Combined ESRD Patient Profile and Death Notification (form 2746) File

Variable Name	Variable Label
SURVEY	NCHS Survey linked to the End Stage Renal Disease (ESRD) data
PUBLICID[*]	NCHS Survey Identifier - Participant Identification Number
SEQN[*]	NCHS Survey Identifier - Sample Sequence Number
RESNUM[*]	NCHS Survey Identifier - Resident Record (Case) Number
RACE	Race of Patient
TX1DATE	Date of first transplant
TX1FAIL	First transplant failure date
TOTTX	Total transplants for this patient
TX1DONOR	First transplant donor type
INCYEAR	Year of First ESRD Service
PATIENTS_INC_AGE	Age at first ESRD service (from Patients file)
PATIENTS_INCAGEC	Age at first ESRD service (5-year age categories)
PDIS	Primary Disease causing ESRD
DISGRPC	Primary Disease causing ESRD: detailed group
FIRST_SE	Date of First ESRD Service
PATIENTS_CDEATH	Primary Cause of Death (from Patients file)
PATIENTS_CDEATH2	Secondary Cause of Death - 1 (from Patients File)
PATIENTS_CDEATH3	Secondary Cause of Death - 2 (from Patients File)
PATIENTS_CDEATH4	Secondary Cause of Death - 3 (from Patients File)
PATIENTS_CDEATH5	Secondary Cause of Death - 4 (from Patients File)
RXSTOP	Treatment Stopped Prior to Death (available 1990 and after)
PATIENTS_DOD	Date of Death (from Patients file)
PATIENTS_SEX	Sex of Patient (from Patients file)
ADRIND	Patient included in USRDS Annual Data Report (ADR)
ADRINDTXT	Reason Patient not included in USRDS Annual Data Report (ADR)
NETWORK	ESRD Network (from Patients file)
ZIPCODE	Zip code of Residence
COUNTY	County of Residence
PATIENTS_STATE	State of Residence
USA	Patient resides in the US (Y/N)
PLACEDEATH	Patient Place of Death
AUTOPSY	Autopsy Performed
DEATH_CAUSEPRIM	Primary Cause of Death (from Death file)
DEATH_CAUSESEC1	Secondary Cause of Death - 1 (from Death File)
DEATH_CAUSESEC2	Secondary Cause of Death - 2 (from Death File)
DEATH_CAUSESEC3	Secondary Cause of Death - 3 (from Death File)
DEATH_CAUSESEC4	Secondary Cause of Death - 4 (from Death File)
DEATH_CAUSE_OTHER	Other Cause of Death
LAST_TREATMENT	Date of Last Dialysis Treatment before Death
REPLTHEDIS	Renal Replacement Therapy Discontinued Prior to Death
REREDISFOL	Reason Renal Replacement Therapy Discontinued
TRANSPLANT	Transplant Indicator
TPDATE	Most Recent Transplant Date
KIDNEYFUNC	Kidney Function at Death Indicator
OUTDIAL	Outpatient Dialysis Status Prior to Death
DISCONTINUE_REASON	Family Requested to Discontinue Renal Replacement Therapy
HOSPICE	Patient Receiving Hospice Care
MODALITY_TYPE	Patient's Modality at Time of Death
DEATH_INC_AGE	Age at First ESRD Service (from Death file)

Variable Name	Variable Label
DEATH_DOD	Date of Death (from Death file)
DEATH_SEX	Sex of Patient (from Death file)
DEATH_STATE	Patient State of Death
NETWORKNUM	ESRD Network Number (from Death File)

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(http://www.cdc.gov/rdc/index.htm) when preparing the data dictionary for your research proposal.***

