

Event Checking Chart

End Stage Renal Disease

Name of Centre Gender Year of Birth

Patient ID Date of event

1. Has the patient undergone continuous peritoneal or haemo- dialysis for a duration of more than 3 consecutive months (for chronic renal disease)?

Yes No Unknown

2. Has the patient undergone renal transplantation (for chronic renal disease)?

Yes No Unknown

3. Please indicate the underlying etiology of the chronic renal failure:

- | | |
|--|--|
| <input type="checkbox"/> Diabetic nephropathy | <input type="checkbox"/> Polycystic kidney disease |
| <input type="checkbox"/> General drug toxicity related nephropathy | <input type="checkbox"/> Systemic disease |
| <input type="checkbox"/> Hereditary / congenital | <input type="checkbox"/> Vascular |
| <input type="checkbox"/> HIV associated nephropathy | <input type="checkbox"/> Other |
| <input type="checkbox"/> Interstitial nephritis | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Non-AIDS related glomerulonephritis | |

4. Is the diagnosis of chronic renal impairment based on renal biopsy?

Yes No Unknown

5. Was this a fatal ESRD event?

Yes No Unknown

All available information regarding this event has been collected.

Reported by:

Date:

Stamp/signature:

Verified by

Date:

(Senior physician):

Stamp/signature: