University of Dongola

Faculty of Medicine & Health Sciences – Department of Community Medicine

DATA COLLECTION QUESTIONNAIRE

Prevalence of Intra-Dialytic Complications and Associated Risk Factors Among Patients on Maintenance Hemodialysis in Dongola City, Sudan, 2026

Consent and Identification

We are medical students from the University of Dongola conducting a study on complications that occur during hemodialysis sessions. Your participation is voluntary, you may withdraw at any time without affecting your dialysis care, and your information will be kept confidential and coded without your name. Do you agree to participate?

1. Verbal informed consent obtained?

☐ Yes ☐ No

2. Questionnaire code: _____

3. Medical record number (used only to avoid duplicates, not entered in analysis):

_____

4. Date of data collection: ____ / ____ / _____

5. Dialysis days:

☐ Saturday ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Section A: Demographic Characteristics

A1. Age (years):

☐ 18-35 ☐ 36-45 ☐ 46-64 ☐ 65+

Exact age: _____ years

A2. Sex

☐ Male ☐ Female

Section B: Clinical Characteristics

Answer from the patient and confirm with the medical record.

B1. Diabetes mellitus?

☐ Yes ☐ No

B2. Hypertension?

☐ Yes ☐ No

B3. Cardiovascular disease?

☐ Yes ☐ No

B3a. If yes, which type? (tick all that apply)

☐ Heart failure ☐ Ischemic heart disease ☐ Arrhythmia ☐ Valvular heart disease

☐ Others, specify: _____

B4. Most recent hemoglobin (from record): _____ g/dL Date: __ / __ / ____

B5. Anemia (Hb < 13 g/dL in men, < 12 g/dL in women)

☐ Yes ☐ No

B6. Do you take erythropoietin (EPO)?

☐ Yes ☐ No

B6a. If yes, by which route?

☐ Intravenous (during dialysis) ☐ Subcutaneous ☐ Other, specify: _____

B6b. If yes, is it taken weekly?

☐ Yes, weekly ☐ No, not weekly (specify frequency: _____)

B7. Do you take antihypertensive medication before dialysis sessions?

☐ Yes ☐ No

Section C: Dialysis-Related Characteristics

C1. Duration of dialysis

☐ 3 months - 6 months ☐ 7 months - 1 year ☐ More than 1 year

C2. Type of vascular access (from record)

☐ Arteriovenous fistula ☐ Arteriovenous graft ☐ Central venous catheter

C3. Regularity of attendance (Regular = no missed session; Irregular = one or more missed)

☐ Regular ☐ Irregular

C4. Number of dialysis sessions per week (prescribed): _____

C5. Prescribed session duration: _____ hours

C6. Dry (target) weight (from record): _____ kg

Section D: Session Data from Medical Record (Last 6 Sessions)

Start with the most recent session (S1) and go back to S6. BP in mmHg, weight in kg, ultrafiltration (UF) in liters. Take the lowest BP and the interventions from the nursing notes.

D1. Pre-dialysis weight:

S1 _____ S2 _____ S3 _____ S4 _____ S5 _____ S6 _____ (kg)

D2. Post-dialysis weight of the session BEFORE each listed session (i.e., the previous session's post-dialysis weight):

S1 _____ S2 _____ S3 _____ S4 _____ S5 _____ S6 _____ (kg)

D3. Interdialytic weight gain (IDWG) = _____

D4. Ultrafiltration volume:

S1 _____ S2 _____ S3 _____ S4 _____ S5 _____ S6 _____ (L)

D5. Pre-dialysis BP (systolic/diastolic):

S1 ___/___ S2 ___/___ S3 ___/___ S4 ___/___ S5 ___/___ S6 ___/___

D6. Post-dialysis BP (systolic/diastolic):

S1 ___/___ S2 ___/___ S3 ___/___ S4 ___/___ S5 ___/___ S6 ___/___

D7. Lowest BP recorded during the session (systolic/diastolic):

S1 ___/___ S2 ___/___ S3 ___/___ S4 ___/___ S5 ___/___ S6 ___/___

D8. Actual session duration:

S1 _____ S2 _____ S3 _____ S4 _____ S5 _____ S6 _____ (hours)

D9. UF rate (mL/kg/h) = _____

Section E: Intradialytic Complications (Last 6 Sessions)

During your last six dialysis sessions, in how many sessions did you experience each of the following while on the machine? Use the patient's report and the dialysis notes. Tick one answer for each.

E1. Intradialytic hypotension (IDH): ☐ Yes ☐ No

E2. Intradialytic hypertension: ☐ Yes ☐ No

E3. Meets the operational definition (in ≥4 of the last 6 sessions): ☐ Yes ☐ No

E4. Muscle cramps: ☐ Yes ☐ No

E5. Nausea and/or vomiting: ☐ Yes ☐ No

E6. Headache: ☐ Yes ☐ No

E7. Chest pain: ☐ Yes ☐ No

E8. Chills and/or rigors: ☐ Yes ☐ No

E9. Dizziness: ☐ Yes ☐ No

E10. Other complication (specify): ☐ Yes ☐ No

E11. If yes: _____

Interviewer: _____ Signature: _____ Date: ___ / ___ / _____

Thank you for your participation.