ASSESS AKI

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

ASSESS AKI ADULT INPATIENT PROCEDURE EVENT REVIEWER FORM

Participant ID: __ - ____ - _____
Participant Initials: _____
Visit Number: _____
Admission Date: _____
Reviewer Initials: _____

EA TRACKING NUMBER: _____

1. Did the participant have any of the following procedures?
   (PLEASE ANSWER YES OR NO TO EACH OF THE FOLLOWING)

1a.	Coronary artery bypass surgery	**(1000)**	❑1 Yes ❑0 No
1b.	Percutaneous coronary intervention	**(1010)**	❑1 Yes ❑0 No
1c.	Peripheral artery intervention	**(1020)**	❑1 Yes ❑0 No
1d.	Lower extremity/digit amputation (more than one digit)	**(1030)**	❑1 Yes ❑0 No
1e.	Carotid artery revascularization (angioplasty, stenting, carotid endarterectomy)	**(1040)**	❑1 Yes ❑0 No
1f.	Implantation of cardioverter defibrillator	**(1050)**	❑1 Yes ❑0 No
1g.	Abdominal aortic aneurysm repair	**(1060)**	❑1 Yes ❑0 No

Comments:
(6000):

ASSESS AKI

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

ASSESS AKI
AKI EVALUATION

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

1. Record the admission date of the hospitalization **(995)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

2. Date of last outpatient serum creatinine test **(1000)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

3. Serum creatinine value **(1010)** ___ ___ ___ ___ . ___ ___

   3a. Unit of measurement **(1020)** ❑1 mg/dL ❑2 umol/L

4. Did the participant have oliguria on the day of meeting the AKI criteria? **(1025)** ❑1 Yes ❑0 No ❑97 N/A

5. Inpatient acute dialysis **(1030)** ❑1 Yes ❑0 No
   IF **NO**, STOP HERE.

   IF **YES**:

   5a. Start date for first dialysis **(1040)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

   5b. Stop date for last dialysis **(1050)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

   5c. Modality
   (PLEASE ANSWER YES OR NO TO EACH MODALITY)

   Intermittent Hemodialysis (IHD) **(1060)** ❑1 Yes ❑0 No

   Sustained Low-Efficiency Dialysis (SLED) **(1070)** ❑1 Yes ❑0 No

   Continuous Renal Replacement Therapy (CRRT) **(1080)** ❑1 Yes ❑0 No

   Peritoneal Dialysis (PD) **(1090)** ❑1 Yes ❑0 No

   5d. Was the participant discharged from the hospital requiring dialysis treatment? **(1100)** ❑1 Yes ❑0 No

Comments:
(6000) : _____

_____

ASSESS AKI

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

ASSESS AKI
BLOOD PRESSURE

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

1. Was blood pressure taken at this visit? **(1000)** ❑1 Yes ❑0 No

   ➔ IF **NO**, COMPLETE QUESTION 1A AND **STOP**.

   1a. What was the reason blood pressure could not be taken? **(1010)**
   - ❑1 Equipment failure, specify _____ _____ _____
   - ❑2 Participant refusal
   - ❑3 Coordinator oversight
   - ❑96 Other_____

2. Time of day when seated blood pressure taken RECORD USING 24 HOUR **CLOCK** **(1020)** ___ ___ ___ ___

3. Where was blood pressure taken? **(1030)**
   - ❑1 Hospital clinic visit
   - ❑2 Study/research center office
   - ❑3 Clinic visit outside hospital
   - ❑4 Home
   - ❑96 Other (SPECIFY:_____ _____)

4. Blood pressure device number **(1040)** ___ ___

5. Arm used **(1050)** ❑1 Right ❑2 Left

6. Midpoint circumference of arm used **(1060)** ___ ___ . ___ cm

7. Size of cuff **(1070)**
   - ❑1 Small infant (7.0 to < 9.0 cm)
   - ❑2 Infant (9.0 to < 12.0 cm)
   - ❑3 Small child (12.0 to <16.0 cm)
   - ❑4 Child (16 to < 20.0 cm)
   - ❑5 Small adult (20.0 to < 24.0 cm)
   - ❑6 Adult (24.0 to < 33.0 cm)
   - ❑7 Large adult (33.0 to 41.0 cm)
   - ❑8 Thigh (> 41.0 cm to 50.0 cm)
   - ❑9 Thigh (> 50.0 cm)

Have participant remain <u>seated on a chair</u> for 5 minutes

8. Seated pulse measurement (<u># in 30 seconds X 2</u>) **(1080)** ___ ___ ___ beats/minute

9. First seated blood pressure measure (<u>systolic/diastolic</u>) **(1090/1100)** ___ ___ ___ / ___ ___ ___ mmHg

Wait for 30 seconds

10. Second seated blood pressure measure (<u>systolic/diastolic</u>) **(1110/1120)** ___ ___ ___ / ___ ___ ___ mmHg

Wait for 30 seconds

11. Third seated blood pressure measure (<u>systolic/diastolic</u>) **(1130/1140)** ___ ___ ___ / ___ ___ ___ mmHg

12. Mean of the two lowest blood pressure measurements **(1150/1160)** ___ ___ ___ / ___ ___ ___ mmHg

FOR PEDIATRIC PARTICIPANTS ONLY

OBTAIN BLOOD PRESSURE CHARTS APPROPRIATE FOR AGE/GENDER

13. Record 95th percentile blood pressure measurements for age/gender/height

    13a. systolic **(1170)** ___ ___ ___ mmHg

    13b. diastolic **(1180)** ___ ___ ___ mmHg

14. Record percentile for participant's blood pressure measurements

    14a. systolic **(1190)** ___ ___ ___ %

    14b. diastolic **(1200)** ___ ___ ___ %

Comments:

(6000) : _____

_____

_____

ASSESS AKI **AS**sessment, **S**erial **E**valuation, and **S**ubsequent **S**equelae in AKI NIH/NIDDK	ASSESS AKI CANADA LABORATORY RESULTS CBC	Participant ID: __ - __ __ - __ __ __ __ Participant Initials: __ __ __ __ Visit Number: __ __ __ Visit Date: __ __ / __ __ / __ __ __ __ Coordinator ID: __ __ __ __ __

COMPLETE FOR ADULT PARTICIPANTS ONLY.

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

2. CBC Results (based on local laboratory results):

2a. LKC:	**(1010)**	___ ___ . ___ ___ ___ 10^9/L
2b. Platelets:	**(1020)**	___ ___ ___ 10^9/L
2c. Hemoglobin:	**(1030)**	___ ___ ___ . ___ ___ ___ g/L
2d. Hematocrit:	**(1040)**	___ . ___ ___ ___ L/L

3. Renal function (VISIT 3M ONLY)

3a. Creatinine	**(1050)**	___ ___ ___ ___ . ___ ___ umol/L

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI CANADA SERUM CREATININE FROM OTHER SOURCES

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

This form records the serum creatinine value in the outpatient phase that was processed and provided by other sources and was <u>not</u> provided by the ASSESS-AKI Central Lab.

1. Source of authorization to obtain results: **(1000)**
   - ❑1 Consent
   - ❑2 Medical records release

2. Is this an outpatient, non-emergency department test value nearest to the in-person ASSESS value? **(1010)**
   ➔ If ***NO*** or ***DON'T KNOW***, STOP HERE.
   - ❑1 Yes
   - ❑0 No
   - ❑98 Don't Know

3. Date of blood collection: **(1020)** ___ ___ / ___ ___ / ___ ___ ___ ___
   MM DD YYYY

4. Serum creatinine **(1030)** ___ ___ ___ ___ . ___ ___ umol/L

Comments:
(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI CEREBROVASCULAR EVENT REVIEWER FORM

Participant ID: __ - ____ - _____
Participant Initials: _____
Visit Number: _____
Admission Date: _____
Reviewer Initials: _____

EA TRACKING NUMBER: _____

DO NOT COMPLETE THIS FORM FOR EVENTS COLLECTED ON PEDIATRIC PARTICIPANTS

1. How is the event being adjudicated? **(995)**
   - ❑1 Local
   - ❑2 Central

2. How would you characterize this event outcome using all available information in this medical record? **(1000)**
   - ❑1 No cerebrovascular event
   - ❑2 Probable cerebrovascular event
   - ❑3 Definite cerebrovascular event

➔ If **NO CEREBROVASCULAR EVENT**, STOP HERE.

3. According to the ASSESS-AKI event definitions, this cerebrovascular event was a/an: (SELECT ONLY ONE) **(1010)**
   - ❑1 Intraparenchymal hemorrhage (IPH)
   - ❑2 Subarachnoid hemorrhage (SAH)
   - ❑3 Ischemic stroke
   - ❑96 Other (SPECIFY)

   (1010D) _____

4. Was there a second cerebrovascular event during the hospitalization? **(1020)** ❑1 Yes ❑0 No

   ➔ If **YES**, PROCEED TO QUESTION 4a
   ➔ If **NO**, PROCEED TO QUESTION 5

   4a. According to the ASSESS-AKI events definitions, this cerebrovascular event was a/an: (SELECT ONLY ONE) **(1030)**
   - ❑1 Intraparenchymal hemorrhage (IPH)
   - ❑2 Subarachnoid hemorrhage (SAH)
   - ❑3 Ischemic stroke
   - ❑96 Other (SPECIFY)

   (1030D) _____

   4ai. Please categorize probability for the cerebrovascular event. **(1040)**
   - ❑1 No cerebrovascular event
   - ❑2 Probable cerebrovascular event
   - ❑3 Definite cerebrovascular event

5. Did the participant die before hospital discharge? **(1050)**

- ❑1 Yes
- ❑0 No
- ❑98 Don't know

Comments:

(6000):

CRITERIA FOR CEREBROVASCULAR EVENTS

All events that are abstracted will be screened for intracranial hemorrhage (both intracerebral bleeding, subarachnoid hemorrhage, and subdural hematoma). If these are negative, then they will receive a cerebral infarction determination and subtype determination, if appropriate.

Definition of major neurological signs and symptoms:
1. Hemiparesis involving two or more body parts
2. Homonymous hemianopsia
3. Aphasia
4. Neglect

Definition of minor neurological signs and symptoms:
1. Diplopia
2. Vertigo or gait disturbance
3. Dysarthria, dysphagia, or dysphonia
4. Hemisensory loss involving two or more body parts
5. Ataxia

Criteria for Intracerebral Hemorrhage

1. Autopsy or surgery proven intra-parenchymal hemorrhage or subarachnoid hemorrhage.

OR

2. Sudden or rapid onset of severe headache with or without any neurologic signs or symptoms lasting for more than 24 hours or until the participant died, plus evidence of intraparenchymal hematoma without subarachnoid hemorrhage seen on head CT or MRI. (Intraventricular hemorrhage may occur with IPH or SAH and does not affect classification.)

