



Assessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI
BASELINE SERUM
CREATININE MEASURES

Participant ID: ____ - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

Collection Number (1000)	Collection date (1010)	Serum Creatinine (1030)	Unit of Measure (1040)	
_____	____ / ____ / ____	_____ . ____	<input type="checkbox"/> ₁ mg/dL	<input type="checkbox"/> ₂ umol/L
_____	____ / ____ / ____	_____ . ____	<input type="checkbox"/> ₁ mg/dL	<input type="checkbox"/> ₂ umol/L
_____	____ / ____ / ____	_____ . ____	<input type="checkbox"/> ₁ mg/dL	<input type="checkbox"/> ₂ umol/L
_____	____ / ____ / ____	_____ . ____	<input type="checkbox"/> ₁ mg/dL	<input type="checkbox"/> ₂ umol/L
_____	____ / ____ / ____	_____ . ____	<input type="checkbox"/> ₁ mg/dL	<input type="checkbox"/> ₂ umol/L
_____	____ / ____ / ____	_____ . ____	<input type="checkbox"/> ₁ mg/dL	<input type="checkbox"/> ₂ umol/L
_____	____ / ____ / ____	_____ . ____	<input type="checkbox"/> ₁ mg/dL	<input type="checkbox"/> ₂ umol/L
_____	____ / ____ / ____	_____ . ____	<input type="checkbox"/> ₁ mg/dL	<input type="checkbox"/> ₂ umol/L
_____	____ / ____ / ____	_____ . ____	<input type="checkbox"/> ₁ mg/dL	<input type="checkbox"/> ₂ umol/L
_____	____ / ____ / ____	_____ . ____	<input type="checkbox"/> ₁ mg/dL	<input type="checkbox"/> ₂ umol/L
_____	____ / ____ / ____	_____ . ____	<input type="checkbox"/> ₁ mg/dL	<input type="checkbox"/> ₂ umol/L
_____	____ / ____ / ____	_____ . ____	<input type="checkbox"/> ₁ mg/dL	<input type="checkbox"/> ₂ umol/L
_____	____ / ____ / ____	_____ . ____	<input type="checkbox"/> ₁ mg/dL	<input type="checkbox"/> ₂ umol/L
_____	____ / ____ / ____	_____ . ____	<input type="checkbox"/> ₁ mg/dL	<input type="checkbox"/> ₂ umol/L
_____	____ / ____ / ____	_____ . ____	<input type="checkbox"/> ₁ mg/dL	<input type="checkbox"/> ₂ umol/L

Source Documentation:

(1050) Signature: _____

(1060) Date Completed: ____ / ____ / ____

Comments:

(6000) : _____





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI URINE DIPSTICK RESULTS

Participant ID: __ - __ - __ - __ - __

Participant Initials: __ __ __

Visit Number: __ __ __

Visit Date: __ / __ / __ - __ - __

Coordinator ID: __ __ __ __

1. Urine Dipstick

1a. Specific Gravity

(1000) __ . __ __ __

1b. Protein

(1010) ☐₁ Negative
☐₂ Trace
☐₃ 30 (+)
☐₄ 100 (++)
☐₅ ≥ 300 (+++)

1c. Glucose

(1020) ☐₁ Negative
☐₂ 100
☐₃ 250
☐₄ 500
☐₅ ≥ 1000

1d. Ketones

(1030) ☐₁ Negative
☐₂ Trace
☐₃ 15 (small)
☐₄ 40 (moderate)
☐₅ 80 (large)
☐₆ ≥ 160

1e. Leukocyte Esterase

(1040) ☐₁ Negative
☐₂ Trace
☐₃ Small
☐₄ Moderate
☐₅ Large

1f. Blood

(1050) ☐₁ Negative
☐₂ Trace-lysed
☐₃ Trace-intact
☐₄ Small (+)
☐₅ Moderate (++)
☐₆ Large (+++)





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI URINE DIPSTICK RESULTS

Participant ID: __ - __ - __ - __ - __

Participant Initials: __ __ __

Visit Number: __ __ __

Visit Date: __ / __ / __ - __ - __

Coordinator ID: __ __ __ - __

1g. Nitrites

(1060) ☐₁ Pos ☐₀ Neg

1h. pH level

(1070) ☐₁ ≤ 5.5
☐₂ 6.0
☐₃ 6.5
☐₄ 7.0
☐₅ ≥ 7.5

Comments:

(6000) : _____





ASessment,
Serial **E**valuation, and
Subsequent **S**equelae in AKI
NIH/NIDDK

ASSESS AKI DNA CONSENT

Participant ID: __ - __ - __ - __ - __

Participant Initials: __ __ __

Visit Number: __ __ __

Visit Date: __ / __ / __ - __ - __

Coordinator ID: __ __ __ - __ - __

- | | | | |
|---|--------|---|--|
| 1. Did the participant give permission to prepare DNA from his/her blood samples? | (1000) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 2. Did the participant give permission to create a cell line from his/her blood cells? | (1010) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 3. Did the participant give permission to test his/her DNA for genes related to the main goal of this study: learning the causes and effects of diseases of the kidney? | (1020) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 4. Did the participant give permission to test his/her DNA for genes related to other health conditions? | (1030) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |

Comments:

(6000) : _____



ASsessment,
Serial EValuation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI
ECG
FROM OTHER SOURCES

Participant ID: __ - __ - __ - __ - __

Participant Initials: __ __ __

Visit Number: __ __ __

Visit Date: __ / __ / __ __ __

Coordinator ID: __ __ __ __

This form records ECGs in the inpatient and outpatient phases that were processed and provided by other sources and were not provided by the ASSESS-AKI site.

1. Source of authorization to obtain ECG:

(1000)

☐

₁

Consent

☐

₂

Medical records release

2. Date of ECG:

(1010)

__ / __ / __ __ __

MM

DD

YYYY

Comments:

(6000) :



ASSESS AKI ELIGIBILITY CHECKLIST 1A

Participant ID: __ - __ - __ - __ - __

Participant Initials: __ __ __

Visit Number: 0

Visit Date: __ / __ / __

Coordinator ID: __ __ __ __

Baseline Serum Creatinine

1. (FOR KAISER, VANDERBILT, AND WASHINGTON SITES ONLY) Does the participant have a baseline serum creatinine value (pre-op/outpatient/non-emergency test) from an IDMS lab within 7 to 365 days prior to hospitalization? (1000) ☐₁ Yes ☒₀ No
2. (FOR YALE SITES ONLY) Does the participant have a baseline serum creatinine value (pre-op/outpatient/non-emergency test) within 365 days prior to surgery? (1005) ☐₁ Yes ☒₀ No