ESRD Medical Evidence Report (form 2728) File

Variable Name	Variable Label
SURVEY	NCHS Survey linked to the End Stage Renal Disease (ESRD) Data
PUBLICID*	NCHS Survey Identifier - Participant Identification Number
SEQN*	NCHS Survey Identifier - Sample Sequence Number
RESNUM*	NCHS Survey Identifier - Resident Record (Case) Number
CRDATE	Date 2728 Form Entered Into System
SEX	Patient's Gender
ETHN	Patient's Ethnicity
RACE	Patient's Race
SUB_CODE	Sub-Race Code as assigned by each Network (2005 form)
RACEC	Concatanation of Patient's Race (2005 form)
INC_AGE	Age at Incidence
MEDCOV_MEDICAID	Medicaid Coverage Indicator (2005 form)
MDCD	Medicaid Coverage Indicator (1995 form)
MEDCOV_MEDDVA	Department of Veteran's Affairs (DVA) Medical Coverage Indicator (2005 form)
DVA	Department of Veteran's Affairs (DVA) Medical Coverage Indicator (1995 form)
MEDCOV_MEDICARE	Medicare Coverage Indicator (2005 form)
MDCR	Medicare Coverage Indicator (1995 form)
MEDCOV_ADVANTAGE	Medicare Advantage Indicator (2005 form)
MEDCOV_GROUP	Employer Group Health Insurance Indicator (2005 form)
EMPGRP	Employer Group Health Insurance Indicator (1995 form)
MEDCOV_OTHER	Other Medical Insurance Coverage Indicator (2005 form)
OTHCOV	Other Medical Insurance Coverage Indicator (1995 form)
MEDCOV_NONE	No Medical Insurance Coverage Indicator (2005 form)
NOCOV	No Medical Insurance Coverage Indicator (1995 form)
MDCRCOD	Patient applying for ESRD Medicare
MEDICALCOVERAGE	Concatenation of Patient's Medical Insurance Coverage (2005 form)
PDIS	Primary Cause of Renal Failure
HEIGHT	Patient's Height (cm)
WEIGHT	Patient's Weight (kg)
BMI	Patient's Calculated Body Mass Index (BMI)
EMPPREV	Patient's Prior Employment Status
EMPCUR	Patient's Current Employment Status
COMO_CHF	Patient Congestive Heart Failure Indicator (2005 form)
CARFAIL	Patient Congestive Heart Failure Indicator (1995 form)
IHD	Patient Ischemic Heart Disease Indicator (1995 form)
MI	Patient Myocardial Infarction Indicator (1995 form)
CARARR	Patient Cardiac Arrest Indicator (1995 form)
DYSRHYT	Patient Cardiac Dysrhythmia Indicator (1995 form)
PERICAR	Patient Pericarditis Indicator (1995 form)
COMO_ASHD	Patient Atherosclerotic Heart Disease ASHD Indicator (2005 form)
COMO_OTHCARD	Patient Other Cardiac Disease Indicator (2005 form)
COMO_CVATIA	Patient Cerebrovascular Disease Indicator (2005 form)
CVA	Patient Cerebrovascular Disease Indicator (1995 form)
COMO_PVD	Patient Peripheral Vascular Disease (PVD) Indicator (2005 form)
PVASC	Patient Peripheral Vascular Disease (PVD) Indicator (1995 form)
COMO_HTN	Patient Hypertension Indicator (2005 form)
HYPER	Patient Hypertension Indicator (1995 form)
COMO_AMP	Patient Amputation Indicator (2005 form)
DIABPRIM	Patient Diabetes (Primary or Contributing) Indicator (1995 form)
COMO_DM_INS	Patient Diabetes (on Insulin) Indicator (2005 form)
DIABINS	Patient Diabetes (on Insulin) Indicator (1995 form)
COMO_DM_ORAL	Patient Diabetes (on Oral Medications) Indicator (2005 form)
COMO_DM_NOMEDS	Patient Diabetes (without Medications) Indicator (2005 form)
COMO_DM_RET	Patient Diabetic Retinopathy Indicator (2005 form)
COMO_COPD	Patient Chronic Obstructive Pulmonary Disease Indicator (2005 form)
PULMON	Patient Chronic Obstructive Pulmonary Disease Indicator (1995 form)
COMO_TOBAC	Patient Tobacco Use (Current Smoker) Indicator (2005 form)
SMOKE	Patient Tobacco Use (Current Smoker) Indicator (1995 form)
COMO_CANC	Patient Cancer Indicator (2005 form)
CANCER	Patient Cancer Indicator (1995 form)
COMO_TOXNEPH	Patient Toxic Nephropathy Indicator (2005 form)