Likelihood of Stroke Determination

Definition of Definite Stroke

1. Sudden or rapid onset of one major or two minor neurologic signs or symptoms within a single vascular territory lasting for more than 24 hours or until the participant died, without an alternative etiology. CT or MRI findings may be equivocal or test results not available.

OR

2. Symptoms consistent with an acute ischemic stroke and either (A) autopsy proven nonhemorrhagic infarction in the brain or (B) CT or MRI demonstration of an acute infarct (e.g., hypoattenuation on CT, increased signal on MRI T2, FLAIR, or DWI) in the appropriate vascular territory.

Definition of Probable Stroke

1. Sudden or rapid onset of one major or two minor neurologic signs or symptoms within a single vascular territory without an alternative etiology but where the duration of symptoms is not confirmed to be lasting more than 24 hours or until the participant died. CT or MRI may be equivocal or not available.

OR

2. Sudden or rapid onset of one major or two minor neurologic signs or symptoms within a single vascular territory lasting more than 24 hours or until the participant died but where it is unclear if there is an alternative etiology. CT or MRI may be equivocal or not available.

Definition of Improbable Stroke

1. No evidence of infarct (hypoattenuation on CT, increased signal on MRI T2, FLAIR, or DWI) in appropriate territory.

AND

2. Clinical presentation not consistent with stroke:
   a. Only one minor neurologic sign or symptom
   b. Constellation of symptoms does not fit a single vascular territory.
   c. Waxing and waning neurologic symptoms or progressive accumulation of neurologic symptoms over time

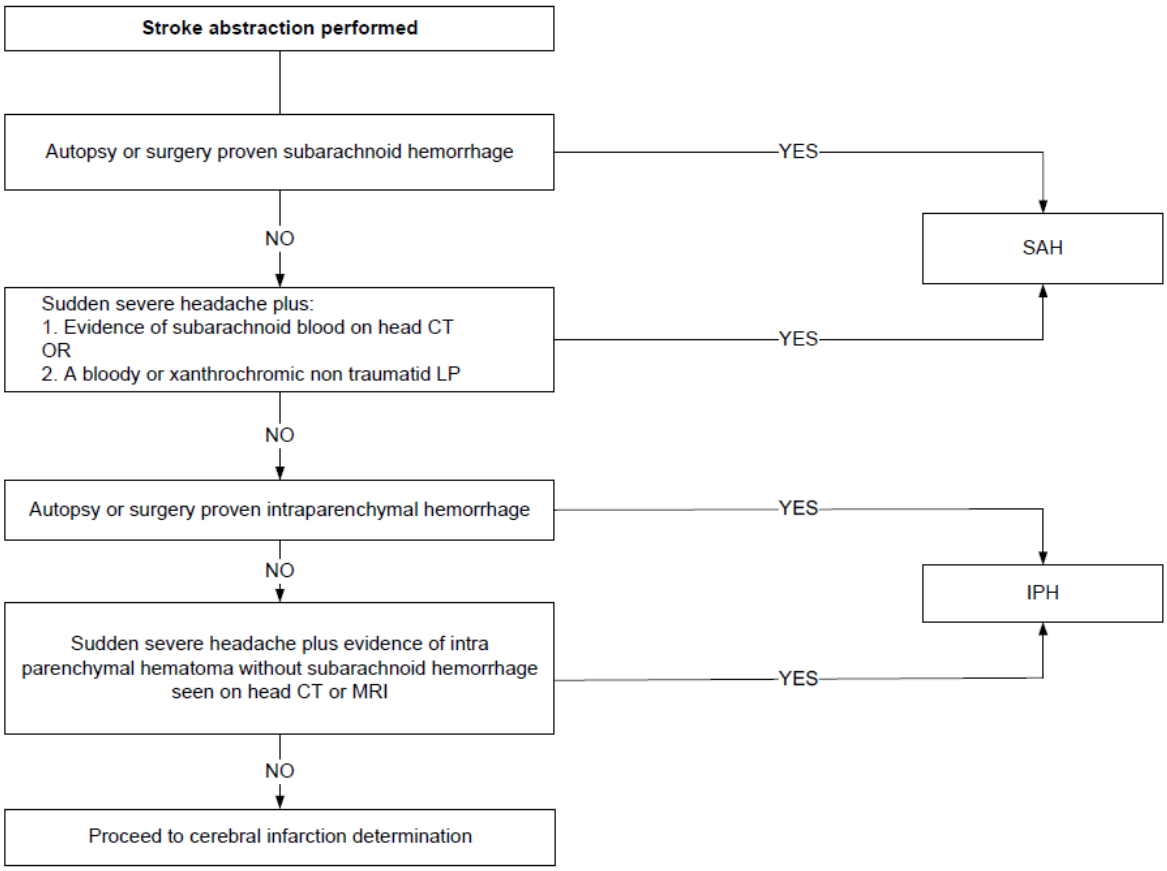
Definition of Can't Determine Stroke:

1. Inadequate documentation of clinical presentation

AND

2. No head CT, MRI or autopsy performed

The schematic below provides a general flow for evaluating possible intracranial hemorrhage and ischemic strokes/cerebral infarctions:



ASSESS AKI

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

ASSESS AKI CEREBROVASCULAR EVENT REVIEWER FORM

Participant ID: __ - 4A - _____
Participant Initials: _____
Visit Number: _____
Admission Date: _____
Reviewer Initials: _____

EA TRACKING NUMBER: _____

DO NOT COMPLETE THIS FORM FOR EVENTS COLLECTED ON PEDIATRIC PARTICIPANTS

1. If a disagreement resolution occurred what is the final consensus of the group regarding this event?

(1060)
- ☐ 1 No cerebrovascular event
- ☐ 2 Probable cerebrovascular event
- ☐ 3 Definite cerebrovascular event

➔ If **NO CEREBROVASCULAR EVENT**, STOP HERE.

2. If there was a second cerebrovascular event what is the final consensus of the group regarding the second event?

(1070)
- ☐ 1 No cerebrovascular event
- ☐ 2 Probable cerebrovascular event
- ☐ 3 Definite cerebrovascular event

Comments:

(6000):

Submit

CRITERIA FOR CEREBROVASCULAR EVENTS

All events that are abstracted will be screened for intracranial hemorrhage (both intracerebral bleeding, subarachnoid hemorrhage, and subdural hematoma). If these are negative, then they will receive a cerebral infarction determination and subtype determination, if appropriate.

Definition of major neurological signs and symptoms:

1. Hemiparesis involving two or more body parts
2. Homonymous hemianopsia
3. Aphasia
4. Neglect

Definition of minor neurological signs and symptoms:

1. Diplopia
2. Vertigo or gait disturbance
3. Dysarthria, dysphagia, or dysphonia
4. Hemisensory loss involving two or more body parts
5. Ataxia

Criteria for Intracerebral Hemorrhage

1. Autopsy or surgery proven intra-parenchymal hemorrhage or subarachnoid hemorrhage.

OR

2. Sudden or rapid onset of severe headache with or without any neurologic signs or symptoms lasting for more than 24 hours or until the participant died, plus evidence of intraparenchymal hematoma without subarachnoid hemorrhage seen on head CT or MRI. (Intraventricular hemorrhage may occur with IPH or SAH and does not affect classification.)

Likelihood of Stroke Determination

Definition of Definite Stroke

1. Sudden or rapid onset of one major or two minor neurologic signs or symptoms within a single vascular territory lasting for more than 24 hours or until the participant died, without an alternative etiology. CT or MRI findings may be equivocal or test results not available.

OR

2. Symptoms consistent with an acute ischemic stroke and either (A) autopsy proven nonhemorrhagic infarction in the brain or (B) CT or MRI demonstration of an acute infarct (e.g., hypoattenuation on CT, increased signal on MRI T2, FLAIR, or DWI) in the appropriate vascular territory.

Definition of Probable Stroke

1. Sudden or rapid onset of one major or two minor neurologic signs or symptoms within a single vascular territory without an alternative etiology but where the duration of symptoms is not confirmed to be lasting more than 24 hours or until the participant died. CT or MRI may be equivocal or not available.

OR

2. Sudden or rapid onset of one major or two minor neurologic signs or symptoms within a single vascular territory lasting more than 24 hours or until the participant died but where it is unclear if there is an alternative etiology. CT or MRI may be equivocal or not available.

Definition of Improbable Stroke

1. No evidence of infarct (hypoattenuation on CT, increased signal on MRI T2, FLAIR, or DWI) in appropriate territory.

AND

2. Clinical presentation not consistent with stroke:
   a. Only one minor neurologic sign or symptom
   b. Constellation of symptoms does not fit a single vascular territory.
   c. Waxing and waning neurologic symptoms or progressive accumulation of neurologic symptoms over time

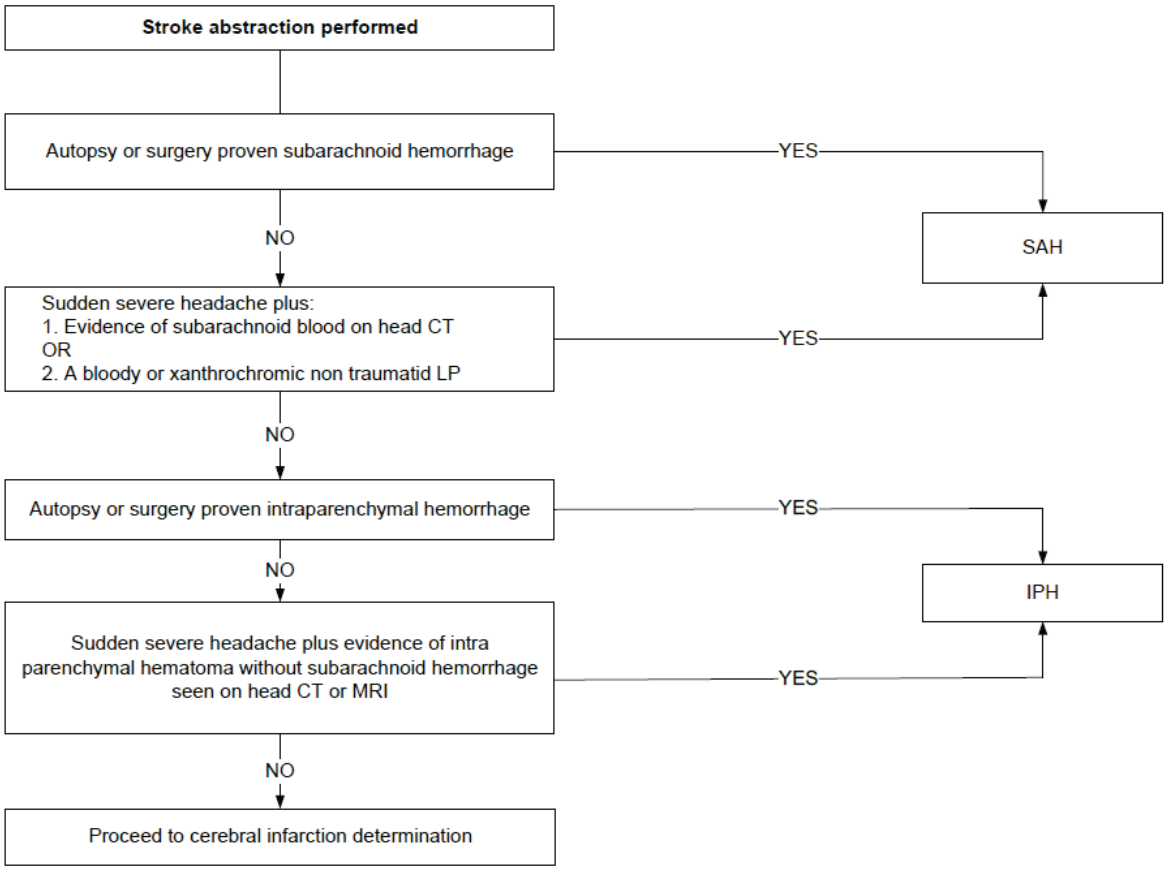
Definition of Can't Determine Stroke:

1. Inadequate documentation of clinical presentation

AND

2. No head CT, MRI or autopsy performed

The schematic below provides a general flow for evaluating possible intracranial hemorrhage and ischemic strokes/cerebral infarctions:



ASSESS AKI

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

ASSESS AKI
CONCOMITANT MEDICATIONS

Participant ID: __ - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __

Please list any prescription medications, calcium, Coenzyme Q10, and vitamin D supplements the participant takes daily or regularly and has taken **within the last 30 days**. Regularly is defined as consistent frequency.

❑1 None

Record ID (1000)	Drug Code (1010)	Brand	Generic	Stop Date (1020)	Ongoing at final visit (1030)
__ __	__ __ __ __	____________	____________	__ __/__ __/__ __	❑1
__ __	__ __ __ __	____________	____________	__ __/__ __/__ __	❑1
__ __	__ __ __ __	____________	____________	__ __/__ __/__ __	❑1
__ __	__ __ __ __	____________	____________	__ __/__ __/__ __	❑1
__ __	__ __ __ __	____________	____________	__ __/__ __/__ __	❑1
__ __	__ __ __ __	____________	____________	__ __/__ __/__ __	❑1
__ __	__ __ __ __	____________	____________	__ __/__ __/__ __	❑1
__ __	__ __ __ __	____________	____________	__ __/__ __/__ __	❑1
__ __	__ __ __ __	____________	____________	__ __/__ __/__ __	❑1
__ __	__ __ __ __	____________	____________	__ __/__ __/__ __	❑1
__ __	__ __ __ __	____________	____________	__ __/__ __/__ __	❑1
__ __	__ __ __ __	____________	____________	__ __/__ __/__ __	❑1

ASSESS AKI

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

ASSESS AKI OVER THE COUNTER CONCOMITANT MEDICATIONS

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

In the **past 30 days** have you taken any of the following medications daily or regularly? Regularly is defined as consistent frequency.

1. Aspirin **(1000)** ❑$_1$ Yes ❑$_0$ No ❑$_{98}$ Don't know

2. Fish oil supplements (Omega-3 Oils, Omega-3 Fatty-Acids) **(1010)** ❑$_1$ Yes ❑$_0$ No ❑$_{98}$ Don't know

3. Non-steroidal anti-inflammatory drugs (NSAIDs) **(1020)** ❑$_1$ Yes ❑$_0$ No ❑$_{98}$ Don't know
   ➔ USE CMED_OTC REFERENCE CARD

Comments:
(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI DEATH RECORD EVALUATION

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

1. Where did the participant die?

(1040)
- ❑1 Inside the hospital or ER
- ❑2 Outside the hospital or ER

Comments:
(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI OUTPATIENT DIALYSIS EVALUATION

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

1. Start date for first dialysis **(1000)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

2. Modality

   2a. Intermittent Hemodialysis (IHD) **(1010)** ❑1 Yes ❑0 No

   2b. Peritoneal Dialysis (PD) **(1020)** ❑1 Yes ❑0 No

3. Did the participant completely stop dialysis **(1030)** ❑1 Yes ❑0 No

   3a. If YES, what date did dialysis stop? **(1040)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

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) :_____

_____

_____

1.	Is this participant being re-consented? KAISER SITE: IF YES, PROCEED TO QUESTION 6.	**(995)**	❑$_1$ Yes	❑$_0$ No
2.	Did the participant give permission to prepare DNA from his/her blood samples?	**(1000)**	❑$_1$ Yes	❑$_0$ No
3.	Did the participant give permission to create a cell line from his/her blood cells?	**(1010)**	❑$_1$ Yes	❑$_0$ No
4.	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
5.	Did the participant give permission to test his/her DNA for genes related to other health conditions?	**(1030)**	❑$_1$ Yes	❑$_0$ No
6.	Did the participant give permission for his/her genetic data to be included in the NIH Database of Genotypes and Phenotypes (dbGAP)?	**(1040)**	❑$_1$ Yes	❑$_0$ No

Comments:
(6000) :_____

_____

_____

ASSESS AKI

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

ASSESS AKI ECG CLINIC

Participant ID: 1 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1. Was an ECG performed at this visit? **(1000)** ❑1 Yes ❑0 No

   ➔ If **NO**, COMPLETE QUESTION 1A AND **STOP**.

   1a. What was the reason an ECG could not be performed? **(1010)**
   - ❑1 Equipment failure, specify _____ _____ _____
   - ❑2 Participant refusal
   - ❑3 Coordinator oversight
   - ❑96 Other_____

2. (FOR HOME VISIT SITES ONLY) Was the visit completed in the participant's home? **(1015)** ❑1 Yes ❑0 No

3. Did the ECG indicate one of the following conditions?

   3a. Acute Myocardial Infarction or acute ischemia **(1020)** ❑1 Yes ❑0 No

   3b. Ventricular Tachycardia/Ventricular Fibrillation **(1030)** ❑1 Yes ❑0 No

   3c. Atrial Fibrillation (if new since previous ECG) **(1040)** ❑1 Yes ❑0 No

   3d. Atrial Flutter (if new since previous ECG) **(1050)** ❑1 Yes ❑0 No

   3e. Complete Atrioventicular Block **(1060)** ❑1 Yes ❑0 No

   3f. Bradycardia (<45 beats/min) **(1070)** ❑1 Yes ❑0 No

   ➔ If **YES** TO ANY OF THE ABOVE (3a – 3f), COMPLETE THE ADULT ALERT (P1_ALERT) FORM.

4. HeartSquare measurements

   4a. E-measurement **(1080)** ___ ___ ___

   4b. V6-measurement **(1090)** ___ ___ ___

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 HOSPITAL/ER RECORD EVALUATION

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

COORDINATORS SHOULD COMPLETE A SEPARATE HOSPITAL RECORD EVALUATION (HOSP_EVAL) FORM FOR EACH HOSPITALIZATION.

1. Was the hospitalization documented in Question 1 on the Medical Events (P1_EVENTS, P2_EVENTS) form? **(1000)** ❑$_1$ Yes ❑$_0$ No
   ➔ IF **NO**, SKIP QUESTIONS 1b and 1c.

   1a. What is the <u>primary</u> reason for the hospitalization? (CLASSIFY THE TYPE OF EVENT USING THE ANNOTATION FROM Q1a-1k ON THE MEDICAL EVENTS [P1_EVENTS, P2_EVENTS] FORM) **(1010)** ___ ___ ___ ___

   1b. What is the admission date reported by the participant/informant? **(1020)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

   1c. What is the discharge/death date reported by the participant/informant? **(1030)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

   1d. Were you previously notified of this hospitalization? **(1040)** ❑$_1$ Yes ❑$_0$ No

2. Did you identify and obtain hospital records (any medical records i.e., discharge summary, progress notes, laboratory results, etc. and/or administrative hospital codes) for this hospitalization? **(1050)** ❑$_1$ Yes ❑$_0$ No
   ➔ IF **NO**, STOP HERE. This form should not be data entered if medical records cannot be obtained

   2a. What is the admission date? **(1060)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

   2b. What is the discharge/death date? **(1070)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

3. Inpatient acute dialysis **(1075)** ❑$_1$ Yes ❑$_0$ No ❑$_{88}$ Uncertain

4. Were any ASSESS-AKI ICD9 codes identified in the hospital records? **(1080)** ❑$_1$ Yes ❑$_0$ No
   ➔ IF **YES**, COMPLETE THE ICD9/CPT ADMINISTRATIVE CODES (ICD9_CPT_CODES) SHEET

5. Were any ASSESS-AKI ICD10 codes identified in the hospital records? **(1090)** ❑$_1$ Yes ❑$_0$ No
   ➔ IF **YES**, COMPLETE THE ICD10/CCI ADMINISTRATIVE CODES (ICD10_CCI_CODES) SHEET

6. Were any ASSESS-AKI CPT codes identified in the hospital records? **(1100)** ❑1 Yes ❑0 No
   ➔ IF **YES**, COMPLETE THE ICD9/CPT ADMINISTRATIVE CODES (ICD9_CPT _CODES) SHEET

7. Were any ASSESS-AKI CCI codes identified in the hospital records? **(1105)** ❑1 Yes ❑0 No
   ➔ IF **YES**, COMPLETE THE ICD10/CCI ADMINISTRATIVE CODES (ICD10_CCI_CODES) SHEET

➔ IF ANY QUALIFYING ASSESS-AKI CODES ARE PRESENT STOP HERE AND BEGIN EVENT ADJUDICATION PROCESS. REFER TO THE EVENT ADJUDICATION PACKAGING CHECKLIST (EA_CHK) FOR THE DOCUMENTATION NECESSARY TO ADJUDICATE THE EVENT.

(IF **NO** QUALIFYING ICD-9/ICD10 CODES ARE PRESENT: THE COORDINATOR RECORDS THE PRIMARY DISCHARGE DIAGNOSIS IN Q6000 AND THE PRINCIPAL INVESTIGATOR COMPLETES Q1110-Q1250 AND SIGNS Q6000 TO CONFIRM WHO REVIEWED THE CHART.)

