ASSESS AKI

ASsessment,
Serial **E**valuation, and
Subsequent **S**equelae 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)
___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ ___ ___ . ___ ___	❑1 mg/dL ❑2 umol/L
___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ ___ ___ . ___ ___	❑1 mg/dL ❑2 umol/L
___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ ___ ___ . ___ ___	❑1 mg/dL ❑2 umol/L
___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ ___ ___ . ___ ___	❑1 mg/dL ❑2 umol/L
___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ ___ ___ . ___ ___	❑1 mg/dL ❑2 umol/L
___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ ___ ___ . ___ ___	❑1 mg/dL ❑2 umol/L
___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ ___ ___ . ___ ___	❑1 mg/dL ❑2 umol/L
___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ ___ ___ . ___ ___	❑1 mg/dL ❑2 umol/L
___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ ___ ___ . ___ ___	❑1 mg/dL ❑2 umol/L
___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ ___ ___ . ___ ___	❑1 mg/dL ❑2 umol/L
___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ ___ ___ . ___ ___	❑1 mg/dL ❑2 umol/L
___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ ___ ___ . ___ ___	❑1 mg/dL ❑2 umol/L
___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ ___ ___ . ___ ___	❑1 mg/dL ❑2 umol/L
___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ ___ ___ . ___ ___	❑1 mg/dL ❑2 umol/L

Source Documentation:

(1050) Signature:____

(1060) Date Completed: ___ ___ / ___ ___ / ___ ___ ___ ___

Comments:
(6000) : ____

____

____

ASSESS AKI

ASsessment,
Serial **E**valuation, and
Subsequent **S**equelae 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 (+++)

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) : _____

_____

_____

1. Did the participant give permission to prepare DNA from his/her blood samples? **(1000)** ❑$_1$ Yes ❑$_0$ No

2. Did the participant give permission to create a cell line from his/her blood cells? **(1010)** ❑$_1$ Yes ❑$_0$ 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)** ❑$_1$ Yes ❑$_0$ No

4. Did the participant give permission to test his/her DNA for genes related to other health conditions? **(1030)** ❑$_1$ Yes ❑$_0$ No

Comments:
(6000) :_____

_____

_____

ASSESS AKI

ASsessment,
Serial **E**valuation, and
Subsequent **S**equelae 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

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

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 <u>baseline</u> estimated GFR <15 ml/min/1.73m^2 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

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) : _____

_____

_____

ASSESS AKI

ASsessment,
Serial **E**valuation, and
Subsequent **S**equelae 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) : _____

_____

_____

ASSESS AKI

ASsessment,
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)
__ __	__ __ / __ __ / __ __ __ __	__ __ __ __	__ __ __ __ . __ __	❑1 mg/dL ❑2 umol/L
__ __	__ __ / __ __ / __ __ __ __	__ __ __ __	__ __ __ __ . __ __	❑1 mg/dL ❑2 umol /L
__ __	__ __ / __ __ / __ __ __ __	__ __ __ __	__ __ __ __ . __ __	❑1 mg/dL ❑2 umol /L
__ __	__ __ / __ __ / __ __ __ __	__ __ __ __	__ __ __ __ . __ __	❑1 mg/dL ❑2 umol /L
__ __	__ __ / __ __ / __ __ __ __	__ __ __ __	__ __ __ __ . __ __	❑1 mg/dL ❑2 umol /L
__ __	__ __ / __ __ / __ __ __ __	__ __ __ __	__ __ __ __ . __ __	❑1 mg/dL ❑2 umol /L
__ __	__ __ / __ __ / __ __ __ __	__ __ __ __	__ __ __ __ . __ __	❑1 mg/dL ❑2 umol /L
__ __	__ __ / __ __ / __ __ __ __	__ __ __ __	__ __ __ __ . __ __	❑1 mg/dL ❑2 umol /L
__ __	__ __ / __ __ / __ __ __ __	__ __ __ __	__ __ __ __ . __ __	❑1 mg/dL ❑2 umol /L
__ __	__ __ / __ __ / __ __ __ __	__ __ __ __	__ __ __ __ . __ __	❑1 mg/dL ❑2 umol /L
__ __	__ __ / __ __ / __ __ __ __	__ __ __ __	__ __ __ __ . __ __	❑1 mg/dL ❑2 umol /L
__ __	__ __ / __ __ / __ __ __ __	__ __ __ __	__ __ __ __ . __ __	❑1 mg/dL ❑2 umol /L
__ __	__ __ / __ __ / __ __ __ __	__ __ __ __	__ __ __ __ . __ __	❑1 mg/dL ❑2 umol /L

