- ₁ Medical Event Questionnaire (**EVENTSII**)
- ₁ Medical History - Update (**MEDHXUPIII**)
- ₁ Renal Replacement Therapy – Primary Survey (**RRTPRIM**)
- ₁ Renal Replacement Therapy – Follow-Up Survey (**RRTFUP**)

3. What was the reason the CRIC participant could not provide data? (Check all that apply)

- ₁ Stroke
- ₁ Dementia
- ₁ Psychiatric disability
- ₁ Refusal
- ₁ Other Specify: _____

4. What is the relationship of the respondent to the participant?

- ₁ Spouse
- ₂ Child
- ₃ Parent
- ₄ Sibling
- ₅ Caregiver/nurse
- ₆ Friend
- ₉₈ Other Specify: _____