AUST. & N.Z. DIALYSIS AND TRANSPLANT SURVEY

AUSTRALIAN **KIDNEY** FOUNDATION

REGISTRY NUMBER

THIS SECTION FOR ALL PATIENTS

1 **INITIAL HOSPITAL** — Hospital/State | Hosp. Unit No.

CURRENT PARENT HOSPITAL — Hospital/State | Hosp. Unit No | Physician (Optional)

2 Surname | Given Names

3 **DATE OF BIRTH** | **4 SEX** | **5 RACIAL ORIGIN** (Record from list) OTHER | **6 PRIMARY RENAL DISEASE** (Record from list) OTHER | **7 BIOPSY** Y=Yes

8 **DEMOGRAPHIC - COUNTRY OF BIRTH** (If Australia or NZ - Tick box) AUST | NZ | OTHER COUNTRY (Please specify)

9 **POSTCODE AT ENTRY** (Australia)

CO-MORBID SYMPTOMATIC CONDITIONS AT ENTRY TO PROGRAMME

10 **Llate referral to nephrologist <3 months before first treatment** (Y/N)

11 **HEIGHT** (cms)

12 **WEIGHT** (kg)

13 **CIGARETTE SMOKING** N=Never F=Former C=Current

14 **CHRONIC LUNG DISEASE** Y=Yes S=Suspected N=No

15 **CORONARY ARTERY DISEASE** Y=Yes S=Suspected N=No

16 **PERIPHERAL VASCULAR DISEASE** Y=Yes S=Suspected N=No

17 **CEREBROVASCULAR DISEASE** Y=Yes S=Suspected N=No

18 **DIABETES** N=No O=Type 1 - Insulin dependent P=Type 2 - Non-Insulin requiring Q=Type 2 - Insulin requiring

19 **HYPERTENSION REQUIRING TREATMENT** (Y/N)

20 **OTHER CO-MORBID CONDITIONS** (Write In)

21 CENTRE OF TREATMENT AT END OF SURVEY

Enter geographical location FOR ALL PATIENTS at DEATH or END OF SURVEY

	HOSPITAL / CENTRE NAME (Write In)	CENTRE CODE
CURRENT		
LAST SURVEY		

22 COURSE OF TREATMENT - COMPLETE ACCORDING TO CODE

A Hospital IPD/CCPD/Tidal
C Satellite IPD/CCPD/Tidal
E Home IPD/CCPD/Tidal

L Hospital CAPD
M Home CAPD

B Hospital HD
D Satellite HD
F Home HD

G Transplant in AUST/NZ
H Date of last post graft dialysis

X Transplant Overseas

I Graft function Temporary/ Permanently ceased (Date return to dialysis)

J Own kidney function recovered. Dialysis ceased

K Date of last visit if lost to follow lup

Z DATE OF DEATH

	CODE	DAY	MTH	YR		CODE	DAY	MTH	YR		CODE	DAY	MTH	YR
1st					10th					19th				
2nd					11th					20th				
3rd					12th					21st				
4th					13th					22nd				
5th					14th					23rd				
6th					15th					24th				
7th					16th					25th				
8th					17th					26th				
9th					18th					27th				

23 CANCER EVER? Y/N — If Yes, enter separate Cancer Form

24 CAUSE OF DEATH (Record from list) | OTHER

25 WAS GRAFT SUSTAINING LIFE? Without dialysis at time of death Y=Yes N=No

26 QUALITY OF LIFE ASSESSMENT (Record from list)

CURRENT SURVEY | **LAST SURVEY**

28 LIKELIHOOD OF TRANSPLANTATION (Record from list)

CURRENT SURVEY | **LAST SURVEY** | OTHER

27 PARENTHOOD (Both sexes)

PREGNANCY (Record from list)