Comments:
(6000) : ____

____

____

ASSESS AKI

ASsessment,
Serial **E**valuation, and
Subsequent **S**equelae 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)**	❑1 Yes ❑0 No ❑98 Unknown
	1a. IF **YES**: What type?	**(1010)**	❑1 Type I ❑2 Type II ❑98 Unknown
2.	Chronic heart failure	**(1020)**	❑1 Yes ❑0 No ❑98 Unknown
3.	Coronary heart disease (myocardial infarction, revascularization)	**(1030)**	❑1 Yes ❑0 No ❑98 Unknown
4.	Hypertension	**(1040)**	❑1 Yes ❑0 No ❑98 Unknown
5.	Systemic cancer (excluding non-melanoma skin cancer)	**(1050)**	❑1 Yes ❑0 No ❑98 Unknown
6.	Chronic lung disease (chronic obstructive lung disease, reactive airway disease)	**(1060)**	❑1 Yes ❑0 No ❑98 Unknown
7.	Chronic liver disease (cirrhosis, active hepatitis)	**(1070)**	❑1 Yes ❑0 No ❑98 Unknown
8.	Gout	**(1080)**	❑1 Yes ❑0 No ❑98 Unknown
9.	Rheumatoid arthritis	**(1090)**	❑1 Yes ❑0 No ❑98 Unknown
10.	Systemic lupus	**(1100)**	❑1 Yes ❑0 No ❑98 Unknown

Smoking History

11.	Have you ever smoked cigarettes, a pipe, cigar, marijuana, or any other substance?	**(1110)**	❑1 Yes ❑0 No ❑98 Unknown ❑99 Refused
	11a. IF **YES**: What is your smoking status?	**(1120)**	❑1 Currently using products ❑2 No longer using products

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

Pre-admission Medications

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

Comments:
(6000) : _____

_____

_____

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

1.	Aminoglycosides	**(1000)**	❑$_1$ Yes ❑$_0$ No ❑$_{98}$ Unknown
2.	Amphotericin	**(1010)**	❑$_1$ Yes ❑$_0$ No ❑$_{98}$ Unknown
3.	NSAIDS	**(1020)**	❑$_1$ Yes ❑$_0$ No ❑$_{98}$ Unknown
4.	ACE inhibitors	**(1030)**	❑$_1$ Yes ❑$_0$ No ❑$_{98}$ Unknown
5.	Angiotensin II receptor blockers (ARBs)	**(1040)**	❑$_1$ Yes ❑$_0$ No ❑$_{98}$ Unknown
6.	Vasopressors	**(1050)**	❑$_1$ Yes ❑$_0$ No ❑$_{98}$ Unknown
7.	Diuretics	**(1060)**	❑$_1$ Yes ❑$_0$ No ❑$_{98}$ Unknown

In Hospital Exposures or Complications

8.	Intravenous/intra-arterial contrast prior to hospital discharge	**(1070)**	❑$_1$ Yes ❑$_0$ No
	➔ IF **YES**:		
8a.	Was the contrast iodinated?	**(1080)**	❑$_1$ Yes ❑$_0$ No
8b.	Was the contrast gadolinium?	**(1090)**	❑$_1$ Yes ❑$_0$ No
8c.	**(FOR <u>CASE</u> PARTICIPANTS ONLY)** Intravenous/intra-arterial contrast within 48 hours before the AKI event?	**(1100)**	❑$_1$ Yes ❑$_0$ No
9.	Sepsis	**(1110)**	❑$_1$ Yes ❑$_0$ No

10. Major surgical procedure (requires operating room)	**(1120)**	❑$_1$ Yes	❑$_0$ No
10a. **(FOR CASE PARTICIPANTS ONLY)** Major surgical procedure within 48 hours before the AKI event?	**(1130)**	❑$_1$ Yes	❑$_0$ No
➔ IF **YES**: What type of surgical procedure was it?			
10ai. Cardiac	**(1140)**	❑$_1$ Yes	❑$_0$ No
10aii. 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

Physiologic Data

16. Dialysis **(1230)** ❑1 Yes ❑0 No
    ➔ IF **NO**, PROCEED TO QUESTION 17.

    ➔ IF **YES**:

    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 **(1320)** ___ ___ ___
    (24 hour period = 1 day; if last day in ICU is < 24 hours, count as one day.)