8. Did any of the following occur?
   ➔ IF ANY EVENTS ARE CHECKED YES IN QUESTIONS 8A-8M, BEGIN EVENT ADJUDICATION PROCESS. REFER TO THE EVENT ADJUDICATION PACKAGING CHECKLIST (EA_CHK) FOR THE DOCUMENTATION NECESSARY TO ADJUDICATE THE EVENT.

8a.	Acute kidney injury	**(1110)**	❑1 Yes	❑0 No	❑98 Unknown
8b.	Myocardial infarction	**(1120)**	❑1 Yes	❑0 No	❑98 Unknown
8c.	Heart failure	**(1130)**	❑1 Yes	❑0 No	❑98 Unknown
8d.	Ischemic stroke or transient ischemic attack	**(1140)**	❑1 Yes	❑0 No	❑98 Unknown
8e.	Hemorrhagic stroke or intracranial hemorrhage	**(1150)**	❑1 Yes	❑0 No	❑98 Unknown
8f.	Blockage in the arteries of the arms, legs, or abdomen	**(1160)**	❑1 Yes	❑0 No	❑98 Unknown
8g.	Coronary artery bypass surgery	**(1190)**	❑1 Yes	❑0 No	❑98 Unknown
8h.	Percutaneous coronary intervention	**(1200)**	❑1 Yes	❑0 No	❑98 Unknown
8i.	Peripheral artery intervention	**(1210)**	❑1 Yes	❑0 No	❑98 Unknown
8j.	Lower extremity/digit amputation	**(1220)**	❑1 Yes	❑0 No	❑98 Unknown

8k. Carotid artery revascularization (angioplasty, stenting, carotid endarterectomy)	**(1230)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Unknown
8l. Implantation of cardioverter defibrillator	**(1240)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Unknown
8m. Kidney transplant	**(1260)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Unknown

Comments:
(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI ICD9/CPT ADMINISTRATIVE CODES SHEET

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

Participant Initials: __ __ __ __

Visit Number: __ __ __

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

Coordinator ID: __ __ __ __ __

1. Record the admission date of the hospitalization. **(1000)** ___ ___ / ___ ___ / ___ ___ ___ ___
MM DD YYYY

LIST ALL ASSESS-AKI ICD9 or CPT CODES IN THE ORDER THEY ARE RECORDED ON THE PARTICIPANT'S HOSPITAL RECORDS.

Record ID **(1010)**	ICD9 code **(1020)**	CPT code **(1030)**
__ __	__ __ __ . __ __	__ __ __ __ __
__ __	__ __ __ . __ __	__ __ __ __ __
__ __	__ __ __ . __ __	__ __ __ __ __
__ __	__ __ __ . __ __	__ __ __ __ __
__ __	__ __ __ . __ __	__ __ __ __ __
__ __	__ __ __ . __ __	__ __ __ __ __
__ __	__ __ __ . __ __	__ __ __ __ __
__ __	__ __ __ . __ __	__ __ __ __ __
__ __	__ __ __ . __ __	__ __ __ __ __
__ __	__ __ __ . __ __	__ __ __ __ __
__ __	__ __ __ . __ __	__ __ __ __ __
__ __	__ __ __ . __ __	__ __ __ __ __
__ __	__ __ __ . __ __	__ __ __ __ __
__ __	__ __ __ . __ __	__ __ __ __ __
__ __	__ __ __ . __ __	__ __ __ __ __
__ __	__ __ __ . __ __	__ __ __ __ __

Comments:
(6000) : ____

____

____

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

ASSESS AKI ICD10/CCI ADMINISTRATIVE CODES SHEET

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

Participant Initials: __ __ __ __

Visit Number: __ __ __

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

Coordinator ID: __ __ __ __ __

1. Record the admission date of the hospitalization. **(1000)** ___ ___ / ___ ___ / ___ ___ ___ ___
MM DD YYYY

LIST ALL ASSESS-AKI ICD10 or CCI CODES IN THE ORDER THEY ARE RECORDED ON THE PARTICIPANT'S HOSPITAL RECORDS.

Record ID **(1010)**	ICD10 code **(1020)**	CCI code **(1030)**
__ __	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __
__ __	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __
__ __	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __
__ __	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __
__ __	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __
__ __	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __
__ __	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __
__ __	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __
__ __	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __
__ __	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __
__ __	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __
__ __	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __
__ __	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __
__ __	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __
__ __	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __
__ __	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __

Comments:
(6000) : ____

____

____

ASSESS AKI

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

ASSESS AKI INPATIENT HEART FAILURE EVENT REVIEWER FORM

Participant ID: __ - ____ - _____
Participant Initials: _____
Visit Number: _____
Admission Date: _____
Reviewer Initials: _____

EA TRACKING NUMBER: _____

1. How is the event being adjudicated? **(995)** ❑1 Local ❑2 Central

COMPLETE QUESTION 2 FOR EVENTS COLLECTED ON ADULT PARTICIPANTS

2. Is there documentation of clinical symptoms (dyspnea on exertion or rest, paroxysmal nocturnal dyspnea, and/or orthopnea)? **(1000)** ❑1 Yes ❑0 No ❑98 Don't know

COMPLETE QUESTION 3 FOR EVENTS COLLECTED ON PEDIATRIC PARTICIPANTS

3. Is there documentation of clinical symptoms (dyspnea, tachypnea, poor feeding, and abdominal pain)? **(1010)** ❑1 Yes ❑0 No ❑98 Don't know

4. Do notes or radiology reports document radiographic evidence of pulmonary edema or pulmonary congestion? **(1020)** ❑1 Yes ❑0 No ❑98 Don't know

DO NOT COMPLETE QUESTION 5c FOR EVENTS COLLECTED ON PEDIATRIC PARTICIPANTS

5. Physical exam findings to include at least two of the following:

   5a. Inspiratory crackles ("rales") **(1030)** ❑1 Yes ❑0 No ❑98 Don't know

   5b. S3 gallop on auscultation **(1040)** ❑1 Yes ❑0 No ❑98 Don't know

   5c. Jugular venous distention **(1050)** ❑1 Yes ❑0 No ❑98 Don't know

   5d. Peripheral edema **(1060)** ❑1 Yes ❑0 No ❑98 Don't know

   5e. Hepatojugular reflux **(1070)** ❑1 Yes ❑0 No ❑98 Don't know

   5f. Hepatomegaly **(1080)** ❑1 Yes ❑0 No ❑98 Don't know

   5g. Tachycardia (heart rate > 120) **(1090)** ❑1 Yes ❑0 No ❑98 Don't know

6. Invasive hemodynamic or echocardiogram evidence including any of the following:
(PLEASE ANSWER YES, NO, OR DON'T KNOW TO EACH OF THE FOLLOWING)

6a. Pulmonary capillary wedge pressure > 18 mm Hg **(1100)** ❑$_1$ Yes ❑$_0$ No ❑$_{98}$ Don't know

6b. Cardiac index < 2.0 L/min/M^2 **(1110)** ❑$_1$ Yes ❑$_0$ No ❑$_{98}$ Don't know

6c. Left ventricular ejection fraction ≤ 35% **(1120)** ❑$_1$ Yes ❑$_0$ No ❑$_{98}$ Don't know

7. How would you characterize this event using all available information in this medical record? **(1130)**
❑$_1$ Definite heart failure
❑$_2$ Probable heart failure
❑$_3$ Not heart failure

8. Did the participant die before hospital discharge? **(1140)**
❑$_1$ Yes
❑$_0$ No
❑$_{98}$ Don't know

Comments:
(6000):

Heart Failure Criteria For Events Collected On Adult Participants

Diagnosis of CHF requires the simultaneous presence of at least 2 major criteria or 1 major criterion in conjunction with 2 minor criteria.

Minor criteria are acceptable only if they cannot be attributed to another medical condition (such as pulmonary hypertension, chronic lung disease, cirrhosis, ascites, or the nephrotic syndrome).

Major Criteria

- Paroxysmal nocturnal dyspnea
- Neck vein distention
- Rales
- Radiographic cardiomegaly (increasing heart size on chest radiography)
- Acute pulmonary edema
- S3 gallop
- Increased central venous pressure (>16cm H_2O at right atrium), if measured
- Hepatojugular reflux
- Weight loss >4.5 kg in 5 days in response to treatment

Minor Criteria

- Bilateral ankle edema
- Nocturnal cough
- Dyspnea on ordinary exertion
- Hepatomegaly
- Pleural effusion
- Decrease in vital capacity by one third from maximum recorded
- Tachycardia (heart rate >120 beats/min)

ASSESS AKI

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

ASSESS AKI INPATIENT HEART FAILURE EVENT REVIEWER FORM

Participant ID: __ - 4A - _____
Participant Initials: _____
Visit Number: _____
Admission Date: _____
Reviewer Initials: _____

EA TRACKING NUMBER: _____

1. How would you characterize this event using all available information in this medical record? **(1150)**

- ☐ 1 Definite heart failure
- ☐ 2 Probable heart failure
- ☐ 3 Not heart failure

Comments:
(6000):

Submit

Heart Failure Criteria For Events Collected On Adult Participants

Diagnosis of CHF requires the simultaneous presence of at least 2 major criteria or 1 major criterion in conjunction with 2 minor criteria.

Minor criteria are acceptable only if they cannot be attributed to another medical condition (such as pulmonary hypertension, chronic lung disease, cirrhosis, ascites, or the nephrotic syndrome).

Major Criteria

- Paroxysmal nocturnal dyspnea
- Neck vein distention
- Rales
- Radiographic cardiomegaly (increasing heart size on chest radiography)
- Acute pulmonary edema
- S3 gallop
- Increased central venous pressure (>16cm H_2O at right atrium), if measured
- Hepatojugular reflux
- Weight loss >4.5 kg in 5 days in response to treatment

Minor Criteria

- Bilateral ankle edema
- Nocturnal cough
- Dyspnea on ordinary exertion
- Hepatomegaly
- Pleural effusion
- Decrease in vital capacity by one third from maximum recorded
- Tachycardia (heart rate >120 beats/min)

ASsessment, **S**erial **E**valuation, and **S**ubsequent **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 MYOCARDIAL INFARCTION EVENT REVIEWER FORM

Participant ID: __ - ____ - _____
Participant Initials: _____
Visit Number: _____
Admission Date: _____
Reviewer Initials: _____

EA TRACKING NUMBER: _____

DO NOT COMPLETE THIS FORM FOR EVENTS COLLECTED ON PEDIATRIC PARTICIPANTS

1. How is the event being adjudicated? **(995)** ❑1 Local ❑2 Central

GUIDANCE FOR DEFINING ABNORMALITIES THRESHOLD FOR THE LAB USING QUESTION 2.
PLEASE PROVIDE A RESPONSE FOR EACH QUESTION.

