PERITONEAL DIALYSIS CLINICAL PERFORMANCE MEASURES DATA COLLECTION FORM 2006

[Before completing please read instructions at the bottom of this page and on pages 5 and 6]

PATIENT IDENTIFICATION

MAKE CORRECTIONS TO PATIENT INFORMATION ON LABEL IN THE SPACE BELOW

Place Patient Data Label Here

12. **If this patient is unknown or was not dialyzed in the facility at any time during OCT 2005-MAR 2006 return the blank form to the Network.**

13. Patient's Ethnicity (Check appropriate box). ☐ Not Hispanic or Latino
☐ Hispanic or Latino: Please specify country/area of origin or ancestry _____.

14a. **Patient's height (MUST COMPLETE):** _____inches **OR** _____centimeters
(only for patients < 18 years old, provide date when height was measured: ____ / ___ / _____)
(mm) (dd) (yyyy)

14b. **Patient's weight (abdomen empty) (first clinic visit weight after Sept. 30, 2005):** _____ . ___lbs. OR ____ . ___ kg.

Individual Completing Form (**Please print**):
First name: _____ Last name: _____ Title: _____
Phone number: (_____) _____ - _____ Fax number: (_____) _____ - _____

INSTRUCTIONS FOR COMPLETING THE PERITONEAL DIALYSIS CLINICAL PERFORMANCE MEASURES DATA COLLECTION FORM 2006

The label on the top left side of this form contains the following patient identifying information (#'s 1-11). If the information is incorrect make corrections to the right of the label.

1. LAST and first name
3. SOCIAL Security Number (SSN)
5. GENDER (1=Male; 2=Female)
7. PRIMARY cause of renal failure by CMS-2728 code
9. ESRD Network number - Do not make corrections to this item.
2. DATE of birth (DOB) as MM/DD/YYYY
4. HEALTH Insurance Claim Number (HIC), (**same as Medicare number**)
6. RACE, check all that apply (1=American Indian/Alaska Native; 2=Asian; 3=Black or African American; 4=White; 6=Native Hawaiian or Other Pacific Islander)
8. DATE, as MM/DD/YYYY, that the patient FIRST began a regular course of dialysis
10. Facility's Medicare provider number
11. The most RECENT date this patient returned to hemodialysis following: transplant failure, an episode of regained kidney function, or switched modality

12. If the patient is unknown or if the patient was not dialyzed in the facility at any time during OCT 2005 through MAR 2006, send the blank form back to the ESRD Network office. Provide the name and address of the facility providing services to this patient on December 31, 2005, if known.
13. Patient's Ethnicity. Please verify the patient's ethnicity with the patient and check appropriate box. If "Hispanic or Latino" is checked, please specify country/area of origin or ancestry.
14a. Enter the patient's height in inches or centimeters. HEIGHT MUST BE ENTERED, do not leave this field blank. You may ask the patient his/her height to obtain this information. If the patient had both legs amputated, record pre-amputation height.
14b. Enter the patient's weight (abdomen empty) in pounds or kilograms. Use the FIRST CLINIC VISIT weight on or after September 30, 2005. If abdomen is not empty for weight, subtract the weight of the fill fluid from the measured patient weight.

PLEASE COMPLETE ITEMS 15 AND 16 ON PAGE 2, ITEMS 17 AND 18 ON PAGE 3, AND ITEMS 19 AND 20 ON PAGE 4. INSTRUCTIONS FOR COMPLETING THESE ITEMS ARE ON PAGES 5 AND 6.

PERITONEAL DIALYSIS CLINICAL PERFORMANCE MEASURES DATA COLLECTION FORM 2006 (CONTINUED)

15. ANEMIA MANAGEMENT: For each lab question below, enter the first lab value obtained for each two month time period: OCT-NOV 2005, DEC 2005-JAN 2006, FEB-MAR 2006. Include the date each lab was drawn. Enter NF/NP if the lab value cannot be located.