Medical History

3. Has the participant remained hospitalized 90 or more days after the AKI episode? CHECK N/A FOR CONTROL PARTICIPANTS. (1010) ☒₁ Yes ☐₀ No ☐₉₇ N/A
4. Is the participant currently pregnant or nursing? CHECK N/A IF THE PARTICIPANT IS MALE. (1020) ☒₁ Yes ☐₀ No ☐₉₇ N/A
5. Has the participant received prior hemodialysis or peritoneal dialysis lasting ≥ 3 months? (1030) ☒₁ Yes ☐₀ No
6. Does the participant have a baseline estimated GFR <15 ml/min/1.73m² and is not receiving renal replacement therapy? (1040) ☒₁ Yes ☐₀ No
7. Does the participant have a history of solid organ and/or hematopoietic cell transplants? (1050) ☒₁ Yes ☐₀ No
8. Does the participant have a history of multiple myeloma? (1060) ☒₁ Yes ☐₀ No
9. Does the participant have hepatorenal syndrome? (1070) ☒₁ Yes ☐₀ No
10. Does the participant have acute glomerulonephritis? (1080) ☒₁ Yes ☐₀ No
11. Does the participant currently have clinically significant urinary tract obstruction, confirmed by imaging? (1090) ☒₁ Yes ☐₀ No
12. Did the participant's hospitalization involve an acute nephrectomy? (1100) ☒₁ Yes ☐₀ No





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI ELIGIBILITY CHECKLIST 1A

Participant ID: __ - __ - __ - __ - __

Participant Initials: __ __ __

Visit Number: 0

Visit Date: __ / __ / __

Coordinator ID: __ __ __

13. Does the participant have a history of metastatic cancer or systemic cancer and he/she is receiving active treatment? (1110) ☒₁ Yes ☐₀ No
14. Did the participant have Class IV heart failure before admission? (1120) ☒₁ Yes ☐₀ No
15. Is the participant expected to live 12 months or less? THIS IS DETERMINED BY THE PARTICIPANT'S TREATING PHYSICIAN OR CLINICAL RESEARCH CENTER PRINCIPAL INVESTIGATOR. (1130) ☒₁ Yes ☐₀ No
16. Will the participant be enrolled in an active interventional study at the 3-month visit? DEFINED AS RECEIVING THE STUDY INTERVENTION AT THE 3-MONTH VISIT. (1140) ☒₁ Yes ☐₀ No

Other Study Exclusion Criteria

17. Is the participant incarcerated, institutionalized, or otherwise unable to participate in the study in a home, community, or clinical setting? (1150) ☒₁ Yes ☐₀ No

18. Is the participant eligible? (1160) ☐₁ Yes ☒₀ No

If any of the shaded boxes are selected, the participant is ineligible.

➔ IF **NO**, STOP AND COMPLETE THE ASSESS AKI WITHDRAWAL (WITHDR) FORM.

Comments:

(6000) : _____





Assessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI ELIGIBILITY CHECKLIST 1B

Participant ID: ____ - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

REFER TO ELIG1B SCRIPT

1. Is the participant living? (1000) ☐₁ Yes ☒₀ No
➔ IF **NO**, PROCEED TO QUESTION 6.
COMPLETE THE ASSESS AKI DEATH RECORD
EVALUATION (DEATH_EVAL) FORM.
2. Have you been on dialysis for the past three months? (1010) ☐₁ Yes ☐₀ No
➔ IF **NO**, PROCEED TO QUESTION 3.
- 2a. IF YES: Do you expect to be on dialysis by
[VISIT 3 DATE]? (1020) ☒₁ Yes ☐₀ No ☐₉₈ Don't know
3. Since your hospital discharge, were you enrolled in an
interventional study such as a clinical trial or drug
trial? (1030) ☐₁ Yes ☐₀ No
- 3a. IF YES: Do you expect the study to end by
[VISIT 3 DATE]? (1040) ☐₁ Yes ☒₀ No ☐₉₈ Don't know
4. Since your hospital discharge, were you diagnosed or
treated by a doctor or other healthcare professional for
cancer (excluding non-melanoma skin cancer)? (1050) ☒₁ Yes ☐₀ No
- 4a. IF YES: Are you currently receiving
chemotherapy? (1060) ☐₁ Yes ☐₀ No
5. Are you currently pregnant or nursing? (1070) ☒₁ Yes ☐₀ No ☐₉₇ N/A
CHECK N/A IF THE PARTICIPANT IS MALE.

6. Is the participant eligible? (1080) ☐₁ Yes ☒₀ No
- If any of the shaded boxes are selected, the participant is ineligible.
- ➔ IF **NO**, STOP AND COMPLETE THE ASSESS AKI WITHDRAWAL (WITHDR) FORM.

Comments:

(6000) : _____





ASessment,
Serial **E**valuation, and
Subsequent **S**equelae in AKI
NIH/NIDDK

ASSESS AKI INPATIENT SERUM CREATININE MEASURES

Participant ID: __ - __ - __

Participant Initials: ____

Visit Number: ____

Visit Date: ____ / ____ / ____

Coordinator ID: ____

Collection Number (1000)	Collection date (1010)	Time (24-hour clock) (1020)	Serum Creatinine (1030)	Unit of Measure (1040)
____	____ / ____ / ____	____	____ . ____	<input type="checkbox"/> ₁ mg/dL <input type="checkbox"/> ₂ umol/L
____	____ / ____ / ____	____	____ . ____	<input type="checkbox"/> ₁ mg/dL <input type="checkbox"/> ₂ umol /L
____	____ / ____ / ____	____	____ . ____	<input type="checkbox"/> ₁ mg/dL <input type="checkbox"/> ₂ umol /L
____	____ / ____ / ____	____	____ . ____	<input type="checkbox"/> ₁ mg/dL <input type="checkbox"/> ₂ umol /L
____	____ / ____ / ____	____	____ . ____	<input type="checkbox"/> ₁ mg/dL <input type="checkbox"/> ₂ umol /L
____	____ / ____ / ____	____	____ . ____	<input type="checkbox"/> ₁ mg/dL <input type="checkbox"/> ₂ umol /L
____	____ / ____ / ____	____	____ . ____	<input type="checkbox"/> ₁ mg/dL <input type="checkbox"/> ₂ umol /L
____	____ / ____ / ____	____	____ . ____	<input type="checkbox"/> ₁ mg/dL <input type="checkbox"/> ₂ umol /L
____	____ / ____ / ____	____	____ . ____	<input type="checkbox"/> ₁ mg/dL <input type="checkbox"/> ₂ umol /L
____	____ / ____ / ____	____	____ . ____	<input type="checkbox"/> ₁ mg/dL <input type="checkbox"/> ₂ umol /L
____	____ / ____ / ____	____	____ . ____	<input type="checkbox"/> ₁ mg/dL <input type="checkbox"/> ₂ umol /L
____	____ / ____ / ____	____	____ . ____	<input type="checkbox"/> ₁ mg/dL <input type="checkbox"/> ₂ umol /L

Comments:

(6000) : _____





Assessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI ADULT INPATIENT CHECKLIST 1

Participant ID: 1 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

Past Medical History

- | | | | | |
|---|--------|--|---|--|
| 1. Diabetes mellitus | (1000) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 1a. IF YES : What type? | (1010) | <input type="checkbox"/> ₁ Type I | <input type="checkbox"/> ₂ Type II | <input type="checkbox"/> ₉₈ Unknown |
| 2. Chronic heart failure | (1020) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 3. Coronary heart disease (myocardial infarction, revascularization) | (1030) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 4. Hypertension | (1040) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 5. Systemic cancer (excluding non-melanoma skin cancer) | (1050) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 6. Chronic lung disease (chronic obstructive lung disease, reactive airway disease) | (1060) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 7. Chronic liver disease (cirrhosis, active hepatitis) | (1070) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 8. Gout | (1080) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 9. Rheumatoid arthritis | (1090) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 10. Systemic lupus | (1100) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |

Smoking History

- | | | | | | |
|--|--------|--|--|--|--|
| 11. Have you ever smoked cigarettes, a pipe, cigar, marijuana, or any other substance? | (1110) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown | <input type="checkbox"/> ₉₉ Refused |
| 11a. IF YES : What is your smoking status? | (1120) | <input type="checkbox"/> ₁ Currently using products | <input type="checkbox"/> ₂ No longer using products | | |





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI ADULT INPATIENT CHECKLIST 1

Participant ID: 1 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

12. Have you ever used smokeless tobacco products (chew, snuff)?

(1130) ☐₁ Yes
☐₀ No
☐₉₈ Unknown
☐₉₉ Refused

12a. IF **YES**: What is your smoking status?

(1140) ☐₁ Currently using products
☐₂ No longer using products

13. Tobacco history obtained from:
CHECK YES OR NO TO EACH TYPE.

13a. Participant interview

(1150) ☐₁ Yes ☐₀ No

13b. Surrogate interview

(1160) ☐₁ Yes ☐₀ No

13c. Chart review

(1170) ☐₁ Yes ☐₀ No

Renal Medical History

14. Pre-admission/pre-op creatinine value

(1180) ____ . ____

14a. Indicate the units of measurement

(1190) ☐₁ mg/dL
☐₂ umol/L

14b. (**FOR CASE PARTICIPANTS ONLY**)
Date of AKI episode

(1200) ____ / ____ / ____
MM DD YYYY

15. History of kidney stones

(1210) ☐₁ Yes ☐₀ No ☐₉₈ Unknown

16. History of known proteinuria

(1220) ☐₁ Yes ☐₀ No ☐₉₈ Unknown

17. History of urinary obstruction

(1230) ☐₁ Yes ☐₀ No ☐₉₈ Unknown

18. History of chronic kidney disease

(1240) ☐₁ Yes ☐₀ No ☐₉₈ Unknown

19. Family history of kidney disease

(1250) ☐₁ Yes ☐₀ No ☐₉₈ Unknown





Assessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI ADULT INPATIENT CHECKLIST 1

Participant ID: 1 - - - -

Participant Initials: - - -

Visit Number: 0

Visit Date: / / - - -

Coordinator ID: - - - -

Pre-admission Medications

- | | | | | |
|---|--------|---|--|--|
| 20. ACE inhibitors | (1260) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 21. Angiotensin II receptor blockers (ARBs) | (1270) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 22. Renin inhibitors | (1280) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 23. Aldosterone receptor antagonists | (1290) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 24. Diuretics | (1300) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 25. Other antihypertensive agents | (1310) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 26. Aspirin | (1320) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 27. NSAIDS | (1330) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 28. Insulin | (1340) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 29. Other injectable anti-diabetic agents | (1350) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 30. Oral anti-diabetic agents | (1360) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 31. Lipid-lowering agents | (1370) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |

Comments:

(6000) : _____





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI ADULT INPATIENT CHECKLIST 2

Participant ID: 1 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

Medications Given Anytime During Entire Hospitalization (COMPLETE AT/AFTER DISCHARGE)

- | | | | | |
|--|--------|---|--|--|
| 1. Aminoglycosides | (1000) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 2. Amphotericin | (1010) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 3. NSAIDS | (1020) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 4. ACE inhibitors | (1030) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 5. Angiotensin II receptor blockers (ARBs) | (1040) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 6. Vasopressors | (1050) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 7. Diuretics | (1060) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |

In Hospital Exposures or Complications

- | | | | | |
|--|--------|---|--|--|
| 8. Intravenous/intra-arterial contrast prior to hospital discharge | (1070) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | |
| ➔ IF YES: | | | | |
| 8a. Was the contrast iodinated? | (1080) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | |
| 8b. Was the contrast gadolinium? | (1090) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | |
| 8c. (FOR CASE PARTICIPANTS ONLY)
Intravenous/intra-arterial contrast within 48 hours before the AKI event? | (1100) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | |
| 9. Sepsis | (1110) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | |





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI ADULT INPATIENT CHECKLIST 2

Participant ID: 1 - - - -

Participant Initials:

Visit Number: 0

Visit Date: / / - -

Coordinator ID:

10. Major surgical procedure (requires operating room) (1120) ☐₁ Yes ☐₀ No
- 10a. **(FOR CASE PARTICIPANTS ONLY)** (1130) ☐₁ Yes ☐₀ No
Major surgical procedure within 48 hours before the AKI event?
- ➔ IF YES: What type of surgical procedure was it?
- 10ai. Cardiac (1140) ☐₁ Yes ☐₀ No
- 10aai. Thoracoabdominal (1150) ☐₁ Yes ☐₀ No
- 10aiii. Non-cardiac vascular (1160) ☐₁ Yes ☐₀ No
- 10aiv. Other (SPECIFY: _____) (1170) ☐₁ Yes ☐₀ No
11. Shock (cardiogenic or non-cardiogenic) (1180) ☐₁ Yes ☐₀ No
12. Acute heart failure (1190) ☐₁ Yes ☐₀ No
13. Respiratory failure requiring mechanical ventilation (≥ 48 hrs mechanical ventilation) (1200) ☐₁ Yes ☐₀ No
14. Acute myocardial infarction (1210) ☐₁ Yes ☐₀ No
15. Nephrology consult (1220) ☐₁ Yes ☐₀ No





Assessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI ADULT INPATIENT CHECKLIST 2

Participant ID: 1 - - -

Participant Initials:

Visit Number: 0

Visit Date: / / - - -

Coordinator ID:

Physiologic Data

16. Dialysis

➔ IF **NO**, PROCEED TO QUESTION 17.

➔ IF **YES**:

(1230) ☐₁ Yes ☐₀ No

16a. Start date for first dialysis

(1240) / / - - -
MM DD YYYY

16b. Stop date for last dialysis

(1250) / / - - -
MM DD YYYY

16c. Was the participant discharged from the hospital
requiring dialysis treatment?

(1260) ☐₁ Yes ☐₀ No

16d. Modality

16di. Intermittent Hemodialysis (IHD)

(1270) ☐₁ Yes ☐₀ No

16dii. Sustained Low-Efficiency Dialysis (SLED)

(1280) ☐₁ Yes ☐₀ No

16diii. Continuous Renal Replacement Therapy
(CRRT)

(1290) ☐₁ Yes ☐₀ No

16div. Start date for first Modality

(1300) / / - - -
MM DD YYYY

16dv. Stop date for last Modality

(1310) / / - - -
MM DD YYYY

17. Number of days in ICU

(24 hour period = 1 day; if last day in ICU is < 24 hours,
count as one day.)