2. Were any Troponin I values available? **(1000)** ❑1 Yes ❑0 No

➔ IF **YES**, PROCEED TO QUESTION 3
➔ IF **NO**, PROCEED TO QUESTION 6

3. List the upper reference limit for the Troponin I assay from the hospital laboratory:

3a. Upper reference limit (URL) **(1030)** __.____

3ai. Units **(1040)** ❑1 ng/mL ❑2 mcg/L

4. List the peak Troponin I value from the hospitalization (including any ED test results): **(1050)** __.____

4a. Units **(1060)** ❑1 ng/mL ❑2 mcg/L

5. Did the participant undergo coronary revascularization before the peak Troponin I value? **(1070)** ❑1 Yes ❑0 No

5a. IF **YES**, CHECK ONLY ONE ANSWER **(1080)**

❑1 Coronary angioplasty (including angioplasty with stenting, antherectomy)
❑2 Coronary artery bypass graft
❑96 Other **(1080D)** SPECIFY_____

6. Were any symptoms consistent with acute cardiac ischemia present? **(1090)** ❑$_1$ Yes ❑$_0$ No ❑$_{98}$ Don't know

➔ IF **YES**, PROCEED TO QUESTION 7
➔ IF **NO,** PROCEED TO QUESTION 8
➔ IF **DON'T KNOW**, PROCEED TO QUESTION 9

7. Guidance for myocardial infarction determination based on Troponin I data, ECG findings, and the PRESENCE of acute cardiac ischemia symptoms (SELECT ONLY ONE AND THEN PROCEED TO QUESTION 9).

(1100)	**Peak Troponin I Classification**		
ECG Pattern	**Abnormal**	**Normal/Equivocal**	**Missing**
Evolving Diagnostic ECG (Evolution of major Q-wave)	❑$_1$ Definite MI	❑$_2$ Definite MI	❑$_3$ Definite MI
Positive ECG (Evolution of ST Elevation with or without Q-wave OR new LBBB)	❑$_4$ Definite MI	❑$_5$ No MI	❑$_6$ Definite MI
Non-specific ECG (Evolution of ST-T Depression/ inversion alone OR evolution or minor Q-waves alone)	❑$_7$ Definite MI	❑$_8$ No MI	❑$_9$ No MI
ECG Negative for Ischemia Normal, Absent, Uncodable, or Other	❑$_{10}$ Definite MI	❑$_{11}$ No MI	❑$_{12}$ No MI

8. Guidance for myocardial infarction determination based on Troponin I data, ECG findings, and the ABSENCE of acute ischemia symptoms (SELECT ONLY ONE).

(1110)	**Troponin I Classification**		
ECG Pattern	**Abnormal**	**Normal/Equivocal**	**Missing**
Evolving Diagnostic ECG (Evolution of major Q-wave)	❑$_1$ Definite MI	❑$_2$ Definite MI	❑$_3$ Definite MI
Positive ECG (Evolution of ST Elevation with or without Q-wave OR new LBBB)	❑$_4$ Definite MI	❑$_5$ No MI	❑$_6$ Possible MI
Non-specific ECG (Evolution of ST-T Depression/ inversion alone OR evolution or minor Q-waves alone)	❑$_7$ Definite MI	❑$_8$ No MI	❑$_9$ No MI
ECG Negative for Ischemia Normal, Absent, Uncodable, or Other	❑$_{10}$ Definite MI	❑$_{11}$ No MI	❑$_{12}$ No MI

9. What is your global impression of the final outcome using all available information in this medical record? **(1120)**
   - ☐ 1 No MI
   - ☐ 2 Probable MI
   - ☐ 3 Definite MI

10. What was the participant's vital status at the discharge? **(1130)**
   - ☐ 0 Dead
   - ☐ 1 Alive
   - ☐ 98 Don't know

Comments
(6000):

Criteria for Acute Myocardial Infarction

The term myocardial infarction should be used when there is evidence of myocardial necrosis in a clinical setting consistent with myocardial ischaemia. Under these conditions any one of the following criteria meets the diagnosis for myocardial infarction:

- Detection of rise and/or fall of cardiac biomarkers (preferably troponin) with at least one value above the 99th percentile of the upper reference limit (URL) together with evidence of myocardial ischaemia with at least one of the following:
  - Symptoms of ischaemia;
  - ECG changes indicative of new ischaemia (new ST-T changes or new left bundle branch block [LBBB]);
  - Development of pathological Q waves in the ECG;
  - Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

- Sudden, unexpected cardiac death, involving cardiac arrest, often with symptoms suggestive of myocardial ischaemia,and accompanied by presumably new ST elevation, or new LBBB, and/or evidence of fresh thrombus by coronary angiography and/or at autopsy, but death occurring before blood samples could be obtained, or at a time before the appearance of cardiac biomarkers in the blood.

- Pathological findings of an acute myocardial infarction.

JACC Vol. 50, No. 22, 2007 Thygesen et al. 2175
November 27, 2007:2173–95 ESC/ACCF/AHA/WHF Expert Consensus Document

ASSESS AKI

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

ASSESS AKI MYOCARDIAL INFARCTION EVENT REVIEWER FORM

Participant ID: __ - 4A - _____
Participant Initials: _____
Visit Number: _____
Admission Date: _____
Reviewer Initials: _____

EA TRACKING NUMBER: _____

1. If a disagreement resolution occurred what is the final consensus the group regarding this event? **(1140)**
   - ☐ 1 No MI
   - ☐ 2 Probable MI
   - ☐ 3 Definite MI

Comments **(6000)**:

Submit

Criteria for Acute Myocardial Infarction

The term myocardial infarction should be used when there is evidence of myocardial necrosis in a clinical setting consistent with myocardial ischaemia. Under these conditions any one of the following criteria meets the diagnosis for myocardial infarction:

- Detection of rise and/or fall of cardiac biomarkers (preferably troponin) with at least one value above the 99th percentile of the upper reference limit (URL) together with evidence of myocardial ischaemia with at least one of the following:
  - Symptoms of ischaemia;
  - ECG changes indicative of new ischaemia (new ST-T changes or new left bundle branch block [LBBB]);
  - Development of pathological Q waves in the ECG;
  - Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

- Sudden, unexpected cardiac death, involving cardiac arrest, often with symptoms suggestive of myocardial ischaemia,and accompanied by presumably new ST elevation, or new LBBB, and/or evidence of fresh thrombus by coronary angiography and/or at autopsy, but death occurring before blood samples could be obtained, or at a time before the appearance of cardiac biomarkers in the blood.

- Pathological findings of an acute myocardial infarction.

JACC Vol. 50, No. 22, 2007 Thygesen et al. 2175
November 27, 2007:2173–95 ESC/ACCF/AHA/WHF Expert Consensus Document

ASSESS AKI

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

ASSESS AKI MODIFIED MINI-MENTAL STATE EXAM

Participant ID: 1_ - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

THIS FORM WILL BE AUDITED BY THE DCC.

TELL THE PARTICIPANT, "I would like to ask you a few questions that require concentration and memory. Some are a little bit more difficult than others. Some questions will be asked more than once".

1. When were you born?

1a. Month _____ **(1000)** ❑1 Correct ❑0 Incorrect

1b. Day _____ **(1010)** ❑1 Correct ❑0 Incorrect

1c. Year _____ **(1020)** ❑1 Correct ❑0 Incorrect

Where were you born?

1d. City/Town _____ **(1030)** ❑1 Correct ❑0 Incorrect

1e. State/County/Province_____ **(1040)** ❑1 Correct ❑0 Incorrect

QUESTION 1 TOTAL SCORE (SUM OF 1A THROUGH 1E) **(1050)** ___ (MAX. SCORE: 5)

2. I am going to say three words for you to remember. Repeat them after I have said all 3 words: 'socks', 'blue', 'charity'

DO NOT REPEAT THE WORDS FOR THE PARTICIPANT UNTIL AFTER THE FIRST TRIAL. THE PARTICIPANT MAY GIVE THE WORDS IN ANY ORDER. IF THERE ARE ANY ERRORS ON THE FIRST TRIAL, REPEAT THE ITEMS UP TO SIX TIMES, UNTIL THEY ARE LEARNED.

		First Trial only
2a. Socks	**(1060)**	❑1 Correct ❑0 Incorrect
2b. Blue	**(1070)**	❑1 Correct ❑0 Incorrect
2c. Charity	**(1080)**	❑1 Correct ❑0 Incorrect

NUMBER OF PRESENTATIONS NECESSARY FOR THE PARTICIPANT TO REPEAT THE SEQUENCE (1 – 6) ___

QUESTION 2 TOTAL SCORE (SUM OF 2A THROUGH 2C) **(1090)** ___ (MAX. SCORE: 3)

3.

3a. I would like you to count from 1 to 5.

- ❑ Able to count forward
- ❑ Unable to count forward (Say "**1, 2,3 ,4, 5**")

3b. Now I would like you to count backward from 5 to 1.

RECORD THE FIRST FIVE NUMBERS IN THE ORDER GIVEN:

(1100)
- ❑$_2$ Accurate
- ❑$_1$ 1 – 2 Errors
- ❑$_0$ >2 Errors

___ ___ ___ ___ ___ (Participant response)
5 4 3 2 1 (Correct order)

QUESTION 3 TOTAL SCORE (SCORE FROM 3B ONLY) **(1110)** ___ (MAX. SCORE: 2)

4.

4a. Spell 'world'.

- ❑ Able to spell
- ❑ Unable to spell **(**Say: **"It's spelled 'W O R L D'.")**

4b. Now spell 'world' backward.
NUMBER OF CORRECT RESPONSES **(1120)** ___

RECORD THE FIRST FIVE LETTERS IN THE ORDER GIVEN:

___ ___ ___ ___ ___ (Participant response)
D L R O W (Correct order)

QUESTION 4 TOTAL SCORE (SCORE FROM 4B ONLY) **(1130)** ___ (MAX. SCORE: 5)

5. What three words did I ask you to remember earlier?

THE WORDS MAY BE REPEATED IN ANY ORDER. IF THE SUBJECT CANNOT GIVE THE CORRECT ANSWER AFTER A CATEGORY CUE, PROVIDE HIM/HER WITH THE THREE CHOICES LISTED. IF THE SUBJECT STILL CANNOT GIVE THE CORRECT ANSWER FROM THE THREE CHOICES, MARK 0 AND PROVIDE THE CORRECT ANSWER.