	OCT-NOV 2005	DEC 2005-JAN 2006	FEB-MAR 2006
A. First laboratory hemoglobin (Hgb) during the two month time period.	___ ___ . ___ g/dL Date: ___/___/___ (If NF/NP go to 15C)	___ ___ . ___ g/dL Date: ___/___/___ (If NF/NP go to 15C)	___ ___ . ___ g/dL Date: ___/___/___ (If NF/NP go to 15C)
B.1.a. Did the patient have a prescription for Epoetin at any time during the 28 days before the Hgb in 15A was drawn?	Epoetin ☐Yes ☐No ☐Unknown	Epoetin ☐Yes ☐No ☐Unknown	Epoetin ☐Yes ☐No ☐Unknown
B.1.b. Did the patient have a prescription for Darbepoetin(Aranesp™) at any time during the 28 days before the Hgb in 15A was drawn?	Darbepoetin ☐Yes ☐No ☐Unknown	Darbepoetin ☐Yes ☐No ☐Unknown	Darbepoetin ☐Yes ☐No ☐Unknown
C. First serum ferritin concentration during the two month time period:	___ ___ ___ ___ng/mL Date: ___/___/___	___ ___ ___ ___ng/mL Date: ___/___/___	___ ___ ___ ___ng/mL Date: ___/___/___
D. First % transferrin saturation (TSAT) during the two month time period:	___ ___ ___ % Date: ___/___/___	___ ___ ___ % Date: ___/___/___	___ ___ ___ % Date: ___/___/___
E. Was iron prescribed at any time during the two month time period?	☐Yes ☐No (go to 16) ☐Unknown (go to 16)	☐Yes ☐No (go to 16) ☐Unknown (go to 16)	☐Yes ☐No (go to 16) ☐Unknown (go to 16)
F. If yes, what was the prescribed route of iron administration? (Check all that apply).	☐IV ☐PO ☐Unknown	☐IV ☐PO ☐Unknown	☐IV ☐PO ☐Unknown

16. MINERAL METABOLISM MANAGEMENT: Enter the first serum calcium, phosphorus, and albumin obtained for each two month period: OCT-NOV 2005, DEC 2005-JAN 2006, FEB-MAR 2006. Include the date each lab was drawn. Enter NF/NP if the lab value cannot be located. Check the method used (16D) (BCG [bromcresol green] or BCP [bromcresol purple]) by the lab to determine serum albumin. If the lab method is unknown, please call lab to find out.

	OCT-NOV 2005	DEC 2005-JAN 2006	FEB-MAR 2006
A. First serum calcium during the two month time period. Drawn on the same date as 16B and 16C:	___ ___.___ mg/dL Date: ____/____/____	___ ___.___ mg/dL Date: ____/____/____	___ ___.___ mg/dL Date: ____/____/____
B. First serum phosphorus during the two month time period. Drawn on the same date as 16A and 16C:	___ ___.___ mg/dL Date: ____/____/____	___ ___.___ mg/dL Date: ____/____/____	___ ___.___ mg/dL Date: ____/____/____
C. First serum albumin during the two month time period. Drawn on the same date as 16A and 16B:	___.___ gm/dL Date: ____/____/____	___.___ gm/dL Date: ____/____/____	___.___ gm/dL Date: ____/____/____
D. Check lab method used: BCG = bromcresol green; BCP = bromcresol purple	☐ BCG ☐ BCP	☐ BCG ☐ BCP	☐ BCG ☐ BCP

PERITONEAL DIALYSIS CLINICAL PERFORMANCE MEASURES DATA COLLECTION FORM 2006 (CONTINUED)	
17. PD ADEQUACY: The following data are requested for the FIRST PD ADEQUACY determination during the months OCT 2005 through MAR 2006. Starting with the first adequacy measurement in these months, enter the adequacy measurements/results listed below that were obtained. (Please DO NOT record more than one adequacy measurement done for any one month.) Please read instructions on Page 5 & 6 before completing this section. Enter NF/NP if information cannot be located.	
17. Was PD adequacy measurement done between 10-1-2005 and 3-31-2006?	☐Yes ☐No ☐Unknown
17A. Date of **FIRST** PD adequacy measurement between 10-1-2005 and 3-31-2006	____ / ___ / _____) (mm) (dd) (yyyy)
17B. Patient's dialysis modality when adequacy measures were performed	☐CAPD ☐Cycler (See definitions in instructions on page 5)
17B.1 If Cycler, does the prescription include TIDAL dialysis?	☐Yes ☐No ☐Unknown
17C. Patient's weight at the time of this adequacy assessment (abdomen empty) (Circle lbs or kgs)	_____ . ___ lbs /kgs
17D. Weekly Kt/Vurea (dialysate and urine clearance)	____ . _____ _____
17E. Method by which V above was calculated: Check one. (If unknown please call lab.)	☐ %BW ☐ Hume ☐Watson ☐ Other _____
17F. Is Creatinine Clearance corrected for body surface area, using standard methods? (See instructions on page 6)	☐Yes ☐No ☐Unknown
17G. Weekly Creatinine Clearance (dialysate and urine clearance)	__ __ __ . __ L/wk or __ __ __ . __ L/wk/1.73m^2
17H. 24 hr DIALYSATE **volume** (prescribed and ultrafiltration)	___ ___ ___ ___ ___mL
17I. 24 hr DIALYSATE **urea nitrogen:**	___ ___ ___ . ___ mg/dL
17J. 24 hr DIALYSATE **creatinine:**	___ ___ . ___ mg/dL
17K. 24 hr URINE **volume:** (If 24 hr urine was not located check NF/NP.)	___ ___ ___ ___ mL ☐ NF/NP
17L. 24 hr URINE **urea nitrogen:**	___ ___ ___ . ___ mg/dL
17M. 24 hr URINE **creatinine:**	___ ___ ___ . ___ mg/dL
17N. SERUM BUN at the time this PD adequacy assessment was done	___ ___ ___ mg/dL
17O. SERUM creatinine at the time this PD adequacy assessment was done	___ ___ . ___ mg/dL
17P.1. Most recent 4 hour dialysate/plasma creatinine ratio (D/P Cr) from a peritoneal equilibration test (PET). (May be outside of 6-month collection time frame) 2. Date of most recent D/P Cr	____ . _____ _____ ____ / ___ / _____ (mm) (dd) (yyyy)
18. PERITONEAL DIALYSIS PRESCRIPTION: For the following question – record if the PD prescription in effect at the time the adequacy measures/results recorded in Question 17 was changed. Please read instructions on Page 6 before completing this section.	
18. Based on the adequacy results from questions 17A – 17O, was the prescription changed following the **FIRST** PD adequacy measurement performed between OCT 1, 2005 and MAR 31, 2006.	☐Yes ☐No ☐Unknown