Variable Name	Variable Label
COMO_ALCHO	Patient Alcohol Dependence Indicator (2005 form)
ALCOH	Patient Alcohol Dependence Indicator (1995 form)
COMO_DRUG	Patient Drug Dependence Indicator (2005 form)
DRUG	Patient Drug Dependence Indicator(1995 form)
HIV	Patient HIV Indicator (1995 form)
AIDS	Patient AIDS Indicator (1995 form)
COMO_INAMB	Patient Inability to Ambulate Indicator (2005 form)
NOAMBUL	Patient Inability to Ambulate Indicator (1995 form)
COMO_INTRANS	Patient Inability to Transfer Indicator (2005 form)
NOTRANS	Patient Inability to Transfer Indicator (1995 form)
COMO_NEEDASST	Patient Needs Assistance with Daily Activities Indicator (2005 form)
COMO_INST	Patient Institutionalized Indicator (2005 form)
COMO_INST_AL	Patient Institutionalized - Assisted Living Indicator (2005 form)
COMO_INST_NURS	Patient Institutionalized - Nursing Home Indicator (2005 form)
COMO_INST_OTH	Patient Institutionalized - Other Institution Indicator (2005 form)
COMO_NRC	Patient Non-Renal Congenital Abnormality Indicator (2005 form)
COMO_NONE	No Co-Morbid Conditions Indicator (2005 form)
COMORBID	Concatenation of Patient's Co-Morbid Conditions (2005 form)
EPO	Erythropoietin (EPO) administered prior to Dialysis or Transplant
EPORANGE	Range (in months) Erythropoietin (EPO) was administered prior to Dialysis or Transplant (2005 form)
NEPHCARE	Patient under care of Nephrologist (2005 form)
NEPHCARERANGE	Range (in months) Patient was under care of Nephrologist (2005 form)
DIETCARE	Patient under care of Kidney Dietician (2005 form)
DIETCARERANGE	Range (in months) Patient was under care of Kidney Dietician (2005 form)
ACCESSTYPE	Type of Access used on First Outpatient Dialysis (2005 form)
AVFMATURING	Maturing Arteriovenous Fistula (AVF) Present (2005 form)
AVGMATURING	Maturing Arteriovenous Graft (AVG) Present (2005 form)
HECRIT	Hemacrit Value (%) (1995 form)
HECRDT	Date of Hemacrit Value Collection (1995 form)
HEGLB	Hemoglobin Value (g/dl)
HEGLBDT	Date of Hemoglobin Value Collection
HBA1C	HbA1c Value (%) (2005 form)
HBA1CDATE	Date of HbA1c Value Collection (2005 form)
ALBUM	Serum Albumin Value (g/dl)
ALBUMDT	Date of Serum Albumin Value Collection
ALBUMLM	Serum Albumin Lower Limit Value (g/dl)
LABMETHOD	Serum Albumin Lower Limit: Lab Method Used (BCG / BCP) (2005 form)
SERCR	Serum Creatinine Value (mg/dl)
SERCRDT	Date of Serum Creatinine Value Collection
CREA	Creatinine Clearance Value (ml/min) (1995 form)
CREADAT	Date of Creatinine Clearance Value Collection (1995 form)
BUN	Blood Urea Nitrogen (BUN) Value (mg/dl) (1995 form)
BUNDAT	Date of Blood Urea Nitrogen (BUN) Value Collection (1995 form)
UREA	Urea Clearance Value (ml/min) (1995 form)
UREADT	Date of Urea Clearance Value Collection (1995 form)
LIPIDPROFILETC	Lipid Profile: Total Cholesterol (TC) Value (mg/dl) (2005 form)
LIPIDPROFILETCDATE	Lipid Profile: Date of Total Cholesterol (TC) Value Collection (2005 form)
LIPIDPROFILLDL	Lipid Profile: Low-Density Lipoprotein (LDL) Value (mg/dl) (2005 form)
LIPIDPROFILELDLDATE	Lipid Profile: Date of Low-Density Lipoprotein (LDL) Value Collection (2005 form)
LIPIDPROFILHDL	Lipid Profile: High-Density Lipoprotein (HDL) Value (mg/dl) (2005 form)
LIPIDPROFILEHDLDATE	Lipid Profile: Date of High-Density Lipoprotein (HDL) Value Collection (2005 form)
LIPIDPROFILETG	Lipid Profile: Triglyceride (TG) Value (mg/dl) (2005 form)
LIPIDPROFILETGDATE	Lipid Profile: Date of Triglyceride (TG) Value Collection (2005 form)
DIALSET	Patient Dialysis Setting
DIALTYP	Primary Type of Dialysis
HEMOSESSIONS	Primary Type of Dialysis: Hemodialysis - Sessions per week (2005 form)
HEMOHOURS	Primary Type of Dialysis: Hemodialysis - Hours per session (2005 form)
DIALDAT	Date Regular Chronic Dialysis Began
FACSTD	Date Patient Started Regular Chronic Dialysis at Current Facility
DIALEDT	Date Patient Stopped Dialysis Therapy
DIED	Patient's Date of Death
PATINFORMED	Patient Informed of Kidney Transplant Options (2005 form)
PATTXOP_MEDUNFIT	Reason Patient Not Informed of Kidney Transplant Options: Medically Unfit (2005 form)

