



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

CRF Date: _____

RC ID: _____

RENAL REPLACEMENT THERAPY FOLLOW-UP SURVEY

RRTFUP CRF is completed for participants who completed RRTPRIM during previous CRIC Study Visit.

1. Are you currently on dialysis?

- ₁ Yes ₀ No (*Skip to Q. #6*)

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*)

Hemodialysis Section:

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.

Peritoneal Section:

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* _____

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* _____



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

RENAL REPLACEMENT THERAPY FOLLOW-UP SURVEY

3. Has your dialysis type changed since your last CRIC study contact?

- ₁ Yes ₀ No (**Go to Q. #4**)

a. When did this change occur?

___/___/___
MM YYYY

b. What was the reason for this change? (**Check all that apply**)

- | | |
|---|--|
| <input type="checkbox"/> Inadequate clearance | <input type="checkbox"/> Loss of your dialysis assistant |
| <input type="checkbox"/> Poor access | <input type="checkbox"/> Transplant failure |
| <input type="checkbox"/> Infection | <input type="checkbox"/> Other Specify _____ |

4. What type of dialysis access do you currently have?

- | | |
|---|--|
| <input type="checkbox"/> ₁ Venous catheter | <input type="checkbox"/> ₃ Arteriovenous fistula |
| <input type="checkbox"/> ₂ Arteriovenous graft | <input type="checkbox"/> ₄ Peritoneal dialysis catheter |

5. Has your dialysis **access** changed since your last CRIC contact?

- ₁ Yes ₀ No (**Skip to Q.#8**)

a. If **YES**, was it changed because the previous access (can apply to either peritoneal or hemodialysis) was...? (**Check all that apply**)

- | | |
|---|---|
| <input type="checkbox"/> Clotted | <input type="checkbox"/> Was painful when used |
| <input type="checkbox"/> Infected | <input type="checkbox"/> Other Specify _____ |
| <input type="checkbox"/> No longer provided adequate dialysis | |

Study participants on chronic/maintenance dialysis skip to Q#8.

For participants currently not on dialysis:

6. You are not on dialysis because...?

- ₁ You have a functioning kidney transplant (**Skip to Q. #7**)
- ₂ Your native kidneys began working again (**Skip to Q. #8**)
- ₃ You chose to terminate any form of kidney replacement therapy (**STOP**)



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

RENAL REPLACEMENT THERAPY FOLLOW-UP SURVEY

For participants with kidney transplant:

7. Have you had a new kidney transplant since your last CRIC contact?

₁ Yes (**Go to Q. #7a**)

₀ No (**STOP**)

a. If **YES**, what was the date of your new transplant?

___/___/___
MM YYYY

b. 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

For participants without kidney transplant:

8. 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