PERITONEAL DIALYSIS CLINICAL PERFORMANCE MEASURES DATA COLLECTION FORM 2006 (CONTINUED)	
19. PD ADEQUACY: The following data are requested for the SECOND PD ADEQUACY determination during the months NOV 2005 through MAR 2006. Starting with the second adequacy measurement in these months, enter the adequacy measurements/results listed below that were obtained. (Please DO NOT record more than one adequacy measurement done for any one month.) Please read instructions on Page 6 before completing this section. Enter NF/NP if information cannot be located.	
19. Was **SECOND** PD adequacy measurement done between 11-1-2005 and 3-31-2006?	☐Yes ☐No ☐Unknown
19A.Date of **SECOND** PD adequacy measurement between 11-1-2005 and 3-31-2006	____ / ___ / _____) (mm) (dd) (yyyy)
19B.Patient's dialysis modality when adequacy measures were performed	☐CAPD ☐Cycler (See definitions in instructions on page 6)
19B.1. If Cycler, does the prescription include TIDAL dialysis?	☐Yes ☐No ☐Unknown
19C. Patient's weight at the time of this adequacy assessment (abdomen empty) (Circle lbs or kgs)	_____ . ___ lbs /kgs
19D. Weekly Kt/Vurea (dialysate and urine clearance)	____ . _____ _____
19E. Method by which V above was calculated: Check one. (If unknown please call lab.)	☐ %BW ☐ Hume ☐Watson ☐ Other _____
19F. Is Creatinine Clearance corrected for body surface area, using standard methods? (See instructions on page 6)	☐Yes ☐No ☐Unknown
19G. Weekly Creatinine Clearance (dialysate and urine clearance)	__ __ __ . __ L/wk or __ __ __ . __ L/wk/1.73m^2
19H. 24 hr DIALYSATE **volume** (prescribed and ultrafiltration)	___ ___ ___ ___ ___mL
19I. 24 hr DIALYSATE **urea nitrogen:**	___ ___ ___ . ___ mg/dL
19J. 24 hr DIALYSATE **creatinine:**	___ ___ . ___ mg/dL
19K. 24 hr URINE **volume:** (If 24 hr urine was not located check NF/NP.)	___ ___ ___ ___ mL ☐ NF/NP
19L. 24 hr URINE **urea nitrogen:**	___ ___ ___ . ___ mg/dL
19M. 24 hr URINE **creatinine:**	___ ___ ___ . ___ mg/dL
19N. SERUM BUN at the time this PD adequacy assessment was done	___ ___ ___ mg/dL
19O. SERUM creatinine at the time this PD adequacy assessment was done	___ ___ . ___ mg/dL
19P. If the patient has had a 4-Hour D/P Cr performed from a PET since the time of the first adequacy test, during the 6 month collection time frame, enter the value and the date the test was performed. If not performed, enter NP.	____ . _____ _____ ____ / ___ / _____) (mm) (dd) (yyyy)
20. PERITONEAL DIALYSIS PRESCRIPTION: For the following question – record if the PD prescription in effect at the time the adequacy measures/results recorded in Question 19 was changed. Please read instructions on Page 6 before completing this section.	
20. Based on the adequacy results from questions 19A – 19O, was the prescription changed following the **SECOND** PD adequacy measurement performed between NOV 1, 2005 and MAR 31, 2006.	☐Yes ☐No ☐Unknown

