Check box to left of item if unable to determine, and leave item (right) blank.

CONFIDENTIAL REPORT
USRDS CASE MIX/ADEQUACY STUDY

STUDY START DATE: mm dd yy

A: PATIENT AND FACILITY IDENTIFICATION

1. Network:
2. Abstractor:
3. Date Completed: mm dd yy
4. Patient Gender:
   1-Male 2-Female
5. Patient's SSN:
6. Medicare Claim Number: BIC: (left justify)
7. Provider Number:
8. Facility Name:
9. Date of Birth: mm dd yy
10. Date of First ESRD Service:
    a. Date of first chronic maintenance dialysis, regardless of setting: mm dd yy
    ☞ *(If a not available, answer b.)*
    b. Earliest known date of chronic dialysis: mm dd yy

Transfer this date to the top right box in all pages.

11. Study Start Date (per instructions): mm dd yy
12. Current (or last known) insurance:
    1-Yes 2-No
    - a. Blue Cross:
    - b. Medicare:
    - c. Medicaid:
    - d. Private:
    - e. VA:
    - f. Other:
    - g. None:
13. Ethnicity:
    1. Hispanic Origin. 2-Not of Hispanic Origin

B: PATIENT HISTORY PRIOR TO START OF STUDY

1. Regular cigarette smoking status prior to study start date:
   1-Active 2-Former 3-Smoker, time unknown 4-Non Smoker

☞ *Comorbid Conditions within 10 Years Prior to Study Start Date. (items 2 to 12):*

2. Hx* of Coronary Heart Disease (CHD) or Coronary Artery Disease (CAD)
   For a & b code 1-Yes 2-No 3-Suspected
   - a. Prior Dx of CHD/CAD:
   - b. Angina:

   For c to g code 1-Yes 2-No
   - c. Bypass surgery: (CABG)
   - d. Coronary angioplasty (PTCA):
   - e. Coronary angiography:
     - Abnormal?
   - f. Cardiac arrest:
   - g. Myocardial infarction (MI):
     - If yes, enter date of last MI ... mm yy

3. Hx of Cerebrovascular Disease:
   For a & b code 1-Yes 2-No 3-Suspected
   - a. Dx of Cerebrovascular Accident (CVA,Stroke)

   ☞ *(If item 3a is Yes, leave item 3b blank.)*
   - b. Any Transient Ischemic Attacks (TIA)?

4. Hx of Peripheral Vascular Disease (PVD):
   For a & b code 1-Yes 2-No 3-Suspected
   - a. Prior Dx of PVD:
   - b. Amputation due to PVD:

   For c, d, & e code 1-Yes 2-No
   - c. Absent foot pulses:
   - d. Claudication:
   - e. Arteriography (angiography) of lower extremities:

*(Hx means history, Dx means diagnosis)

5. Hx of Heart Disease (other than CAD/CHD):
   For all code: 1-Yes 2-No 3-Suspected
   - a. Congestive heart failure:
   - b. Pulmonary edema:
   - c. Pericarditis:
     - If yes, enter date of diagnosis mm yy
   - d. Atrial fibrillation:
   - e. Arrhythmia (other than d):

6. Hx of Hypertension:
   1-Yes 2-No 3-Suspected
   ☞ *If no, skip to item 7.*
   ☞ *Complete either a or b:*
   - a. Year of dx:

   OR
   - b. Duration: (years)
   - c. Treated at start of study:
     1-Yes 2-No

7. Prior Dx of Diabetes:
   1-Yes 2-No 3-Suspected
   ☞ *If no, skip to number 8.*
   ☞ *Complete either a or b:*
   - a. Year of dx:

   OR
   - b. Duration: (years)
   - c. Type of diabetic:
     1-IDDM (Juvenile, Type I) 2-NIDDM (Adult, Type II)
   - d. Diabetic retinopathy:
     1-Yes 2-No 3-Suspected
   - e. Ever insulin therapy:
     1-Active 2-Stopped 3-Never

8. Lung Disease:
   For all code: 1-Yes 2-No 3-Suspected
   - a. Chronic obstructive pulmonary disease (COPD):
   - b. Asthma:
   - c. Home oxygen prescribed:

Check box to left of item if unable to determine, and leave item (right) blank.