18. Total hospital length of stay

    18a. Admission Date **(1330)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM DD YYYY)

    18b. Discharge/Death Date **(1340)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM DD YYYY)

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) : _____

_____

_____

ASSESS AKI

ASsessment,
Serial **E**valuation, and
Subsequent **S**equelae 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

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.

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

(1070) ___ ___ month
MM

(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

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)**	❑1 Yes	❑0 No
7b.	Self-insured	**(1110)**	❑1 Yes	❑0 No
7c.	COBRA	**(1120)**	❑1 Yes	❑0 No
7d.	Commercial/fee-for-service	**(1130)**	❑1 Yes	❑0 No
7e.	HMO	**(1140)**	❑1 Yes	❑0 No
7f.	Local/state insurance	**(1150)**	❑1 Yes	❑0 No
7g.	Military	**(1160)**	❑1 Yes	❑0 No
7h.	Medicare	**(1170)**	❑1 Yes	❑0 No
7i.	Medicaid	**(1180)**	❑1 Yes	❑0 No
7j.	Self-pay	**(1190)**	❑1 Yes	❑0 No
7k.	Other _____	**(1200)**	❑1 Yes	❑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)**	❑1 Yes	❑0 No
8b.	Private/Personal insurance	**(1220)**	❑1 Yes	❑0 No

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) : _____

_____

_____

ASSESS AKI

ASsessment,
Serial **E**valuation, and
Subsequent **S**equelae 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.

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) : _____

_____

_____

Past Medical History

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

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 <u>CASE</u> PARTICIPANTS ONLY)** Date of AKI episode **(1240)** ___ ___ / ___ ___ / ___ ___ ___ ___
MM DD YYYY

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. Prostagladins	**(1420)**	❑1 Yes	❑0 No	❑98 Unknown

Comments:

(6000) : _____

_____

_____

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

1.	Aminoglycosides	**(1000)**	❑1 Yes ❑0 No ❑98 Unknown
2.	Amphotericin	**(1010)**	❑1 Yes ❑0 No ❑98 Unknown
3.	NSAIDS	**(1020)**	❑1 Yes ❑0 No ❑98 Unknown
4.	ACE inhibitors	**(1030)**	❑1 Yes ❑0 No ❑98 Unknown
5.	Angiotensin II receptor blockers (ARBs)	**(1040)**	❑1 Yes ❑0 No ❑98 Unknown
6.	Vasopressors	**(1050)**	❑1 Yes ❑0 No ❑98 Unknown
7.	Diuretics	**(1060)**	❑1 Yes ❑0 No ❑98 Unknown
8.	Aspirin	**(1070)**	❑1 Yes ❑0 No ❑98 Unknown

In Hospital Exposures or Complications

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

11. Major surgical procedure (requires operating room)	**(1130)**	❑1 Yes	❑0 No
11a. **(FOR CASE PARTICIPANTS ONLY)** Major surgical procedure within 48 hours before the AKI event?	**(1140)**	❑1 Yes	❑0 No
➔ 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

Physiologic Data

17. Dialysis **(1240)** ❑1 Yes ❑0 No
    ➔ IF **NO**, PROCEED TO QUESTION 18.

    ➔ IF **YES**:

    17a. Start date for first dialysis **(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 **(1330)** ___ ___ ___
    (24 hour period = 1 day; if last day in ICU is < 24 hours, count as one day.)