5a. Socks **(1140)**

- ❑3 Spontaneous recall
- ❑2 Correct word/incorrect form
- ❑2 After **"Something to wear"**
- ❑1 After **"Was it shirt, shoes or socks?"**
- ❑0 Unable to recall/refused (provide the correct answer)

5b. Blue **(1150)**

- ❑3 Spontaneous recall
- ❑2 Correct word/incorrect form
- ❑2 After **"A color"**
- ❑1 After **"Was it blue, black or brown?"**
- ❑0 Unable to recall/refused (provide the correct answer)

5c. Charity **(1160)**

- ❑3 Spontaneous recall
- ❑2 Correct word/incorrect form
- ❑2 After **"A good, personal quality"**
- ❑1 After **"Was it honesty, charity or modesty?"**
- ❑0 Unable to recall/refused (provide the correct answer)

QUESTION 5 TOTAL SCORE (SUM OF 5A THROUGH 5C) **(1170)** ___ (MAX. SCORE: 9)

6. What is today's date?

6a. Month _____
RECORD ANSWER VERBATIM. ENTER "X" IF NO RESPONSE.

(1180) ❑$_2$ Accurate
❑$_1$ Within 1 month
❑$_0$ Inaccurate

Day _____
RECORD ANSWER VERBATIM. ENTER "X" IF NO RESPONSE.

(1190) ❑$_3$ Accurate
❑$_2$ Within 2 days
❑$_1$ Within 3 - 5 days
❑$_0$ Inaccurate

Year _____
RECORD ANSWER VERBATIM. ENTER "X" IF NO RESPONSE.

(1200) ❑$_8$ Accurate
❑$_4$ Within 1 year
❑$_2$ Within 2 - 5 years
❑$_0$ Inaccurate

6b. What is the day of the week?
_____
RECORD ANSWER VERBATIM. ENTER "X" IF NO RESPONSE.

(1210) ❑$_1$ Correct ❑$_0$ Incorrect

6c. What season of the year is it?
_____
RECORD ANSWER VERBATIM. ENTER "X" IF NO RESPONSE.

(1220) ❑$_1$ Correct ❑$_0$ Incorrect

QUESTION 6 TOTAL SCORE (SUM OF 6A (MONTH + DAY + YEAR), 6B AND 6C.)

(1230) ___ ___ (MAX. SCORE: 15)

7.

7a. What state/province are we in? **(1240)** ❑$_2$ Correct ❑$_0$ Incorrect

_____

RECORD ANSWER VERBATIM. ENTER "X" IF NO RESPONSE.

7b. What country are we in? **(1250)** ❑$_1$ Correct ❑$_0$ Incorrect

_____

RECORD ANSWER VERBATIM. ENTER "X" IF NO RESPONSE.

7c. What city/town are we in? **(1260)** ❑$_1$ Correct ❑$_0$ Incorrect

_____

RECORD ANSWER VERBATIM. ENTER "X" IF NO RESPONSE.

7d. Are we in a clinic, store or home? **(1270)** ❑$_1$ Correct ❑$_0$ Incorrect

_____

RECORD ANSWER VERBATIM. ENTER "X" IF NO RESPONSE.

QUESTION 7 TOTAL SCORE (SUM OF 7A THROUGH 7D) **(1280)** ___ (MAX. SCORE: 5)

8. POINT TO THE OBJECT OR A PART OF YOUR OWN BODY AND ASK THE PARTICIPANT TO NAME IT. SCORE 0 IF THE PARTICIPANT CANNOT NAME IT WITHIN 2 SECONDS OR GIVES AN INCORRECT NAME. DO NOT WAIT FOR THE PARTICIPANT TO MENTALLY SEARCH FOR THE NAME.

8a. Forehead: "What do you call this part of the face?" **(1290)** ❑$_1$ Correct ❑$_0$ Incorrect

8b. Chin: "…And this part?" **(1300)** ❑$_1$ Correct ❑$_0$ Incorrect

8c. Shoulder: "…And this part of the body?" **(1310)** ❑$_1$ Correct ❑$_0$ Incorrect

8d. Elbow: "…And this part?" **(1320)** ❑$_1$ Correct ❑$_0$ Incorrect

8e. Knuckle: "…And this part of the hand?" **(1330)** ❑$_1$ Correct ❑$_0$ Incorrect

QUESTION 8 TOTAL SCORE (SUM OF 8A THROUGH 8E) **(1340)** ___ (MAX. SCORE: 5)

9. What animals have four legs? Tell me as many as you can.

DISCONTINUE AFTER 30 SECONDS. COUNT ALL CORRECT RESPONSES. IF THE PARTICIPANT GIVES NO RESPONSE IN 10 SECONDS, AND THERE ARE AT LEAST 10 SECONDS OF REMAINING TIME, GENTLY REMIND (ONCE ONLY), **"What (other) animals have four legs?"** THE FIRST TIME AN INCORRECT ANSWER IS GIVEN, SAY, **"I want four-legged animals."** DO NOT CORRECT FOR SUBSEQUENT ERRORS.

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

QUESTION 9 TOTAL SCORE **(1350)** ___ ___ (MAX. SCORE: 10)

NOTE: THOUGH PARTICIPANT MAY NAME MORE THAN 10 ANIMALS IN 30 SECONDS, THE MAXIMUM SCORE IS 10. QUESTION 9 TOTAL SCORE = NUMBER OF FOUR LEGGED ANIMALS NAMED IN 30 SECONDS.

10.

10a. In what way are an arm and a leg alike?

(1360)
- ❑$_2$ Limbs, extremities
- ❑$_1$ Lesser correct answer, e.g., body part, both bend, have joints
- ❑$_0$ Error, e.g., states differences, gives unrelated answer/refused

IF THE SUBJECT FAILS TO GIVE AN ANSWER THAT IS WORTH 2 POINTS, MARK THE APPROPRIATE SCORE OF 1 OR 0. IF THE ANSWER IS NOT WORTH 2 POINTS, COACH THE SUBJECT BY SAYING, "**An arm and a leg are both limbs or extremities**.'
DO NOT COACH FOR QUESTIONS 10b AND 10c.

10b. In what way are laughing and crying alike?

(1370)
- ❑$_2$ Expressions of feelings, emotions
- ❑$_1$ Lesser correct answer, e.g., sounds, expressions
- ❑$_0$ Error, e.g., states differences, gives unrelated answer/refused

10c. In what ways are eating and sleeping alike? **(1380)**

- ❑$_2$ Necessary bodily functions, essential for life
- ❑$_1$ Lesser correct answer, e.g., bodily functions, relaxing, "good for you"
- ❑$_0$ Error, e.g., states differences, gives unrelated answer/refused

QUESTION 10 TOTAL SCORE (SUM OF 10A THROUGH 10C) **(1390)** ___ (MAX. SCORE: 6)

11. Repeat what I say: 'I would like to go out'.

PRONOUNCE THE INDIVIDUAL WORDS CLEARLY, BUT WITH NORMAL TEMPO OF A SPOKEN SENTENCE. **(1400)**

- ❑$_2$ Correct
- ❑$_1$ 1 or 2 words missed
- ❑$_0$ 3 or more words missed/refused

QUESTION 11 TOTAL SCORE **(1410)** ___ (MAX. SCORE: 2)

12. Now repeat: 'No ifs, ands or buts.'

12a. no ifs **(1420)** ❑$_1$ Correct ❑$_0$ Incorrect

12b. ands **(1430)** ❑$_1$ Correct ❑$_0$ Incorrect

12c. or buts **(1440)** ❑$_1$ Correct ❑$_0$ Incorrect

QUESTION 12 TOTAL SCORE (SUM OF 12A THROUGH 12C) **(1450)** ___ (MAX. SCORE: 3)

13. HOLD UP THE CLOSE YOUR EYES CARD AND SAY "**Please do this**." **(1460)**

- ❑$_3$ Closes eyes without prompting
- ❑$_2$ Closes eyes after prompting
- ❑$_1$ Reads aloud, but does not close eyes
- ❑$_0$ Does not read aloud or close eyes/refused

IF THE SUBJECT DOES NOT CLOSE THEIR EYES WITHIN 5 SECONDS, PROMPT BY POINTING TO THE SENTENCE AND SAYING, **"Read and do what this says."** IF THE SUBJECT HAS ALREADY READ THE SENTENCE ALOUD SPONTANEOUSLY, SIMPLY SAY, **"Do what this says."**

ALLOW 5 SECONDS FOR THE RESPONSE. MARK 1 IF THE SUBJECT READS THE SENTENCE ALOUD, EITHER SPONTANEOUSLY OR AFTER YOUR REQUEST, BUT NOT CLOSE THEIR EYES. AS SOON AS THE SUBJECT CLOSES THEIR EYES, SAY, **"Open."**

QUESTION 13 TOTAL SCORE **(1470)** ___ (MAX. SCORE: 3)

14. Please write the following sentence: **"I would like to go out."**

HAND THE SUBJECT A PIECE OF BLANK PAPER AND A #2 PENCIL WITH ERASER. IF NECESSARY, REPEAT THE SENTENCE WORD BY WORD AS THE SUBJECT WRITES. ALLOW A MAXIMUM OF 1 MINUTE AFTER THE FIRST READING OF THE SENTENCE FOR THE SECOND RESPONSE.

EITHER PRINTING OR CURSIVE WRITING IS ALLOWED. ASSIGN 1 POINT FOR EACH CORRECT WORD, BUT NO CREDIT FOR **"I"**. FOR EACH WORD, MARK 0 IF THERE ARE SPELLING ERRORS OR INCORRECT MIXED CAPITALIZATIONS (ALL LETTERS PRINTED UPPER-CASE ARE PERMISSABLE). DO NOT PENALIZE SELF-CORRECTED ERRORS.

14a. would	**(1480)**	❑$_1$ Correct ❑$_0$ Incorrect
14b. like	**(1490)**	❑$_1$ Correct ❑$_0$ Incorrect
14c. to	**(1500)**	❑$_1$ Correct ❑$_0$ Incorrect
14d. go	**(1510)**	❑$_1$ Correct ❑$_0$ Incorrect
14e. out	**(1520)**	❑$_1$ Correct ❑$_0$ Incorrect
14f. Note which hand the subject used to write. If this is not done, ask subject if they are right or left-handed (For use in Question 16)?		❑ Right ❑ Left

QUESTION 14 TOTAL SCORE (SUM OF 14A THROUGH 14E) **(1530)** ___ (MAX. SCORE: 5)

15. Here is a drawing. Please copy this drawing onto this piece of paper.

HAND THE SUBJECT A PIECE OF PAPER AND STIMULI CARD. FOR RIGHT-HANDED SUBJECTS, PRESENT THE SAMPLE ON THEIR LEFT SIDE. FOR LEFT-HANDED SUBJECTS, PRESENT THE SAMPLE ON THEIR RIGHT SIDE. ALLOW 1 MINUTE FOR COPYING. IN SCORING, DO NOT PENALIZE FOR LEFT-CORRECT ERRORS, TREMORS, MINOR GAPS, OR OVERSHOOTS.

15a. Pentagon 1 **(1540)**

- ❑4 5 approximately equal sides
- ❑3 5 sides, but longest:shortest side is 2:1
- ❑2 Non-pentagon enclosed figure
- ❑1 2 or more lines, but not an enclosure
- ❑0 Less than 2 lines/refused

15b. Pentagon 2 **(1550)**

- ❑4 5 approximately equal sides
- ❑3 5 sides, but longest:shortest side is 2:1
- ❑2 Non-pentagon enclosed figure
- ❑1 2 or more lines, but not an enclosure
- ❑0 Less than 2 lines/refused

15c. Intersection **(1560)**

- ❑2 4-cornered enclosure
- ❑1 Other than 4-cornered enclosure
- ❑0 No enclosure/refused

QUESTIONS 15 TOTAL SCORE (SUM OF 15A THROUGH 15C) **(1570)** ___ ___ (MAX. SCORE: 10)

16. REFER BACK TO QUESTION 14f TO DETERMINE THE PARTICIPANT'S DOMINANT HAND. HOLD UP A PIECE OF WHITE PAPER IN PLAIN VIEW OF THE SUBJECT, BUT OUT OF REACH, AND SAY: **"Take this paper with your left** (RIGHT FOR LEFT-HANDED PERSON) **hand, fold it in half and hand it back to me."**

AFTER SAYING THE WHOLE COMMAND, HOLD THE PAPER WITHIN REACH OF THE SUBJECT. DO NOT REPEAT ANY PART OF THE COMMAND. DO NOT GIVE VISUAL CLUES FOR THEM TO TAKE OR RETURN THE PAPER. HE/SHE MAY HAND IT BACK WITH EITHER HAND.

16a. Takes paper in correct hand **(1580)** ❑1 Correct ❑0 Incorrect

16b. Folds paper in half **(1590)** ❑1 Correct ❑0 Incorrect

16c. Hands paper back **(1600)** ❑1 Correct ❑0 Incorrect

QUESTION 16 TOTAL SCORE (SUM OF 16A THROUGH 16C) **(1610)** ___ (MAX. SCORE: 3)

17. What three words did I ask you to remember earlier?

THE WORDS MAY BE REPEATED IN ANY ORDER. IF THE SUBJECT CANNOT GIVE THE CORRECT ANSWER AFTER A CATEGORY CUE, PROVIDE THE THREE CHOICES LISTED. IF THE SUBJECT STILL CANNOT GIVE THE CORRECT ANSWER FROM THE THREE CHOICES, MARK 0 AND PROVIDE THE CORRECT ANSWER.

17a. Socks **(1620)**

- ❑3 Spontaneous recall
- ❑2 Correct word/incorrect form
- ❑2 After **"Something to wear."**
- ❑1 After **"Was it shirt, shoes or socks?"**
- ❑0 Unable to recall/refused (provide the correct answer)

17b. Blue **(1630)**

- ❑3 Spontaneous recall
- ❑2 Correct word/incorrect form
- ❑2 After **"A color."**
- ❑1 After **"Was it blue, black, brown?"**
- ❑0 Unable to recall/refused (provide the correct answer)

17c. Charity **(1640)**

- ❑3 Spontaneous recall
- ❑2 Correct word/incorrect form
- ❑2 After **"A good, personal quality."**
- ❑1 After **"Was it honesty, charity, modesty?"**
- ❑0 Unable to recall/refused (provide the correct answer)

QUESTION 17 TOTAL SCORE (SUM OF 17A THROUGH 17C) **(1650)** ___ (MAX. SCORE: 9)

18. Special Problems? ❑ Yes ❑ No

18a. If **YES**, primary problem?

- ❑ Vision
- ❑ Hearing
- ❑ Inability to write due to injury/illness
- ❑ Illiteracy/lack of education
- ❑ Language (difficulty speaking/understanding English)
- ❑ Other ***Specify:*** _____

18b. If **YES**, Secondary problem *(specify)*: _____

ASSESS AKI MODIFIED MINI-MENTAL STATE EXAM PHONE VERSION

Participant ID: 1 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

THIS FORM IS AUDITED BY THE DCC.

TELL THE PARTICIPANT, "Now, I would like to ask you some questions to check your memory and concentration. Please do not make any notes or write things down during this part of the interview. Some of the questions may be easy and some will be harder. Take your time if you need to. We can skip over questions if you don't understand them. Just relax and do your best.

1. Who is the president of the United States now?

_____
RECORD FIRST RESPONSE

(1000) ❑ 1 Correct ❑ 0 Incorrect ❑ 99 Refused
❑ None ❑ Sight ❑ Hearing ❑ Hands ❑ Other

2. Who was the president before him?

_____
RECORD FIRST RESPONSE

(1020) ❑ 1 Correct ❑ 0 Incorrect ❑ 99 Refused
❑ None ❑ Sight ❑ Hearing ❑ Hands ❑ Other

3. Who is the vice president of the United States now?

_____
RECORD FIRST RESPONSE

(1040) ❑ 1 Correct ❑ 0 Incorrect ❑ 99 Refused
❑ None ❑ Sight ❑ Hearing ❑ Hands ❑ Other

4. Who was vice president before him?

_____
RECORD FIRST RESPONSE

(1060) ❑ 1 Correct ❑ 0 Incorrect ❑ 99 Refused
❑ None ❑ Sight ❑ Hearing ❑ Hands ❑ Other

5. Who is the governor of (subject's state) now?

_____
RECORD FIRST RESPONSE

(1080) ❑ 1 Correct ❑ 0 Incorrect ❑ 99 Refused
❑ None ❑ Sight ❑ Hearing ❑ Hands ❑ Other

Section Total ___ out of 5

6. Now I'm going to say three words for you to remember. Please listen carefully and repeat them after I have said all three words. Please do not write anything down. Are you ready? The three words are shirt, nickel, and honesty. HAVE RESPONDENT REPEAT. IF THERE ARE ERRORS, CONTINUE WITH ADDITIONAL TRIALS (UP TO 3 TRIALS).

	Trial 1		Trial 2	Trial 3
6a. Shirt	_____ **(1100)**	❑ 1 Correct ❑ 0 Incorrect	_____	_____
6b. Nickel	_____ **(1110)**	❑ 1 Correct ❑ 0 Incorrect	_____	_____
6c. Honesty	_____ **(1120)**	❑ 1 Correct ❑ 0 Incorrect	_____	_____

6d. Score for Trial 1 ___ ___
IF PARTICIPANT REFUSED RECORD 99

6e. Impairment

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

6f. Number of Trials needed ___
ONLY ALLOW UP TO 3 TRIALS

CHECK THE BOX BELOW IF THE REMINDER WAS GIVEN TO THE PARTICIPANT

❑ Remember the 3 words because later I will ask you to repeat them.

Section Total ___ out of 3

7. Now please count from 1 to 5.
ASSIST ONLY ONCE IF NEEDED.

IF THE PARTICIPANT DOES NOT COMPREHEND, SCORE 0 ON BACKWARD TASK AND GO TO QUESTION 9.

7a. RECORD THE FIRST FIVE NUMBERS IN THE ORDER GIVEN:

___ ___ ___ ___ ___ (Participant response)
1 2 3 4 5 (Correct order)

(1150)
- ❑$_2$ Correct
- ❑$_1$ 1 or 2 Errors
- ❑$_0$ ≥ 3 Errors
- ❑$_0$ Can't Do
- ❑$_{99}$ Refused

7b. Impairment

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

8. Now I would like you to count backwards from 5 to 1.

8a. RECORD THE FIRST FIVE NUMBERS IN THE ORDER GIVEN:

___ ___ ___ ___ ___ (Participant response)
5 4 3 2 1 (Correct order)

(1170)
- ❑$_2$ Correct
- ❑$_1$ 1 or 2 Errors
- ❑$_0$ ≥ 3 Errors
- ❑$_0$ Can't Do
- ❑$_{99}$ Refused

8b. Impairment

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

Section Total ___ out of 4

9. Please spell the word 'World'.
ASSIST ONLY ONCE IF NEEDED. IF PARTICIPANT IS UNABLE TO SPELL WORLD DUE TO CONFUSION GO TO QUESTION 11.

9a. RECORD THE FIRST FIVE LETTERS IN THE ORDER GIVEN:

___ ___ ___ ___ ___ (Participant response)
W O R L D (Correct order)

9b. Number of letters in correct position **(1200)** ___ ___ letters
RECORD 99 IF PARTICIPANT REFUSED

9c. Impairment

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

10. Now please spell 'World' backwards.

10a. RECORD THE FIRST FIVE LETTERS IN THE ORDER GIVEN:

___ ___ ___ ___ ___ (Participant response)
D L R O W (Correct order)

10b. Number of letters in correct position **(1220)** ___ ___ letters
RECORD 99 IF PARTICIPANT REFUSED

10c. Impairment

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

Section Total ___ ___ out of 10

11. What were the three words that I asked you to remember?

IF THE PARTICIPANT DOES NOT GIVE ALL CORRECT ANSWERS, PROMPT AS NEEDED

11a. Shirt _____ **(1240)**

	Impairment:
❑3 Spontaneous recall	❑ None
❑2 Correct word/incorrect form	❑ Sight
❑2 After "Something to wear" RECORD: _____	❑ Hearing
❑1 After "Was it shirt, shoes or socks?" (CIRCLE WORD.)	❑ Hands
❑0 Unable to recall/refused (provide the correct answer)	❑ Other

11b. Nickel _____ **(1260)**

❑3 Spontaneous recall	❑ None
❑2 Correct word/incorrect form	❑ Sight
❑2 After "Was some money" RECORD: _____	❑ Hearing
❑1 After "Was it penny, nickel, or dollar?" (CIRCLE WORD.)	❑ Hands
❑0 Unable to recall/refused (provide the correct answer)	❑ Other

11c. Honesty _____ **(1280)**

❑3 Spontaneous recall	❑ None
❑2 Correct word/incorrect form	❑ Sight
❑2 After "A good, personal quality" RECORD: _____	❑ Hearing
❑1 After "Was it honesty, charity or modesty?" (CIRCLE WORD.)	❑ Hands
❑0 Unable to recall/refused (provide the correct answer)	❑ Other

12. Please do not look at a calendar or a watch for the next several questions.

12a. What year is it? _____ **(1310)**

	Impairment
❑3 Correct	❑ None
❑1 Missed by 1 year	❑ Sight
❑0 Incorrect	❑ Hearing
❑99 Refused	❑ Hands
	❑ Other

Section Total ___ ___ out of 12

12b. What is the season of the year?