(1320)

18. Total hospital length of stay

18a. Admission Date

(1330) / / - - -
MM DD YYYY

18b. Discharge/Death Date

(1340) / / - - -
MM DD YYYY





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI
ADULT
INPATIENT
CHECKLIST 2

Participant ID: 1 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

19. Record participant's location after discharge

- (1350) ☐₁ Home
☐₂ Nursing home
☐₃ Assisted living facility
☐₄ Rehabilitation or skilled nursing facility
☐₅ Residential facility
☐₉₆ Other _____
☐₉₇ N/A

Comments:

(6000) : _____





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI ADULT INPATIENT DEMOGRAPHICS INFORMATION

Participant ID: 1 - ____ - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

1. What is your current marital status?

- (1000) ☐₁ Never married
☐₂ Currently married
☐₃ Domestic partner
☐₄ Separated
☐₅ Divorced
☐₆ Widowed
☐₉₉ Don't wish to answer

2. What are your current living arrangements?

- (1010) ☐₁ Live alone
☐₂ Live with others

3. What is the type of residence?

- (1020) ☐₁ Home/apartment
☐₂ Nursing home
☐₃ Assisted living facility
☐₄ Rehabilitation or skilled nursing facility

4. What is the highest level of education that you have completed?

➔ USE REFERENCE CARD A

- (1050) ☐₁ Less than 7th grade or no formal education
☐₂ 7th to 12th grade, no high school diploma
☐₃ High school graduate or equivalent (e.g. GED)
☐₄ Technical or vocational school degree
☐₅ Some college education, but no completed degree
☐₆ College graduate
☐₇ Professional or graduate degree (e.g. Master's, PhD, JD, MD)
☐₉₉ Don't wish to answer





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI ADULT INPATIENT DEMOGRAPHICS INFORMATION

Participant ID: 1 - ____ - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

5. What is your current primary employment status?

→ IF **ON TEMPORARY MEDICAL LEAVE**, PROCEED TO QUESTION 6.

→ IF **HIGH SCHOOL STUDENT, POST HIGH SCHOOL STUDENT, NEVER WORKED OR DON'T WISH TO ANSWER**, PROCEED TO QUESTION 7.

→ USE REFERENCE CARD B

- (1060) ☐₁ Employed part-time
☐₂ Employed full-time
☐₃ High school student
☐₄ Post high school student
☐₅ Temporarily laid off/on strike
☐₆ On temporary medical leave
☐₇ Permanently disabled
☐₈ Retired, not currently working
☐₉ Full-time home maker
☐₁₀ Unemployed
☐₁₁ Never worked
☐₉₉ Don't wish to answer

5a. If **NOT** currently employed: When was the last time you were employed?

RESPONSE SHOULD BE WRITTEN AS DATE
MM/YYYY.

(1070) ____ month
MM

→ IF PARTICIPANT CANNOT REMEMBER THE MONTH OR YEAR RECORD 98 FOR MONTH AND/OR 9898 FOR YEAR

(1080) ____ year
YYYY

6. What type of work do you/did you primarily do?

→ USE REFERENCE CARD C

- (1090) ☐₁ Professional, executive occupation, business owner
☐₂ Manager, technical occupation
☐₃ Clerical, sales, administrative support occupation, technician
☐₄ Skilled labor (e.g. certified electrician, carpenter, welder)
☐₅ Semi-skilled labor (e.g. construction help, mechanic's help)
☐₆ Other labor (e.g. porters, bell hops, manual labor)
☐₇ Home maker
☐₉₆ Other (SPECIFY WORK: _____)
☐₉₉ Don't wish to answer





Assessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI ADULT INPATIENT DEMOGRAPHICS INFORMATION

Participant ID: 1 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

7. (FOR US SITES ONLY) What type of healthcare coverage do you have?
PLEASE ANSWER YES OR NO TO EACH TYPE OF HEALTHCARE COVERAGE.

➔ USE REFERENCE CARD D

- | | | | |
|--------------------------------|--------|---|--|
| 7a. Uninsured | (1100) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 7b. Self-insured | (1110) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 7c. COBRA | (1120) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 7d. Commercial/fee-for-service | (1130) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 7e. HMO | (1140) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 7f. Local/state insurance | (1150) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 7g. Military | (1160) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 7h. Medicare | (1170) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 7i. Medicaid | (1180) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 7j. Self-pay | (1190) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 7k. Other _____ | (1200) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |

8. (FOR CANADIAN SITES ONLY) What type of healthcare coverage do you have?
PLEASE ANSWER YES OR NO TO EACH TYPE OF HEALTHCARE COVERAGE.

- | | | | |
|--|--------|---|--|
| 8a. Provincial/Public Health Insurance | (1210) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 8b. Private/Personal insurance | (1220) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI ADULT INPATIENT DEMOGRAPHICS INFORMATION

Participant ID: 1 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

9. What is your total annual gross household income?

→ USE REFERENCE CARD E

- (1230) ☐₁ \$20,000 or under
☐₂ \$20,001 – \$35,000
☐₃ \$35,001 – \$50,000
☐₄ \$50,001 – \$100,000
☐₅ More than \$100,000
☐₉₉ Don't wish to answer

For Research Coordinator use only: CRF was:

- (1240) ☐₁ Participant completed
☐₂ Interviewer completed

Comments:

(6000) : _____





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI ADULT INPATIENT SPECIMEN COLLECTION

Participant ID: 1 - ____ - ____
Participant Initials: ____
Visit Number: 0
Visit Date: ____ / ____ / ____
Coordinator ID: ____

RECORD ALL TIMES USING A 24-HOUR CLOCK.

Blood Specimen

1. Date of blood collection: (1000) ____ / ____ / ____
MM DD YYYY
2. Time of blood collection: (1010) ____
3. Amount of blood collected (1020) ____ . ____ ml
4. How many 0.5 ml aliquots of plasma were produced?
ASSESS-AKI goals: 6 (0.5 ml aliquots) (1030) ____ aliquots
5. Was the required minimum of 3 aliquots (0.5 ml) of plasma collected? (1040) ☐₁ Yes ☐₀ No

Urine Specimen

6. Date of urine collection: (1050) ____ / ____ / ____
MM DD YYYY
7. Time of urine collection: (1060) ____
8. Was urine collected from a foley catheter? (1070) ☐₁ Yes ☐₀ No
9. How many 1 ml aliquots of urine were produced?
ASSESS-AKI goal: 10 (1ml aliquots) (1080) ____ aliquots
10. Was the required minimum of 3 aliquots (1 ml) of urine collected? (1090) ☐₁ Yes ☐₀ No

11. Is the participant eligible? (1100) ☐₁ Yes ☐₀ No

If any of the shaded boxes are selected, the participant is ineligible.

➔ IF **NO**, STOP AND COMPLETE THE ASSESS AKI WITHDRAWAL (WITHDR) FORM.





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI
ADULT
INPATIENT SPECIMEN
COLLECTION

Participant ID: 1 - ____ - ____
Participant Initials: ____
Visit Number: 0
Visit Date: ____ / ____ / ____
Coordinator ID: ____

Processing

12. Time plasma samples frozen (1110) ____
(Aliquots should be stored in a -80 freezer)
13. Date plasma samples frozen (1120) ____ / ____ / ____
MM DD YYYY
14. Time urine samples frozen (1130) ____
(Aliquots should be stored in a -80 freezer)
15. Date urine samples frozen: (1140) ____ / ____ / ____
MM DD YYYY

➔ Enter Blood and Urine ASSESS-AKI Biological Sample Tracking Module

Comments:

(6000) : _____





Assessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI PEDIATRIC INPATIENT CHECKLIST 1

Participant ID: 2 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

Past Medical History

- | | | | | |
|--|--------|--|---|--|
| 1. Diabetes mellitus | (1000) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 1a. IF YES : What type? | (1010) | <input type="checkbox"/> ₁ Type I | <input type="checkbox"/> ₂ Type II | <input type="checkbox"/> ₉₈ Unknown |
| 2. Cyanotic heart disease | (1020) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 3. Hypertension | (1030) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 4. Systemic cancer (excluding non-melanoma skin cancer) | (1040) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 5. Chronic lung disease (asthma, chronic lung disease of prematurity) | (1050) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 6. Genetic Syndrome (Down's/Trisomy 21, DiGeorge/22q11deletion, Turner, Williams, VACTERL, CHARGE, etc.) | (1060) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 7. Neurological/developmental disease | (1070) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 8. Prematurity (< 37 weeks gestational age) | (1080) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 8a. IF YES : How many weeks gestation at birth? | (1090) | ____ weeks | | |
| 9. Growth problems | (1100) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 10. Fed via nasogastric or gastrostomy tube | (1110) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 11. Previous heart surgeries | (1120) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 11a. IF YES : How many previous heart surgeries? | (1130) | ____ | | |
| 11b. IF YES : Date of last heart surgery. | (1140) | ____ / ____ / ____
MM DD YYYY | | |





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI PEDIATRIC INPATIENT CHECKLIST 1

Participant ID: 2 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

Smoking History (Completed for participants 12 years and older)

12. Have you ever smoked cigarettes, a pipe, cigar, marijuana, or any other substance? (1150) ☐₁ Yes
☐₀ No
☐₉₈ Unknown
☐₉₉ Refused
- 12a. IF **YES**: What is your smoking status? (1160) ☐₁ Currently using products
☐₂ No longer using products
13. Have you ever used smokeless tobacco products (chew, snuff)? (1170) ☐₁ Yes
☐₀ No
☐₉₈ Unknown
☐₉₉ Refused
- 13a. IF **YES**: What is your smoking status? (1180) ☐₁ Currently using products
☐₂ No longer using products
14. Tobacco history obtained from:
CHECK YES OR NO TO EACH TYPE.
- 14a. Participant interview (1190) ☐₁ Yes ☐₀ No
- 14b. Surrogate interview (1200) ☐₁ Yes ☐₀ No
- 14c. Chart review (1210) ☐₁ Yes ☐₀ No

Renal Medical History

15. Pre-admission/pre-op creatinine value (1220) ____ . ____
- 15a. Indicate the units of measurement (1230) ☐₁ mg/dL
☐₂ umol/L
- 15b. (**FOR CASE PARTICIPANTS ONLY**)
Date of AKI episode (1240) ____ / ____ / ____
MM DD YYYY





Assessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI PEDIATRIC INPATIENT CHECKLIST 1

Participant ID: 2 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

16. History of kidney stones (1250) ☐₁ Yes ☐₀ No ☐₉₈ Unknown
17. History of known proteinuria (1260) ☐₁ Yes ☐₀ No ☐₉₈ Unknown
18. History of urinary obstruction (1270) ☐₁ Yes ☐₀ No ☐₉₈ Unknown
19. History of chronic kidney disease (1280) ☐₁ Yes ☐₀ No ☐₉₈ Unknown
20. History of congenital kidney abnormalities (1290) ☐₁ Yes ☐₀ No ☐₉₈ Unknown

Pre-admission Medications

21. ACE inhibitors (1300) ☐₁ Yes ☐₀ No ☐₉₈ Unknown
22. Angiotensin II receptor blockers (ARBs) (1310) ☐₁ Yes ☐₀ No ☐₉₈ Unknown
23. Renin inhibitors (1320) ☐₁ Yes ☐₀ No ☐₉₈ Unknown
24. Aldosterone receptor antagonists (1330) ☐₁ Yes ☐₀ No ☐₉₈ Unknown
25. Diuretics (1340) ☐₁ Yes ☐₀ No ☐₉₈ Unknown
26. Other antihypertensive agents (1350) ☐₁ Yes ☐₀ No ☐₉₈ Unknown
27. Aspirin (1360) ☐₁ Yes ☐₀ No ☐₉₈ Unknown
28. NSAIDS (1370) ☐₁ Yes ☐₀ No ☐₉₈ Unknown
29. Insulin (1380) ☐₁ Yes ☐₀ No ☐₉₈ Unknown
30. Other injectable anti-diabetic agents (1390) ☐₁ Yes ☐₀ No ☐₉₈ Unknown
31. Oral anti-diabetic agents (1400) ☐₁ Yes ☐₀ No ☐₉₈ Unknown
32. Lipid-lowering agents (1410) ☐₁ Yes ☐₀ No ☐₉₈ Unknown
33. Prostaglandins (1420) ☐₁ Yes ☐₀ No ☐₉₈ Unknown





ASessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI
PEDIATRIC
INPATIENT
CHECKLIST 1

Participant ID: 2 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

Comments:

(6000) : _____





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI PEDIATRIC INPATIENT CHECKLIST 2

Participant ID: 2 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

Medications Given Anytime During Entire Hospitalization (COMPLETE AT/AFTER DISCHARGE)

- | | | | | |
|--|--------|---|--|--|
| 1. Aminoglycosides | (1000) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 2. Amphotericin | (1010) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 3. NSAIDS | (1020) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 4. ACE inhibitors | (1030) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 5. Angiotensin II receptor blockers (ARBs) | (1040) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 6. Vasopressors | (1050) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 7. Diuretics | (1060) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |
| 8. Aspirin | (1070) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₈ Unknown |

In Hospital Exposures or Complications

- | | | | | |
|--|--------|---|--|--|
| 9. Intravenous/intra-arterial contrast prior to hospital discharge | (1080) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | |
| ➔ IF YES: | | | | |
| 9a. Was the contrast iodinated? | (1090) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | |
| 9b. Was the contrast gadolinium? | (1100) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | |
| 9c. (FOR CASE PARTICIPANTS ONLY)
Intravenous/intra-arterial contrast within 48 hours before the AKI event? | (1110) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | |
| 10. Sepsis | (1120) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | |





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI PEDIATRIC INPATIENT CHECKLIST 2

Participant ID: 2 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

11. Major surgical procedure (requires operating room) (1130) ☐₁ Yes ☐₀ No
- 11a. **(FOR CASE PARTICIPANTS ONLY)** (1140) ☐₁ Yes ☐₀ No
Major surgical procedure within 48 hours before the AKI event?
- ➔ IF YES: What type of surgical procedure was it?
- 11ai. Cardiac (1150) ☐₁ Yes ☐₀ No
- 11aii. Thoracoabdominal (1160) ☐₁ Yes ☐₀ No
- 11aiii. Non-cardiac vascular (1170) ☐₁ Yes ☐₀ No
- 11aiv. Other (SPECIFY: _____) (1180) ☐₁ Yes ☐₀ No
12. What is the RACHS surgery category? (1190) ____
13. Shock (cardiogenic or non-cardiogenic) (1200) ☐₁ Yes ☐₀ No
14. Arrhythmias (1210) ☐₁ Yes ☐₀ No
15. Respiratory failure requiring mechanical ventilation (≥ 48 hrs mechanical ventilation) (1220) ☐₁ Yes ☐₀ No
16. Nephrology consult (1230) ☐₁ Yes ☐₀ No





Assessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI PEDIATRIC INPATIENT CHECKLIST 2

Participant ID: 2 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

Physiologic Data

17. Dialysis

➔ IF **NO**, PROCEED TO QUESTION 18.

