A.- Which of the following procedures are performed in your center?

1. Hemodialysis
    a. Yes
    b. No
2. Peritoneal dialysis
    a. Yes
    b. No
3. Renal transplantation
    a. Yes
    b. No
4. Plasmapheresis
    a. Yes
    b. No
5. Blind jugular and/or subclavian hemodialysis catheter insertion:
    a. Yes
    b. No
6. Blind femoral hemodialysis catheter insertion:
    a. Yes
    b. No
7. Ultrasound guided jugular and/or subclavian hemodialysis catheter insertion (by nephrologist only):
    a. Yes
    b. No
8. Ultrasound guided femoral hemodialysis catheter insertion (by nephrologist only):
    a. Yes
    b. No
9. Diagnostic native kidney ultrasound assessment (done by nephrologist):
    a. Yes
    b. No
10. Diagnostic kidney transplant ultrasound assessment (done by nephrologist):
    a. Yes
    b. No
11. Native kidney renal biopsy:
    a. Yes
    b. No
12. Transplant kidney renal biopsy:
    a. Yes
    b. No
13. Ultrasound guided native kidney renal biopsy done by nephrologist only:
    a. Yes
    b. No

14. Ultrasound guided transplant kidney renal biopsy done by nephrologist only:
    a. Yes
    b. No
15. Tunnelled hemodialysis catheter insertion done by nephrologist only:
    a. Yes
    b. No
16. If yes, point out technique:
    a. Blind
    b. Ultrasound guided
    c. Fluoroscopy guidance
17. Peritoneal dialysis catheter insertion done by nephrologist:
    a. Yes
    b. No
18. If yes, point out where:
    a. Own Nephrology procedure room.
    b. Operating theatre.
    c. Both
19. Vascular Access ultrasound assessment:
    a. Yes
    b. No
20. Vascular Access ultrasound assessment done by nephrologist:
    a. Yes
    b. No
21. Arteriovenous fistula (AVF) creation by nephrologist:
    a. Yes
    b. No
22. AVF interventionism performed by nephrologist:
    a. Yes
    b. No

21.-If yes, which procedures?

a. Thrombectomy

b. Angioplastiy

c. Stenting

22. Carotid ultrasound to assess cardiovascular risk:

a. Yes

b. No

Done by nephrologist: yes / no

Done by radiologist: yes / no

Done by Vascular surgeon: yes/no

Done by specialised nursing/technical staff: yes/no

23. Femoral ultrasound to assess cardiovascular risk:

a. Yes b. No

Done by nephrologist: yes / no

Done by radiologist: yes / no

Done by Vascular surgeon: yes/no

Done by specialised nursing/technical staff: yes/no

24. Abdominal aorta ultrasound (aneurysm screening):

a. Yes b. No

Done by nephrologist: yes / no

Done by radiologist: yes / no

Done by Vascular surgeon: yes/no

Done by specialised nursing/technical staff: yes/no

.-Equipment and facilities available:

1. Nephrology department own ultrasound device:
    a. Yes
    b. No
2. If yes, which type? (More than one answer allowed)
    a. Lighter console
    b. Portable (< 100Kg)
    c. Console
3. Nephrology department own fluoroscopy device
    a. Yes
    b. No
    c. Radiology equipment of shared use

C.- Anual volume of procedures:

1. Hemodialysis patients:
    a. 0
    b. <25
    c. 25-50
    d. >50-75
    e. >75-100
    f.>100

2. Peritoneal dialysis patients:
    a. 0
    b. <25

c. 25-50
d. >50-75
e. >75-100
f. >100

3. Number of renal transplants per year:
    a. 0
    b. <25
    c. 25-50
    d. >50-75
    e. >75-100
    f. >100
4. Number of plasmapheresis per year:
    a. 0
    b. <25
    c. 25-50
    d. >50-75
    e. >75-100
    f. >100

5. Jugular and/or subclavian hemodialysis catheter insertion (blind technique) per year:
    a. 0
    b. <25
    c. 25-50
    d. >50-75
    e. >75-100
    f. >100
    g. Unknown
6. Femoral hemodialysis catheter insertion (blind technique) per year:
    a. 0
    b. <25
    c. 25-50
    d. >50-75
    e. >75-100
    f. >100
    g. Unknown
7. Jugular and/or subclavian hemodialysis catheter insertion (ultrasound guided technique, done by nephrologist) per year:
    a. 0
    b. <25
    c. 25-50
    d. >50-75
    e. >75-100
    f. >100
    g. Unknown

8. Femoral hemodialysis catheter insertion (ultrasound guided technique, done by nephrologist) per year:
    a. 0
    b. <25
    c. 25-50
    d. >50-75
    e. >75-100
    f. >100
9. Diagnostic native kidney ultrasound assessment (performed by nephrologist) per year:
    a. 0
    b. 25-50
    c. >50-75
    d. >75-100
    e. >100
    f. >500
10. Diagnostic transplant kidney ultrasound assessment (performed by nephrologist) per year:
    a. 0
    b. 25-50
    c. >50-75
    d. >75-100
    e. >500

11. Native kidney renal biopsies per year:
    a. 0
    b. <25
    c. 25-50
    d. >50-75
    e. >75-100
    f. >100
12. Transplant kidney renal biopsies per year:
    a. 0
    b. <25
    c. 25-50
    d. >50-75
    e. >75-100
    f. >100
13. Native kidney ultrasound guided renal biopsies per year (done by nephrologist):
    a. 0
    b. <25
    c. 25-50
    d. >50-75
    e. >75-100
    f. >100

14. Transplant kidney ultrasound guided renal biopsies per year (done by nephrologist):
15. Biopsia ecodirigida de trasplante hecha por el nefrólogo (sin ayuda del radiólogo)
    a. 0
    b. <25
    c. 25-50
    d. >50-75
    e. >75-100
    f. >100
16. Tunnelled hemodialysis catheter insertion done by nephrologist per year:
    a. 0
    b. <25
    c. 25-50
    d. >50-75
    e. >75-100
    f. >100
17. Peritoneal dialysis catheter insertion done by nephrologist per year:
    a. 0
    b. <10
    c. >10-15
    d. >15-20
    e. >20-25
    f. >25
    g. >50

18. Vascular access ultrasound per year:
    a. 0
    b. <25
    c. 25-50
    d. >50-75
    e. >75-100
    f. >100
19. Vascular access ultrasound done by nephrologist per year:
    a. 0
    b. <25
    c. 25-50
    d. >50-75
    e. >75-100
    f. >100
20. AVF formation done by nephrologist per year:
    a. 0
    b. <10
    c. >10-15
    d. >15-30
    e. >30-50
    f. >50

D.- Which of the following statements matches your current department planning regarding DIN?

a. We have a DIN section and would like to grow.
b. We have a DIN section and would like to remain stable.
c. We have a DIN section but will stop its activity in the future.
d. We do not have a DIN section but would like to start one.
e. We do not have a DIN section and don't plan to have one.

E.- This form was completed by:

a. Head of department. El Jefe del servicio

b. DIN nephrology consultant.

c. Nephrology consultant not involved in DIN.

Hospital Name: