

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

Instructions: Check ONLY criteria/data-driven or other focus area(s) for why the patient was sampled

Facility:

CCN:

Census:

Date:

Survey Information ICHD = In-center HD ICPD = In-center PD HHD = Home HD PD = Home PD I = Interview O = Observation R = Record Review	Reason Sampled	Unstable	New Admit <90 days	Involuntary Discharge	Residents Receiving Dialysis in LTC	Infection	Hospitalized/Readmitted	Anemia Management	Adequacy	Calcium/Phosphorus CKD MBD	Albumin/Nutrition	Fluid Management	CVC >90 days	Observation	Random Sampled for Observation/Interview	Complaint
Name _____ ID _____ Admit Date _____ <input type="checkbox"/> ICHD <input type="checkbox"/> HHD <input type="checkbox"/> ICPD <input type="checkbox"/> PD <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> R Surveyor _____																
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