➔ IF **YES**:

17a. Start date for first dialysis

(1240) ☐₁ Yes ☐₀ No

(1250) ____ / ____ / ____
MM DD YYYY

17b. Stop date for last dialysis

(1260) ____ / ____ / ____
MM DD YYYY

17c. Was the participant discharged from the hospital
requiring dialysis treatment?

(1270) ☐₁ Yes ☐₀ No

17d. Modality

17di. Intermittent Hemodialysis (IHD)

(1280) ☐₁ Yes ☐₀ No

17dii. Sustained Low-Efficiency Dialysis (SLED)

(1290) ☐₁ Yes ☐₀ No

17diii. Continuous Renal Replacement Therapy
(CRRT)

(1300) ☐₁ Yes ☐₀ No

17div. Peritoneal Dialysis (PD)

(1305) ☐₁ Yes ☐₀ No

17dv. Start date for first Modality

(1310) ____ / ____ / ____
MM DD YYYY

17dvi. Stop date for last Modality

(1320) ____ / ____ / ____
MM DD YYYY

18. Number of days in ICU

(24 hour period = 1 day; if last day in ICU is < 24 hours,
count as one day.)

(1330) ____

19. Total hospital length of stay

19a. Admission Date

(1340) ____ / ____ / ____
MM DD YYYY

19b. Discharge/Death Date

(1350) ____ / ____ / ____
MM DD YYYY





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI PEDIATRIC INPATIENT CHECKLIST 2

Participant ID: 2 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

20. Record participant's location after discharge

- (1360) ☐₁ Home
☐₂ Nursing home
☐₃ Assisted living facility
☐₄ Rehabilitation or skilled nursing facility
☐₅ Residential facility or group home
☐₉₆ Other _____
☐₉₇ N/A

Comments:

(6000) : _____





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI PEDIATRIC INPATIENT DEMOGRAPHIC INFORMATION

Participant ID: 2 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

1. Have you/your child lived in your/your child's primary residence since birth? (1000) ☐₁ Yes ☐₀ No
- 1a. IF **NO**: How long have you/your child lived in the primary residence?
ESTIMATE IF UNCERTAIN. (1010) ____ years
(1020) ____ months
2. Which best describes the child's primary residence?
CHECK ONE BOX ONLY. (1030) ☐₁ A one-family house detached from any other house
☐₂ A one-family house attached to one or more houses
☐₃ A duplex
☐₄ A building for 3 or more families
☐₅ A mobile home or trailer
☐₆ Residential center (group home, nursing facility)
☐₉₆ Other (SPECIFY: _____)
3. Do you/your child have siblings? (1040) ☐₁ Yes ☐₀ No
- 3a. IF **YES**, how many siblings? (1050) ____
- 3b. IF **YES**, how many siblings live in the same residence? (1060) ____
4. How many parents/guardians live in your/your child's household? (1070) ____





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI PEDIATRIC INPATIENT DEMOGRAPHIC INFORMATION

Participant ID: 2 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

5. (FOR US SITES ONLY) What type of healthcare coverage do you/your child have?
PLEASE ANSWER YES OR NO TO EACH TYPE OF HEALTHCARE COVERAGE.

➔ USE REFERENCE CARD D

- | | | | |
|--------------------------------|--------|---|--|
| 5a. Uninsured | (1100) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 5b. Self-insured | (1110) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 5c. COBRA | (1120) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 5d. Commercial/fee-for-service | (1130) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 5e. HMO | (1140) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 5f. Local/state insurance | (1150) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 5g. Military | (1160) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 5h. Medicare | (1170) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 5i. Medicaid | (1180) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 5j. Self-pay | (1190) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 5k. Other _____ | (1200) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |

6. (FOR CANADIAN SITES ONLY) What type of healthcare coverage do you/your child have?
PLEASE ANSWER YES OR NO TO EACH TYPE OF HEALTHCARE COVERAGE.

- | | | | |
|--|--------|---|--|
| 6a. Provincial/Public Health Insurance | (1210) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 6b. Private/Personal insurance | (1220) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI PEDIATRIC INPATIENT DEMOGRAPHIC INFORMATION

Participant ID: 2 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

7. What is your total annual gross household income?
→ USE REFERENCE CARD E

- (1230) ☐₁ \$20,000 or under
☐₂ \$20,001 – \$35,000
☐₃ \$35,001 – \$50,000
☐₄ \$50,001 – \$100,000
☐₅ More than \$100,000
☐₉₉ Don't wish to answer

8. How many legal guardians do you/your child have?
→ IF ZERO, STOP.

- (1240) ☐₀ Zero
☐₁ One
☐₂ Two

Guardian 1

9. What is the guardian's/your relationship to the child?

- (1250) ☐₁ Mother
☐₂ Father
☐₃ Grandparent
☐₄ Sibling
☐₅ Aunt/Uncle
☐₆ Legal guardian
☐₇ Friend
☐₉₆ Other (SPECIFY _____)

10. What is the guardian's/your current marital status?

- (1260) ☐₁ Never married
☐₂ Currently married
☐₃ Domestic partner
☐₄ Separated
☐₅ Divorced
☐₆ Widowed
☐₉₉ Don't wish to answer





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI PEDIATRIC INPATIENT DEMOGRAPHIC INFORMATION

Participant ID: 2 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

11. What is the highest level of education that the guardian/you have completed?

→ USE REFERENCE CARD A

- (1270) ☐ ₁ Less than 7th grade or no formal education
- ☐ ₂ 7th to 12th grade, no high school diploma
- ☐ ₃ High school graduate or equivalent (e.g. GED)
- ☐ ₄ Technical or vocational school degree
- ☐ ₅ Some college education, but no completed degree
- ☐ ₆ College graduate
- ☐ ₇ Professional or graduate degree (e.g. Master's, PhD, JD, MD)
- ☐ ₉₉ Don't wish to answer

12. What is the guardian's/your current primary employment status?

→ IF ON TEMPORARY MEDICAL LEAVE, PROCEED TO QUESTION 13.

→ IF STUDENT, NEVER WORKED, OR DON'T WISH TO ANSWER, PROCEED TO QUESTION 14 OR STOP IF THERE IS ONLY 1 GUARDIAN.