19. Total hospital length of stay

    19a. Admission Date **(1340)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM DD YYYY)

    19b. Discharge/Death Date **(1350)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM DD YYYY)

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) : _____

_____

_____

ASSESS AKI

ASsessment,
Serial **E**valuation, and
Subsequent **S**equelae 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)** ___

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)**	☐1 Yes	☐0 No
5b.	Self-insured	**(1110)**	☐1 Yes	☐0 No
5c.	COBRA	**(1120)**	☐1 Yes	☐0 No
5d.	Commercial/fee-for-service	**(1130)**	☐1 Yes	☐0 No
5e.	HMO	**(1140)**	☐1 Yes	☐0 No
5f.	Local/state insurance	**(1150)**	☐1 Yes	☐0 No
5g.	Military	**(1160)**	☐1 Yes	☐0 No
5h.	Medicare	**(1170)**	☐1 Yes	☐0 No
5i.	Medicaid	**(1180)**	☐1 Yes	☐0 No
5j.	Self-pay	**(1190)**	☐1 Yes	☐0 No
5k.	Other _____	**(1200)**	☐1 Yes	☐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)**	☐1 Yes	☐0 No
6b.	Private/Personal insurance	**(1220)**	☐1 Yes	☐0 No

7. What is your total annual gross household income? **(1230)**
   ➔ USE REFERENCE CARD E

- ☐ 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? **(1240)**
   ➔ IF **ZERO**, STOP.

- ☐ 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

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

13. What type of work does/did the guardian/you primarily do? **(1310)**
➔ USE REFERENCE CARD C

- ☐ 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

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

18. What type of work does/did the guardian/you primarily do? **(1380)**
➔ USE REFERENCE CARD C

- ❑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) : _____

_____

_____

ASSESS AKI

ASsessment,
Serial **E**valuation, and
Subsequent **S**equelae 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)** ❑1 Yes ❑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) : _____

_____

_____

ASSESS AKI

ASsessment,
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: __ __ __ __ __

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

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

ASSESS AKI PEDIATRIC INPATIENT SPECIMEN COLLECTION

Participant ID: 2 - __ __ - __ __ __ __

Participant Initials: __ __ __ __

Visit Number: 0

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

Coordinator ID: __ __ __ __ __

Comments:

(6000) : _____

_____

_____

ASSESS AKI

ASsessment,
Serial **E**valuation, and
Subsequent **S**equelae 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)** ___ ___ / ___ ___ / ___ ___ ___ ___
      MM DD YYYY
      ➔ PROCEED TO QUESTION 4.

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 ≥ 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

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? **(1170)**
PLEASE CHECK ONLY ONE RESPONSE.
- ☐ 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

ASSESS AKI

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

ASSESS AKI URINALYSIS MICRO

Participant ID: __ - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: 0
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1. Date of collection: **(1000)** ___ ___ / ___ ___ / ___ ___ ___ ___
   MM DD YYYY

2. Urine Dipstick

   2a. Specific Gravity **(1010)**
   - ❑1 1.000 – 1.004
   - ❑2 1.005 – 1.009
   - ❑3 1.010 – 1.014
   - ❑4 1.015 – 1.019
   - ❑5 1.020 – 1.024
   - ❑6 ≥ 1.025

   2b. Protein **(1020)**
   - ❑1 Negative/Zero
   - ❑2 Trace
   - ❑3 ≥ 30 (+)
   - ❑4 ≥ 100 (++)
   - ❑5 ≥ 300 (+++)
   - ❑6 > 2000 (++++)

   2c. Glucose **(1030)**
   - ❑1 Negative/Zero
   - ❑2 ≥ 100 (+)
   - ❑3 ≥ 250 (++)
   - ❑4 ≥ 500 (+++)
   - ❑5 > 1000 (++++)
   - ❑6 > 2000

   2d. Ketones **(1040)**
   - ❑1 Negative/Zero
   - ❑2 Trace
   - ❑3 ≥ 15 (small)
   - ❑4 ≥ 40 (moderate)
   - ❑5 ≥ 80 (large)
   - ❑6 > 160

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? **(1090)** ❑1 Yes ❑0 No
➔ IF **NO**, STOP HERE.

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

5. Casts/lpf

		0	1-5	6-10	>10
5a. Hyaline	**(1130)**	❑1	❑2	❑3	❑4
5b. Granular	**(1140)**	❑1	❑2	❑3	❑4
5c. RBC Cast	**(1150)**	❑1	❑2	❑3	❑4
5d. WBC Cast	**(1160)**	❑1	❑2	❑3	❑4
5e. RTE Cast	**(1170)**	❑1	❑2	❑3	❑4

6. Amorphous Sediment **(1180)** ❑1 Yes ❑0 No

Comments:
(6000) : _____

_____

_____