

ESRD Core Survey Worksheet: Patient Roster
(Make Additional Copies As Needed)

Facility:

CCN:

Census:

Date:

Survey Information	Reason Sampled	Unstable	New Admit <90 days	Involuntary Discharge	Home Dialysis in LTC	Infection	Hospitalized/ Readmitted	Anemia Management	Adequacy	Calcium/Phosphorus CKD MBD	Albumin/Nutrition	Fluid Management	CVC >90 days	Transplant candidate not referred	Observation	Random Sampled for Observation/Interview (circle one)	Complaint
ICHD = In-center HD HHD = Home HD PD = Peritoneal Dialysis I = Interview O = Observation R = Record Review																	
Name _____ ID _____ Admit Date _____ <input type="checkbox"/> ICHD <input type="checkbox"/> HHD <input type="checkbox"/> PD <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> R Surveyor _____																	
Name _____ ID _____ Admit Date _____ <input type="checkbox"/> ICHD <input type="checkbox"/> HHD <input type="checkbox"/> PD <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> R Surveyor _____																	
Name _____ ID _____ Admit Date _____ <input type="checkbox"/> ICHD <input type="checkbox"/> HHD <input type="checkbox"/> PD <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> R Surveyor _____																	
Name _____ ID _____ Admit Date _____ <input type="checkbox"/> ICHD <input type="checkbox"/> HHD <input type="checkbox"/> PD <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> R Surveyor _____																	
Name _____ ID _____ Admit Date _____ <input type="checkbox"/> ICHD <input type="checkbox"/> HHD <input type="checkbox"/> PD <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> R Surveyor _____																	

ESRD Core Survey Patient Roster(continued)

Survey Information ICHD = In-center HD HHD = Home HD PD = Peritoneal Dialysis I = Interview O = Observation R = Record Review	Reason Sampled	Unstable	New Admit <90 days	Involuntary Discharge	Home Dialysis in LTC	Infection	Hospitalized Readmitted	Anemia Management	Adequacy	Calcium/Phosphorus CKD MBD	Albumin/Nutrition	Fluid Management	CVC >90 days	Transplant candidate not referred	Observation	Random Sampled for Observation/Interview (circle one)	Complaint
Name _____ ID _____ Admit Date _____ <input type="checkbox"/> ICHD <input type="checkbox"/> HHD <input type="checkbox"/> PD <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> R Surveyor _____																	
Name _____ ID _____ Admit Date _____ <input type="checkbox"/> ICHD <input type="checkbox"/> HHD <input type="checkbox"/> PD <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> R Surveyor _____																	
Name _____ ID _____ Admit Date _____ <input type="checkbox"/> ICHD <input type="checkbox"/> HHD <input type="checkbox"/> PD <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> R Surveyor _____																	
Name _____ ID _____ Admit Date _____ <input type="checkbox"/> ICHD <input type="checkbox"/> HHD <input type="checkbox"/> PD <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> R Surveyor _____																	