→ USE REFERENCE CARD B

- (1280) ☐ ₁ Employed part-time
- ☐ ₂ Employed full-time
- ☐ ₃ Student
- ☐ ₄ Temporarily laid off/on strike
- ☐ ₅ On temporary medical leave
- ☐ ₆ Permanently disabled
- ☐ ₇ Retired, not currently working
- ☐ ₈ Full-time home maker
- ☐ ₉ Unemployed
- ☐ ₁₀ Never worked
- ☐ ₉₉ Don't wish to answer

12a. If **NOT** currently employed, when was the last time the guardian/you were employed?
RESPONSE SHOULD BE WRITTEN AS DATE MM/YYYY.

(1290) ____ month
MM

(1300) ____ year
YYYY

→ IF PARTICIPANT CANNOT REMEMBER THE MONTH OR YEAR RECORD 98 FOR MONTH AND/OR 9898 FOR YEAR





Assessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI PEDIATRIC INPATIENT DEMOGRAPHIC INFORMATION

Participant ID: 2 - ____ - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

13. What type of work does/did the guardian/you primarily do?
→ USE REFERENCE CARD C

- (1310) ☐₁ Professional, executive occupation, business owner
☐₂ Manager, technical occupation
☐₃ Clerical, sales, administrative support occupation, technician
☐₄ Skilled labor (e.g. certified electrician, carpenter, welder)
☐₅ Semi-skilled labor (e.g. construction help, mechanic's help)
☐₆ Other labor (e.g. porters, bell hops, manual labor)
☐₇ Home maker
☐₉₆ Other (SPECIFY WORK: _____)
☐₉₉ Don't wish to answer

Guardian 2

14. What is the guardian's/your relationship to the child?

- (1320) ☐₁ Mother
☐₂ Father
☐₃ Grandparent
☐₄ Sibling
☐₅ Aunt/Uncle
☐₆ Legal guardian
☐₇ Friend
☐₉₆ Other (SPECIFY _____)

15. What is the guardian's/your current marital status?

- (1330) ☐₁ Never married
☐₂ Currently married
☐₃ Domestic partner
☐₄ Separated
☐₅ Divorced
☐₆ Widowed
☐₉₉ Don't wish to answer





Assessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI PEDIATRIC INPATIENT DEMOGRAPHIC INFORMATION

Participant ID: 2 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

16. What is the highest level of education that the guardian/you have completed?

→ USE REFERENCE CARD A

- (1340) ☐ ₁ Less than 7th grade or no formal education
- ☐ ₂ 7th to 12th grade, no high school diploma
- ☐ ₃ High school graduate or equivalent (e.g. GED)
- ☐ ₄ Technical or vocational school degree
- ☐ ₅ Some college education, but no completed degree
- ☐ ₆ College graduate
- ☐ ₇ Professional or graduate degree (e.g. Master's, PhD, JD, MD)
- ☐ ₉₉ Don't wish to answer

17. What is the guardian's/your current primary employment status?

→ IF ON TEMPORARY MEDICAL LEAVE, PROCEED TO QUESTION 18.

→ IF STUDENT, NEVER WORKED, OR DON'T WISH TO ANSWER, STOP.

→ USE REFERENCE CARD B

- (1350) ☐ ₁ Employed part-time
- ☐ ₂ Employed full-time
- ☐ ₃ Student
- ☐ ₄ Temporarily laid off/on strike
- ☐ ₅ On temporary medical leave
- ☐ ₆ Permanently disabled
- ☐ ₇ Retired, not currently working
- ☐ ₈ Full-time home maker
- ☐ ₉ Unemployed
- ☐ ₁₀ Never worked
- ☐ ₉₉ Don't wish to answer

17a. If **NOT** currently employed, when was the last time the guardian/you were employed?
RESPONSE SHOULD BE WRITTEN AS DATE MM/YYYY.

(1360) ____ month
MM

(1370) ____ year
YYYY

→ IF PARTICIPANT CANNOT REMEMBER THE MONTH OR YEAR RECORD 98 FOR MONTH AND/OR 9898 FOR YEAR





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI
PEDIATRIC INPATIENT
DEMOGRAPHIC
INFORMATION

Participant ID: 2 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

18. What type of work does/did the guardian/you primarily do?
→ USE REFERENCE CARD C

- (1380) ☐₁ Professional, executive
occupation, business owner
☐₂ Manager, technical
occupation
☐₃ Clerical, sales, administrative
support occupation,
technician
☐₄ Skilled labor (e.g. certified
electrician, carpenter, welder)
☐₅ Semi-skilled labor (e.g.
construction help, mechanic's
help)
☐₆ Other labor (e.g. porters,
bell hops, manual labor)
☐₇ Home maker
☐₉₆ Other (SPECIFY WORK:
_____)
☐₉₉ Don't wish to answer

For Research Coordinator use only: CRF was:

- (1390) ☐₁ Participant completed
☐₂ Interviewer completed
☐₃ Guardian completed

Comments:

(6000) : _____





Assessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI
PEDIATRIC
INPATIENT
DNA SPECIMEN
COLLECTION

Participant ID: 2 - - - - -

Participant Initials: - - - - -

Visit Number: - - - - -

Visit Date: - - - / - - - / - - - - -

Coordinator ID: - - - - -

1. Date of blood collection:

(1000) - - - / - - - / - - - - -
MM DD YYYY

2. Was the following vacutainer collected?

Priority Order	Specimen type	Vacutainer volume	
2	EDTA (purple)	3 - 7 mL for DNA	(1010) <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No

➔ HOLD SPECIMEN IN SITE FREEZER UNTIL RUTGERS BIOREPOSITORY CONFIRMS RECEIPT OF ACD-A OR V12M/V24M COLLECTION COULD NOT OCCUR.

➔ REFER TO SECTION 3 OF THE BIOSPECIMEN MOP FOR ADDITIONAL DETAILS.

Comments:

(6000) : _____





Assessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI PEDIATRIC INPATIENT SPECIMEN COLLECTION

Participant ID: 2 - ____ - ____
Participant Initials: ____
Visit Number: 0
Visit Date: ____ / ____ / ____
Coordinator ID: ____

RECORD ALL TIMES USING A 24-HOUR CLOCK.

