|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **New patient assessment frequency** | **Prior to starting NxStage® HHD therapy** | **Final training day** | **1st clinic visit** | **2nd clinic visit** | **6 months** | **1 year** | **> 1 year**  |
| **Existing patient frequency/date** |  |  |  |  |  |  |  |
| **Lifestyle**  |  |  |  |  |  |  |  |
| Hours/day spent doing moderate activity (sports, gardening, housekeeping) |  |  |  |  |  |  |  |
| Hours/day spent working outside the home  |  |  |  |  |  |  |  |
| Hours/day spent working inside the home |  |  |  |  |  |  |  |
| Travel trips taken in the last 3 months |  |  |  |  |  |  |  |
| Hours/day of “quality” time with family / friends  |  |  |  |  |  |  |  |
| Minutes for “recovery” after a treatment  |  |  |  |  |  |  |  |
| Hours of “quality” sleep / night  |  |  |  |  |  |  |  |
| Nutrition / appetite improved?  |  | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| Miles traveled for treatment (to center, round trip) |  |  |  |  |  |  |  |
| **Physical Health** |  |  |  |  |  |  |  |
| Number of BP medications taken a day |  |  |  |  |  |  |  |
| Kg (or pounds) removed during most recent treatment  |  |  |  |  |  |  |  |
| Dry weight  |  |  |  |  |  |  |  |
| Episodes/day of “restless leg” symptoms |  |  |  |  |  |  |  |
| Number of days hospitalized in last 3 months (rolling 3 months) |  |  |  |  |  |  |  |
| **Psychological**  |  |  |  |  |  |  |  |
| Rate how you feel about being on HHD: 1-5. 1 = not good, 5 = great!  |  |  |  |  |  |  |  |
| Rate your level of depression (1 = very depressed , 5 = no depression) |  |  |  |  |  |  |  |

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 **Comments:**