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STUDY START DATE: mm dd yy

☐ 9. Neoplasms: ☐
1-Yes 2-No 3-Suspected
☞ *If no, skip to number 10.*
☐ a. Primary type/site: _____
☐ b. Date of first dx: mm yy
☐ c. Known metastases: ☐
1-Yes 2-No

10. Liver Disease:
For a & b code: 1-Yes 2-No 3-Suspected
☐ a. Hepatitis: ☐
☐ b. Cirrhosis: ☐

☐ 11. HIV Status ☐
1-Positive 2-Negative 3-Unkown 4-Can't disclose

☐ 12. AIDS Diagnosis ☐
1-Yes 2-No 3-Unknown 4-Can't disclose

ABSTRACTOR:

☞ *Use this space to enter any comments or explanations to a particular item:*

C: INFORMATION AT START OF STUDY

☞ *Complete with information from time frame specified or (±) one month from the study start date*

☐ 1. Height (at any time):
☐ ft. ☐☐ in. or ☐☐☐ cm. .

☐ 2. Dry weight as ordered:
☞ *If unavailable, list lowest weight within two (2) weeks of the start of the study:*
wt: ☐☐☐ lb. or ☐☐☐ kg:

☐ 3. Nutritional status recorded in the records: ☐
1.Obese/overweight 2.Under-nourished/cachetic 3. Well Nourished

4. Blood pressure (average of 3 values from week before start of study):
☐ a. At start of study, predialysis :
SBP ☐☐☐ /DBP ☐☐☐
☐ b. At start of study, postdialysis:
SBP ☐☐☐ /DBP ☐☐☐

5. Dialysis Information:
☐ a. Dialysate: ☐
1-Bicarbonate 2-Acetate
☐ b. Prescribed or usual hours per treatment: (HR:MI) ☐ : ☐☐
hr mi
☐ c. # of dialysis sessions per week: ☐
☐ d. Reuse of dialyzer in this patient: ☐
1-Yes 2-No
☐ e. Highest weight loss (during dialysis)within 2 weeks of study start date:
(Rounded) ☐☐ lbs. or ☐ kg.
☐ f. Blood flow rate (BFR): ☐☐☐ ml/min
☞ *(If BFR varies, code prescribed rate or most common rate)*
☐ g. Dialyzer type (see codes on back of form): ☐☐☐
If code 700, please specify. _____
☐ h. Vascular access in use: ☐☐
1-Fistula (arterio-venus shunt) 4-Temporary line
2-Goretex graft 5- Permanent subclavian catheter
3-Bovine graft 6 - Other

☞ *Complete with information from the psychosocial evaluation most recent before the STUDY START DATE (older versions may be used for completeness). Use social worker's evaluation supplemented by the nurse's, and/or dietician's records; may use your interpretation of the records.*

☐ 6. Date of psychosocial evaluation: mm dd yy

7. Activities of daily living:
1-Yes 2-No
☐ a. Independent eating: ☐
☐ b. Independent transferring: ☐
☐ c. Independent ambulating: (includes ambulating with an assistance device) ☐

☐ 8. Marital status: ☐
1-Single 4-Divorced
2-Married 5-Separated
3-Widowed

☐ 9. Living alone: ☐
1-Yes 3- Nursing home, institution
2- No 4- Homeless
☞ *(If 1, 3, or 4, skip to item 11.)*

☐ 10. # of Household Members (including patient): ☐

11. Employment Level according to the following scale:
1-Employed full time or full time student 5-Unemployed
2-Employed part time or part time student 6-Disabled
3-Homemaker 7-Other (specify)
4-Retired
☐ a. Highest level EVER : ☐
☐ b. Level at start of study: ☐

☐ 12. Education ☐
1- Less than 12 Yrs. 3- Some College
2-High School Grad 4- College Grad

☐ 13. Highest occupational level before ESRD: ☐
1- Clerical 4- Manual Labor 7- Other
2- Professional 5- Housewife
3- Tradeperson 6- Student

Check box to left of item if unable to determine, and leave item (right) blank.

CONFIDENTIAL REPORT
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STUDY START DATE: mm dd yy

D: LABORATORY DATA

D: Laboratory Data at Study Start Date

☞ *Complete Items 1 and 2 with information from one year before to one month after the study start date.*

☐ 1. Cardiomegaly by X-ray: ☐
1-Yes 2-No

2. Left ventricular hypertrophy by:
1-Yes 2-No
☐ a. by EKG ☐
☐ b. by echocardiography ☐

☞ *Complete Items 3 to 11 with information from (±) one month of the study start date. Take an average if there are multiple data for an item.*

☐ 3. Bilirubin total: ☐☐.☐ mg/dl

☐ 4. HBsAg: ☐
1-Positive 2-Negative

5. Lipids
☐ a. Cholesterol Total: ☐☐☐ mg/dl
☐ b. Triglycerides ☐☐☐ mg/dl

☐ 6. Highest Blood Sugar: (may be only one) ☐☐☐ mg/dl

☐ 7. Serum phosphorous predialysis: ☐☐.☐ mg/dl

☐ 8. Hematocrit (rounded): (If transfused, give value before transfusion.) ☐☐ %
☐ a. transfused within one month of study start date ☐
1-Yes 2-No
☞ *(If no, skip to number 9)*
☐ b. If transfused, number of transfusions ☐

☐ 9. Patient taking EPO (Epogen) at study start date: ☐
1-Yes 2-No

☞ *for 10 & 11 record the average of at least 2 values:*

☐ 10. Serum Creatinine, predialysis: ☐☐.☐ mg/dl

☐ 11. Serum Albumin: ☐.☐ g/dl

12. BUN and Weight October 1990 to March 1991:

* The second predialysis value must be exactly two days after the stated date otherwise do not record.

DATE	BUN PRE	BUN POST	BUN PRE*	WEIGHT PRE	WEIGHT POST	WEIGHT PRE*
10/ / 90						
11/ / 90						
12/ / 90						
01/ / 91						
02/ / 91						
03/ / 91						

Units (check one): ☐ lbs ☐ kgs

☐ 13. Number of treatments during January 1991 shortened by more than 10 minutes (do not include skipped treatments): ☐☐

☐ 14. Number of treatments skipped durihg January 1991 : ☐☐

☞ *For patients starting ESRD during 1990 :*

☐ 15. BUN one month after onset of ESRD:

PRE	POST	PRE*

* The second predialysis value must be exactly two days after the stated date otherwise do not record.

E. CHANGE IN PATIENT STATUS

☞ *Record any changes that occured after the study start date. Use network data base for these questions:*

1. Date of Transplant: ☐☐ mm ☐☐ dd ☐☐ yy
2. Date Switched to Peritoneal Dialysis: ☐☐ mm ☐☐ dd ☐☐ yy
3. Date Switched to Home Hemodialysis. ☐☐ mm ☐☐ dd ☐☐ yy
4. Date of Death: ☐☐ mm ☐☐ dd ☐☐ yy
5. Date Recovered Renal Function ☐☐ mm ☐☐ dd ☐☐ yy
6. Date Lost to Follow-up ☐☐ mm ☐☐ dd ☐☐ yy

☞ *If none of the above occurred, then complete:*

7. Date of last known center hemodialysis ☐☐ mm ☐☐ dd ☐☐ yy

CONFIDENTIAL REPORT
USRDS CASE MIX / ADEQUACY STUDY

Check box in margin if unable to determine, and leave item blank.

DIALYSIS FACILITY/UNIT QUESTIONS

Complete 1 per facility/unit

1. Network: ☐☐ 2. Abstractor: ☐☐

3. Date Completed: ☐☐ (mm) ☐☐ (dd) ☐☐ (yy)

4. Provider Number: ☐☐☐☐☐☐

5. Facility Name: _____

6. Is urea kinetic modeling used: ..... ☐
   1-Yes 2-No

7. Is reuse practiced in this unit: ..... ☐
   1-Yes 2-No

If yes, answer a, b and c:

a. Dates that reuse has been used at this unit:

from ☐☐ (mm) ☐☐ (yy) to present: ☐ OR to: ☐☐ (mm) ☐☐ (yy)

b. Reuse technique(s): ..... ☐
   1-Manual 2-Automated 3-Both

c. Reuse agents used:
   1-Yes 2-No

1. Bleach ..... ☐
2. Formalin ..... ☐
3. Renalin R ..... ☐
4. Glutaraldehyde ..... ☐

8. Type of water source: ☐
   1. Public Water System 2. Well

9. Types of water treatment. Indicate all that are normally in use. (Do not include backup):
   1 - Yes 2 - No

a. Softener ..... ☐
b. Activated charcoal ..... ☐
c. Reverse osmosis ..... ☐
d. Deionization ..... ☐
e. Ultrafilter ..... ☐