Blood Specimen

1. Date of blood collection: (1000) ____ / ____ / ____
MM DD YYYY
2. Time of blood collection: (1010) ____
3. Amount of blood collected (1020) ____ . ____ ml

Urine Specimen

4. Date of urine collection: (1030) ____ / ____ / ____
MM DD YYYY
5. Time of urine collection: (1040) ____
6. Was urine collected from a foley catheter? (1050) ☐₁ Yes ☐₀ No
7. Amount of urine collected (1060) ____ ml

Processing

8. How many 0.5 ml aliquots of plasma were produced?
ASSESS-AKI goals: 4 (0.5 ml aliquots) (1070) ____ aliquots
9. Time plasma samples frozen
(Aliquots should be stored in a -80 freezer) (1080) ____
10. Date plasma samples frozen (1090) ____ / ____ / ____
MM DD YYYY
11. How many 1 ml aliquots of urine were produced?
ASSESS-AKI goal: 10 (1ml aliquots) (1100) ____ aliquots
12. Time urine samples frozen
(Aliquots should be stored in a -80 freezer) (1110) ____
13. Date urine samples frozen: (1120) ____ / ____ / ____
MM DD YYYY

➔ Enter Blood and Urine ASSESS-AKI Biological Sample Tracking Module





ASessment,
Serial **E**valuation, and
Subsequent **S**equelae in AKI
NIH/NIDDK

ASSESS AKI
PEDIATRIC
INPATIENT SPECIMEN
COLLECTION

Participant ID: 2 - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: ____

Comments:

(6000) : _____





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI REGISTRY

Coordinator ID : _____

First Name: _____
Last Name: _____
Initials: _____
Date of Birth: ____ / ____ / ____
Gender: _____

USING THE PARTICIPANT INITIALS, DATE OF BIRTH, AND GENDER, SEARCH THE ASSESS AKI REGISTRY. REVIEW THE SEARCH RESULTS TO DETERMINE IF A PARTICIPANT IS ALREADY REGISTERED USING ALL OF THESE CRITERIA. IF THE KEY FIELDS ARE NOT CURRENTLY USED BY ANOTHER PARTICIPANT, REGISTER THE NEW PARTICIPANT.

REGISTRY FORM STORAGE INSTRUCTIONS: UPON PRINTING THE PARTICIPANT'S REGISTRY REPORT, HANDPRINT THE PARTICIPANT'S NAME ON THE REPORT. THE REPORT WILL SERVE AS THE LINK TO A PARTICIPANT'S MASTER ID. REPORTS SHOULD BE STORED ALPHABETICALLY BY PARTICIPANT'S LAST NAME IN THE ASSESS AKI REGISTRY BINDER.

REGISTRY FORMS AND REPORTS SHOULD NOT BE SENT TO THE DCC.

Screening Informed Consent and Participant Assent (Research Coordinator Completed)

1. Is the participant 18 to 88 years old? (1000) ☐₁ Yes ☐₀ No
➔ IF **NO**, PROCEED TO QUESTION 2.
- 1a. IF **YES**: has the participant signed and dated the informed consent? (1010) ☐₁ Yes ☒₀ No
- 1ai. IF **YES**: record the date the form was signed. (1020) ____ / ____ / ____
➔ PROCEED TO QUESTION 4.
MM DD YYYY
- 1aii. IF **NO**: was the consent signed by a surrogate? (1030) ☐₁ Yes ☒₀ No
➔ IF **NO**, STOP HERE.
- 1.a.ii.1. IF **YES**: record surrogate type:

- 1.a.ii.2. IF **YES**: record date the form was signed. (1040) ____ / ____ / ____
➔ PROCEED TO QUESTION 4.
MM DD YYYY
2. If the participant is > 1 month old to < 18 years old, has the parent/legal guardian signed and dated the informed consent? (1050) ☐₁ Yes ☒₀ No
- 2a. IF **YES**: record the date the form was signed. (1060) ____ / ____ / ____
MM DD YYYY
3. If the participant is \geq 7 years old, has the participant signed and dated the assent form? (1070) ☐₁ Yes ☒₀ No ☐₉₇ N/A
CHECK N/A IF PARTICIPANT IS < 7 YEARS OLD.
- 3a. IF **YES**: record the date the assent was signed or verbally given. (1080) ____ / ____ / ____
MM DD YYYY





ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI REGISTRY

Coordinator ID : _____

First Name: _____

Last Name: _____

Initials: _____

Date of Birth: ____ / ____ / ____

Gender: _____

4. What is your date of birth?

(1090) ____ / ____ / ____
MM DD YYYY

5. What is your gender?

(1100) ☐₁ Male
☐₂ Female
☐₉₆ Other
☐₉₈ Unknown

Race and Ethnicity

6. What is your racial background?
CHECK YES OR NO TO EACH RACIAL CATEGORY.

6a. American Indian or Alaskan Native

(1110) ☐₁ Yes ☐₀ No

6b. Asian

(1120) ☐₁ Yes ☐₀ No

6c. Black or African American

(1130) ☐₁ Yes ☐₀ No

6d. White

(1140) ☐₁ Yes ☐₀ No

6e. Native Hawaiian or Other Pacific Islander

(1150) ☐₁ Yes ☐₀ No

6f. Other (SPECIFY) _____

(1160) ☐₁ Yes ☐₀ No

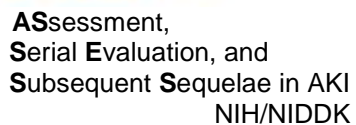
7. What do you consider your **primary** racial background?
PLEASE CHECK ONLY ONE RESPONSE.

(1170) ☐₁ American Indian or Alaskan
Native
☐₂ Asian
☐₃ Black or African American
☐₄ White
☐₅ Native Hawaiian or Other
Pacific Islander
☐₆ More Than One Race

8. What is your ethnic background?

(1180) ☐₁ Hispanic or Latino
☐₂ Not Hispanic or Latino





Participant ID: ____ - ____ - ____ - ____

Participant Initials: ____

Visit Number: 0

Visit Date: ____ / ____ / ____

Coordinator ID: _____

- UA_MICRO
07/02/2010 version 1.1



Assessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI URINALYSIS MICRO

Participant ID: __ - __ - __ - __ - __

Participant Initials: __ __ __

Visit Number: 0

Visit Date: __ / __ / __

Coordinator ID: __ __ __

2e. Leukocyte Esterase

- (1050) ☐₁ Negative/Zero
☐₂ Trace
☐₃ Small (+)/Positive
☐₄ Moderate (++)
☐₅ Large (+++)

2f. Blood

- (1060) ☐₁ Negative/Zero
☐₂ Trace
☐₃ Small (+)
☐₄ Moderate (++)
☐₅ Large (+++)

2g. Nitrites

- (1070) ☐₁ Pos ☐₀ Neg

2h. pH level

- (1080) ☐₁ ≤ 5.5
☐₂ 6.0
☐₃ 6.5
☐₄ 7.0
☐₅ ≥ 7.5

3. Was a microscopy requested?
➔ IF **NO**, STOP HERE.

- (1090) ☐₁ Yes ☐₀ No

4. Cells/hpf

≤ 5 6-20 >20

4a. RBCs/ERCs

- (1100) ☐₁ ☐₂ ☐₃

4b. WBCs/LKCs

- (1110) ☐₁ ☐₂ ☐₃

4c. RTEs

- (1120) ☐₁ ☐₂ ☐₃



ASsessment,
Serial Evaluation, and
Subsequent Sequelae in AKI
NIH/NIDDK

ASSESS AKI
URINALYSIS
MICRO

Participant ID: __ - __ - __ - __ - __

Participant Initials: __ __ __

Visit Number: 0

Visit Date: __ / __ / __

Coordinator ID: __ __ __ __

5. Casts/lpf

		0	1-5	6-10	>10
5a. Hyaline	(1130)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
5b. Granular	(1140)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
5c. RBC Cast	(1150)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
5d. WBC Cast	(1160)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
5e. RTE Cast	(1170)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

6. Amorphous Sediment

(1180) ☐₁ Yes ☐₀ No

Comments:

(6000) : _____