PERITONEAL DIALYSIS CLINICAL PERFORMANCE MEASURES DATA COLLECTION FORM 2006 (CONTINUED)

INSTRUCTIONS FOR COMPLETING QUESTIONS 15 AND 16 (Continued from page 1): To answer questions 15 and 16, review the patient's clinic or facility medical record FOR EACH TWO MONTH TIME PERIOD: OCT 1, 2005 through NOV 30, 2005, DEC 1, 2005 through JAN 31, 2006, and FEB 1, 2006 through MAR 31, 2006. Do not leave any items blank. Enter NF/NP if the information cannot be located.

15A: Enter the patient's FIRST hemoglobin (Hgb) value determined by the laboratory for EACH two-month time period. Include the date the lab was drawn. If not found or not performed during the two-month time period, enter NF/NP.

15B.1: Check the appropriate box to indicate if the patient had a prescription for EPOETIN or DARBEPOETIN (Aranesp™) at any time during the 28 days BEFORE the date of the hemoglobin value in 15A.

15C: Enter the patient's FIRST serum ferritin concentration recorded EACH two-month time period. Include the date the lab was drawn. If a serum ferritin concentration test was not found or not performed every two-month time period, enter the value for the time period when performed and record NF/NP for the other time period(s).

15D: Enter the patient's FIRST % transferrin saturation (TSAT) recorded EACH two-month time period. Include the date the lab was drawn. If a % transferrin saturation (TSAT) test was not found or not performed every two-month time period, enter the value for the time period when performed and record NF/NP for the other time period(s).

15E: Check either "Yes", "No", or "Unknown" to indicate if iron was prescribed at any time during the two-month time periods.

15F: If the answer to 15E is "Yes", please check the appropriate space to indicate the route of iron administration (intravenous [IV] or by mouth [PO]) for each two-month time period. Check every route of administration that was prescribed each time period.

16A: Enter the patient's FIRST serum calcium recorded EACH two-month time period. Include the date the lab was drawn.

16B: Enter the patient's FIRST serum phosophorus recorded EACH two-month time period. Include the date the lab was drawn.

16C: Enter the patient's FIRST serum albumin recorded EACH two-month time period. Include the date the lab was drawn.

16D: Check the method used by the laboratory to determine the serum albumin value (bromcresol green or bromcresol purple). If you do not know what method the laboratory used, call the lab to find out this information.

INSTRUCTIONS FOR COMPLETING QUESTIONS 17 THROUGH 20: To answer questions 17 through 20 review the patient's clinic or facility medical record and provide the requested data for each of the first two adequacy measurements and PD prescriptions in effect at the time the adequacy measurements were done during the months OCT 2005 through MAR 2006. DO NOT record more than one adequacy measurement done for any one month.

17. Check "Yes", "No", or "Unknown" to indicate if a PD adequacy measurement was done between OCT 1, 2005 and MAR 31, 2006.

17A: Enter the first date on which PD adequacy of dialysis was assessed for the first measure obtained between OCT 1, 2005 and MAR 31, 2006. DO NOT record more than one PD adequacy measurement done for any one month.

17B: Check the modality of peritoneal dialysis this patient was on at the time the corresponding adequacy of dialysis measure was obtained. CHECK either CAPD or Cycler. CAPD includes patients with one overnight exchange using an assist device. Cycler includes patients using an automated device for exchanges.

17B.1: If answer to 17B is cycler, check "Yes", "No", or "Unknown" to indicate whether this patient's peritoneal dialysis prescription included TIDAL dialysis. TIDAL patients are cycler patients for whom the dialysate is partially drained between some exchanges.

17C: Enter the patient's weight (with abdomen empty) at the clinic/facility visit when the adequacy measurements were obtained, circle lbs or kgs as appropriate. If abdomen is not empty for weight, subtract the weight of the fill fluid from the measured patient weight.

PERITONEAL DIALYSIS CLINICAL PERFORMANCE MEASURES DATA COLLECTION FORM 2006 (CONTINUED)

17D: Enter the TOTAL WEEKLY Kt/Vurea for the first adequacy measurement indicated on 17A between OCT 1, 2005 and MAR 31, 2006. NOTE: Whether or not you have a value for weekly Kt/Vurea for this adequacy assessment, please complete the corresponding values for questions 17H-17I for 24-hour dialysate volume, 24-hour dialysate urea nitrogen and question 17K for 24-hour urine volume. If the patient is not anuric, complete the corresponding value for question 17L, the 24-hour urine urea nitrogen, if this value is available. Enter NF/NP for all values when not found or not performed. If your unit calculates a daily Kt/Vurea, multiply this result by 7.0 and enter the result in the appropriate space(s). If this patient did not dialyze each day of the week, then multiply the daily Kt/Vurea by the number of days the patient did dialyze.