CODE	OTHER	DAY	MTH	YR

THIS SECTION FOR ALL PATIENTS DIALYSED AT ANY TIME DURING THIS SURVEY PERIOD

RESPONSES IN THIS SECTION SHOULD REFLECT STATUS AT END OF SURVEY OR THAT PERTAINING WHEN DIALYSIS ENDED

29 TYPE OF DIALYSIS (Record from list)

30 DRY WEIGHT AT LAST DIALYSIS HD and PD Patients At end of Survey, Transplantation or Death (nearest kg)

IN THE EVENT OF THE PATIENT HAVING BOTH HD AND PERITONEAL DIALYSIS DURING THE SURVEY - COMPLETE SECTIONS 29-42 INCLUSIVE

SECTION 1 - HAEMODIALYSIS

31 **DIALYSER BRAND** (Write In) CODE | BRAND NAME AND MODEL

32 **BLOOD FLOW RATE** (mls/min) | 33 **SESSIONS PER WEEK** | 34 **HOURS PER SESSION** | 35 **UREA REDUCTION %** | 36 **DIALYSER REUSE** Y=Yes N=No

SECTION 2 - ALL PERITONEAL DIALYSIS

37 **CONNECTION SYSTEM** (End of Survey) CODE | (Write In)

38 **PERITONITIS** DATE OF FIRST EPISODE

39 **CONNECTION SYSTEM USED AT TIME OF FIRST PERITONITIS** CODE | (Write In)

40 **NUMBER OF EPISODES OF PERITONITIS** During this Survey

41 **TOTAL VOLUME OF WEEKLY EXCHANGES (Incl. IPD)** (Litres per week)

42 **CAPD PATIENTS NIGHT TIME SINGLE EXCHANGE DEVICE** Y=Yes N=No

43 **REASON FOR TRANSFER FROM CAPD/CCPD** (Record from list)

44 HEPATITIS C

Please enter status of ALL DIALYSIS and FUNCTIONING TRANSPLANT PATIENTS at end of Survey or Death

HEPATITIS C ANTIBODY 1=Positive 2=Negative 3=Not done

CURRENT SURVEY | **LAST SURVEY**

β_2 MICROGLOBULIN AMYLOID ASSOCIATED CONDITIONS

ALL PATIENTS

45 **PRESENT** (See list) Y=Yes S=Suspected N=No (Y/S/N)

46 IF YES / SUSPECTED Joints | Carpal Tunnel | Other (Specify) .....

CURRENT GRAFT (IN THE EVENT OF BOTH GRAFT FAILURE AND RETRANSPLANT IN THIS SURVEY - USE A NEW FORM)

47 **GRAFT NUMBER**

48 **DATE OF THIS TRANSPLANT**

49 **DONOR HOSPITAL**

50 **TRANSPLANT HOSPITAL**

51 **RECIPIENT ANTIBODY STATUS AT GRAFT** CMV | EBV 1=Positive 2=Negative 3=Not done

52 **NUMBER REJECTION EPISODES THIS SURVEY** (Complete acute rejection form for each episode) Within 1 year of transplant

53 **DONOR DETAILS** SOURCE | AGE | SEX (See list)

54 **TOTAL ISCHAEMIA** (Hours)

55 **IMMEDIATE FUNCTION** (See list)

56 **DISEASE IN GRAFT** (See list) If Yes

57 **DATE RECURRENCE FIRST PROVEN** (eg. Graft biopsy)

58 **CAUSE OF GRAFT FAILURE** OTHER (Record from list)

59 MONOCLONAL / POLYCLONAL THERAPY (Record from list)

COURSE	DATE	AGENT	OTHER	NO. DOSES GIVEN	REASON	OTHER
1st						
2nd						
3rd						

60 TOTAL DAILY DRUG DOSE (mg)

TOTAL INITIAL ORAL DOSE	1 MTH	2 MTH	3 MTH	6 MTH	1 YR	2 YR	3 YR	5 YR	7 YR	10 YR	15 YR	20 YR	25 YR
CYA													
AZA													
PRED													
MMF													
TACROL													
..... OTHER													

61 CYA SPARING DRUG **0=NOT GIVEN 1=GIVEN (DRUG NAME NOT REQUIRED)**

62 BODY WEIGHT (kg)

63 SERUM CREATININE µmol/L

FOR OFFICE USE ONLY

64 HLA TYPING

	BLOOD GROUP	A	A CODE	B	B CODE	DR	DR CODE	DQ	DQ CODE
RECIPIENT									
DONOR									

65 PRA AND CROSSMATCH

MAX CYTO	CELLS T	CELLS B	CURR CYTO	CELLS T	CELLS B