ASSESS AKI

**AS**sessment,
**S**erial **E**valuation, and
**S**ubsequent **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 |

Source Documentation:

**(1050)** Signature:_____

**(1060)** Date Completed: __ __ / __ __ / __ __ __ __

**Comments:**

**(6000) :** _____

_____

_____

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# 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 (+++)

# 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)**
- ❑$_1$ $\leq$ 5.5
- ❑$_2$ 6.0
- ❑$_3$ 6.5
- ❑$_4$ 7.0
- ❑$_5$ $\geq$7.5

**Comments:**
**(6000) :** _____

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# 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)** ❑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) :**_____

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# 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) :** _____

_____

_____

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# 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) :** _____

_____

_____

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# 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) :** _____

_____

_____

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# 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) :** _____

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# 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 <u>CASE</u> 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) :** _____

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# 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)** ❑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 CASE 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 ($\geq$ 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) :** _____

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# 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? **(1050)**
   ➔ USE REFERENCE CARD A
   - ❑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? **(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

For Research Coordinator use only: CRF was: **(1240)**

- ❑ 1 Participant completed
- ❑ 2 Interviewer completed

**Comments:**
**(6000) :** _____

_____

_____

ASSESS AKI

**AS**sessment,
**S**erial **E**valuation, and
**S**ubsequent **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) :** _____

_____

_____

ASSESS AKI

**AS**sessment,
**S**erial **E**valuation, and
**S**ubsequent **S**equelae 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)** ❑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) :** _____

_____

_____

ASSESS AKI

**AS**sessment,
**S**erial **E**valuation, and
**S**ubsequent **S**equelae 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)** ❑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

**AS**sessment,
**S**erial **E**valuation, and
**S**ubsequent **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)** ___



*P2 INPT DEMO*

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

**AS**sessment,
**S**erial **E**valuation, and
**S**ubsequent **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

**AS**sessment,
**S**erial **E**valuation, and
**S**ubsequent **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

**AS**sessment,
**S**erial **E**valuation, and
**S**ubsequent **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)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM DD YYYY)
   ➔ PROCEED TO QUESTION 4.

   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 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) :** _____

_____

_____