17E: Check the method used to calculate the V in the Kt/Vurea measurement; % BW = percent of body weight; Hume and Watson are two nomograms used to calculate V based on several of these parameters - weight, height, age, gender. If method used to calculate V is not known, please call lab to ascertain method. Please do not leave blank.

17F: Check Yes or No if the weekly creatinine clearance was normalized for body surface area (i.e., the result is multiplied by $1.73m^2$ and divided by the patient's body surface area [BSA]). Standard methods for establishing BSA are: the DuBois and DuBois method; the Gehan and George method; and the Haycock method. If you do not have this information, call the laboratory that provided the creatinine clearance value for this information. Please do not leave blank.

17G: Enter the TOTAL WEEKLY CREATININE CLEARANCE for the first adequacy measurement indicated on 17A between OCT 1, 2005 and MAR 31, 2006. NOTE: Whether or not you have a value for weekly creatinine clearance for this adequacy assessment, please complete the corresponding values for questions 17H and 17J for 24-hour dialysate volume, 24-hour dialysate creatinine and question 17K for 24-hour urine volume. If the patient is not anuric, complete the corresponding value for question 17M, the 24-hour urine creatinine, if this value is available. Enter NF/NP for all values when not found or not performed. If your unit calculates a daily creatinine clearance multiply this result by 7.0 and enter the result in the appropriate space(s). If this patient did not dialyze each day of the week, then multiply the daily creatinine clearance by the number of days the patient did dialyze.

17H, I, and J: Enter the measured 24-hour DIALYSATE volume (includes prescribed and ultrafiltration volumes), urea nitrogen and creatinine obtained for the first adequacy measurement obtained between OCT 1, 2005 and MAR 31, 2006. If a 24-hour dialysate volume, urea nitrogen or creatinine were NOT measured in this time period, enter NF/NP (for not found or not performed) in the appropriate spaces. ONLY ENTER ACTUAL MEASURED 24-HOUR DIALYSATE VOLUME. DO NOT ENTER AN EXTRAPOLATED DIALYSATE VOLUME. Please report the 24-hour dialysate volume as a combination of the prescribed fill volume and the ultrafiltration volume.

17K, L, and M: Enter the 24-hour URINE volume, urea nitrogen and creatinine obtained for the first adequacy assessment obtained between OCT 1, 2005 and MAR 31, 2006. ONLY ENTER ACTUAL MEASURED 24-HOUR URINE VOLUME—DO NOT ENTER AN EXTRAPOLATED URINE VOLUME. If 24-hour urine volume was not collected check NF/NP for not found or not performed. If NF/NP is checked, SKIP TO QUESTION 17N. If urine urea nitrogen and creatinine were not found or not measured in this time period, enter NF/NP in the appropriate spaces.

17N, O: Enter the SERUM BUN and SERUM CREATININE obtained for the first PD adequacy assessment obtained between OCT 1, 2005 and MAR 31, 2006. Enter NF/NP in the appropriate spaces for all time periods when not found or not performed.

17P:(1) Enter the most recent 4 hour dialysate/plasma creatinine ratio (D/P Cr) from a peritoneal equilibration test (PET).
(2) Enter the date of the most recent D/P Cr. The test result and corresponding date of the most recent D/P Cr may be outside the 6-month study period. If never found or performed record NF/NP. Date cannot be after 3/31/06 or prior to the first day of peritoneal dialysis.

18: Check "Yes", "No", or "Unknown", indicating whether the PD prescription changed following the first PD adequacy measurement performed between OCT 1, 2005 and MAR 31, 2006.

19: Check 'Yes', 'No', or 'Unknown' to indicate if a PD adequacy measurement was done between NOV 1, 2005 and MAR 31, 2006.

19A-O: See instructions for 17A-17O and complete for **SECOND** PD adequacy measurement performed between NOV 1, 2005 and MAR 31, 2006. DO NOT record more than one PD adequacy measurement done for any one month.

19P: Record the value and date of the patient's PET if a new one was performed since the time of the first adequacy test during this 6-month collection time frame. If not performed enter NP.

20: Check "Yes", "No", or "Unknown", indicating whether the PD prescription changed following the **SECOND** PD adequacy measurement performed between NOV 1, 2005 and MAR 31, 2006.