Variable Name	Variable Label
PATTXOP_UNSUTAGE	Reason Patient Not Informed of Kidney Transplant Options: Unsuitable Due to Age (2005 form)
PATTXOP_PHYSUNFIT	Reason Patient Not Informed of Kidney Transplant Options: Psychologically Unfit (2005 form)
PATTXOP_DECLINE	Reason Patient Not Informed of Kidney Transplant Options: Patient Declined Information (2005 form)
PATTXOP_UNASSESSSED	Reason Patient Not Informed of Kidney Transplant Options: Patient Not Assessed (2005 form)
PATTXOP_OTHER	Reason Patient Not Informed of Kidney Transplant Options: Other (2005 form)
PATNOTINFORMEDREASON	Concatenation of Reasons Patient Not Informed of Kidney Transplant Options (2005 form)
TDATE	Date of Most Recent Transplant
TXADMDT	Date Patient Entered Prep Hospital
CURTXS	Current Transplant Status
DONORTYPE	Type of Donor (2005 form)
DIALRDAT	Dialysis Return Date After Transplant Rejection
CURTSIT	Current Dialysis Treatment Site
TRSTDAT	Date Dialysis Training Began
TYPTRN	Type of Self Dialysis Training
TRAINSET	Hemodialysis Training Setting: Home / Center (2005 form)
TRCERT	Training Completion Indicator
TRNEND	Date Dialysis Training Ended
APDXTR	Beneficiary Approved for Dialysis Training (1995 form)
APTXPR	Benficiary Approved for Pre-Transplant Services (1995 form)
CTDATE	Supervising Physician Signature Date
PATSIGN	Patient Signature Date
ESRDCER	Network Confirmation Indicator
NETADT	Network Action Date
DECBAS	ESRD Decision
INHOSP	Patient Hospitalization Indicator (2005 form)
EDITIND	Data Edit Errors indicator (1995 form)
ALGCON	Medical Evidence Algorithm Conflict (1995 form)
TYPE2728	Type of 2728 Form: Initial/Re-entitlement/Supplemental (2005 form)
GFR	Glomerular Filtration Rate
FORMVERSION	Version of 2728 Form: Pre-1995/1995/2005
MESEQ	Number of Medical Evidence Forms Filed

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ESRD Treatment History File

Variable Name	Variable Label
SURVEY	NCHS Survey linked to the End Stage Renal Disease (ESRD) data
PUBLICID[*]	NCHS Survey Identifier - Participant Identification Number
SEQN[*]	NCHS Survey Identifier - Sample Sequence Number
RESNUM[*]	NCHS Survey Identifier - Resident Record (Case) Number
BEGDATE	Start Date of Treatment Modality Period
BEGDAY	Start Day of Treatment Modality Period
ENDDATE	End Date of Treatment Modality Period
ENDDAY	End Day of Treatment Modality Period
RXDETAIL	Detailed Treatment Modality for Period
RXGROUP	Grouped Treatment Modality for Period

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ESRD Payment History File

Variable Name	Variable Label
SURVEY	NCHS Survey linked to the End Stage Renal Disease (ESRD) data
PUBLICID[*]	NCHS Survey Identifier - Participant Identification Number
SEQN[*]	NCHS Survey Identifier - Sample Sequence Number
RESNUM[*]	NCHS Survey Identifier - Resident Record (Case) Number
PAYER	Payer for this Period
MCARE	Medicare Coverage Indicator
DUALELIG	Medicare/Medicaid Dual Eligibility Indicator
BEGDATE	Beginning Date of Payer Period
ENDDATE	End Date of Payer Period

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