_____

(1330)

- ❑ 3 Correct within a week
- ❑ 2 Missed by 1 month
- ❑ 1 Incorrect but names a season
- ❑ 0 Incorrect
- ❑ 0 Can't do
- ❑ 99 Refused

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

APPROXIMATE DATES OF SEASONS:
MARCH 20-JUNE 20 IS SPRING
SEPT 23-DEC 19 IS FALL
JUNE 21- SEPT 22 IS SUMMER
DEC 20-MAR 21 IS WINTER

12c. What day of the week is it?

_____

(1350)

- ❑ 3 Correct
- ❑ 1 Missed by 1 day
- ❑ 0 Incorrect
- ❑ 0 Can't do
- ❑ 99 Refused

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

IF THE PARTICIPANT OFFERS A NUMBER OF THE DAY OF THE WEEK INSTEAD OF THE NAME, PROBE AS THIS IS UNCLEAR; SOME MAY REFER TO THE FIRST DAY OF THE WEEK AS SUNDAY WHILE OTHERS MAY REFER TO THE FIRST DAY OF THE WEEK AS MONDAY.

12d. What month is it?

_____

(1370)

- ❑ 3 Correct
- ❑ 2 Incorrect but within 3 days
- ❑ 1 Missed by 1 month
- ❑ 0 Incorrect
- ❑ 0 Can't do
- ❑ 99 Refused

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

12e. What is today's date?

_____

(1380)

- ❑ 3 Correct
- ❑ 2 Missed by 1 or 2 days days
- ❑ 1 Missed by 3-5 days
- ❑ 0 Incorrect
- ❑ 0 Can't do
- ❑ 99 Refused

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

Section Total ___ ___ out of 12

12f. What state are you in?

_____

(1390)

- ❑ 2 Correct
- ❑ 0 Incorrect
- ❑ 0 Can't do
- ❑ 99 Refused

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

12g. What country are you in?

_____

(1410)

- ❑ 1 Correct
- ❑ 0 Incorrect
- ❑ 0 Can't do
- ❑ 99 Refused

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

12h. What town are you in?

_____

(1430)

- ❑ 1 Correct
- ❑ 0 Incorrect
- ❑ 0 Can't do
- ❑ 99 Refused

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

12i. Are you in a church, a home, or an office?

_____

(1450)

- ❑ 1 Correct
- ❑ 0 Incorrect
- ❑ 0 Can't do
- ❑ 99 Refused

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

IF THE CORRECT ANSWER IS NOT AMONG THE 3 CHOICES, SUBSTITUTE THE CORRECT ANSWER FOR THE THIRD CHOICE (AN OFFICE).

Section Total ___ out of 5

13. Expressive Language

			Impairment
13a. What do you call the part of your face that is above your eyebrows? _____	**(1480)**	❑1 Correct (FOREHEAD/BROW) ❑0 Incorrect ❑0 Can't do ❑99 Refused	❑ None ❑ Sight ❑ Hearing ❑ Hands ❑ Other
13b. What do you call the pointed part of your face that is below your mouth? _____	**(1510)**	❑1 Correct (CHIN) ❑0 Incorrect ❑0 Can't do ❑99 Refused	❑ None ❑ Sight ❑ Hearing ❑ Hands ❑ Other
13c. What do you call the joint where your arm is connected to your upper body? _____	**(1530)**	❑1 Correct (SHOULDER) ❑0 Incorrect ❑0 Can't do ❑99 Refused	❑ None ❑ Sight ❑ Hearing ❑ Hands ❑ Other
13d. What do you call the joint in the middle of your arm? _____	**(1550)**	❑1 Correct (ELBOW) ❑0 Incorrect ❑0 Can't do ❑99 Refused	❑ None ❑ Sight ❑ Hearing ❑ Hands ❑ Other
13e. What do you call the joints of your fingers that you see when you make a fist? _____	**(1570)**	❑1 Correct (KNUCKLES) ❑0 Incorrect ❑0 Can't do ❑99 Refused	❑ None ❑ Sight ❑ Hearing ❑ Hands ❑ Other

Section Total ___ out of 5

14. Verbal Fluency

Now I am going to give you a category and I want you to name as many things as you can that come from that category. For example, if I said "fruit," you would say "orange, apple, or banana." Can you name another kind of fruit? RECORD RESPONSE.

_____ _____ _____

Now I have another category and it is animals. Please name as many four-legged animals as you can. You will have 20 seconds. Are you ready? START TIMER. TELL PARTICIPANT, "Begin now."
ALLOW 20 SECONDS. IF NO RESPONSE IN 10 SECONDS, REPEAT THE QUESTION ONCE. RECORD; ALLOW ANOTHER 10 SECONDS THEN GO TO QUESTION 15.

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Number of correct responses **(1590)** ___ ___
RECORD 99 IF PARTICIPANT REFUSED. MAXIMUM RESPONSE TOTAL IS 10.

15. Abstract Verbal Reasoning

15a. In what way are an arm and a leg alike?

_____

(1610)

- ❑ 2 Correct (BODY PART, LIMB, ETC)
- ❑ 1 Partly correct
- ❑ 0 Incorrect
- ❑ 0 Can't do
- ❑ 99 Refused

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

IF < 2-POINT RESPONSE, PROMPT THE PARTICIPANT WITH THE CORRECT RESPONSE.
CHECK THE BOX BELOW IF THE PROMPT WAS GIVEN TO THE PARTICIPANT

❑ Both are limbs or body parts.

Section Total ___ ___ out of 12

15b. In what way are laughing and crying alike?
NO PROMPT ALLOWED.

(1630)

- ❑ 2 Correct (EXPRESSION OF FEELING EMOTIONS, ETC)
- ❑ 1 Partly correct
- ❑ 0 Incorrect
- ❑ 0 Can't do
- ❑ 99 Refused

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

15c. In what ways are eating and breathing alike?
NO PROMPT ALLOWED.

(1650)

- ❑ 2 Correct (ESSTL FOR LIFE)
- ❑ 1 Partly correct
- ❑ 0 Incorrect
- ❑ 0 Can't do
- ❑ 99 Refused

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

15d. Please repeat what I say exactly. "The band played and the crowd cheered."

(1670)

- ❑ 2 Correct
- ❑ 1 1-2 missed/wrong words
- ❑ 0 Incorrect
- ❑ 0 Can't do
- ❑ 99 Refused

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

IF ALL CORRECT, MAKE CHECK MARK. IF INCORRECT, WRITE FULL RESPONSE. REPEAT IF NECESSARY. SCORE BEST RESPONSE.

TRIAL 1 _____

TRAIL 2 _____

15e. Now again repeat what I say exactly, "No ifs, ands, or buts."

IF ALL CORRECT, MAKE CHECK MARK. IF INCORRECT, WRITE FULL RESPONSE. REPEAT IF NECESSARY. SCORE BEST RESPONSE.

- ❑ 1 No Ifs
- ❑ 1 Ands
- ❑ 1 Or buts

(1690) Total Score ___

- ❑ 0 Incorrect
- ❑ 0 Can't do
- ❑ 99 Refused

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

TRIAL 1 _____

TRAIL 2 _____

Section Total ___ out of 9

15f. With your finger, please tap 5 times on the part of the phone you speak into.

(1710)

- ❑3 Obeys without prompting
- ❑2 Obeys after prompting
- ❑1 Says aloud only
- ❑0 Incorrect
- ❑0 Can't do
- ❑99 Refused

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

15g. Do you have a rotary phone or touch tone phone? I'm going to give you some instructions, please wait until I'm finished before you begin—Ready? Please tap 3 times on the part of the phone you speak into, (press/dial) the number 1 and then say, "I'm done.

- ❑1 Taps phone
- ❑1 Press/dial number 1
- ❑1 Says I'm done
- ❑0 No response

(1730) Total score: ___

- ❑0 Can't do
- ❑99 Refused

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

"IF P. ASKS YOU TO REPEAT THE NUMBER THEY SHOULD PRESS, TELL THEM "WHATEVER NUMBER YOU REMEMBER"

15h. Please say a complete sentence. ALLOW 10 SECONDS THEN PROMPT (IF NECESSARY). IF P. DOESN'T RESPOND OR SEEMS CONFUSED, SAY: "A sentence has to express a complete thought and has a subject and a verb"

(1750)

- ❑5 Correct sentence
- ❑4 Sentence with error(s)
- ❑3 Correct sentence after prompt
- ❑2 Sentence with error(s) after prompt
- ❑1 Incomplete sentence after prompt
- ❑0 No response/Can't do
- ❑99 Refused

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

RECORD SENTENCE: _____

Section Total ___ ___ out of 11

16. Please do not look at a clock for the next several questions. I'm going to ask you to picture a clock in your mind and to imagine that you're facing the clock. Then I will give you different times of the day and ask you what numbers the minute hand and hour hand are on.

    Let's do an example. For 3 o'clock, the minute hand (that's the big hand) is on the 12 and the hour hand (that's the little hand) is on the 3. I will also ask you to tell me which side of the clock the hands are pointing to. For 3 o'clock, the minute hand is at the top and the hour hand is at the right.

    16a. For seven o'clock

    16ai. What number is the minute hand pointing to? SCORE AS "0" **(1770)**
    - ❑ 0 12
    - ❑ 0 Other (SPECIFY: _____)
    - ❑ 99 Refused (SPECIFY: _____)

    16aii. What number is the hour hand pointing to? **(1780)**
    - ❑ 1 7
    - ❑ 0 Other (SPECIFY: _____)
    - ❑ 99 Refused (SPECIFY: _____)

    16aiii. Is the minute hand pointing to the top or the bottom of the clock? SCORE AS "0" **(1790)**
    - ❑ 0 Top
    - ❑ 0 Bottom
    - ❑ 99 Refused

    16aiv. Is the hour hand pointing to the left or the right side of the clock? **(1800)**
    - ❑ 1 Left
    - ❑ 0 Right
    - ❑ 99 Refused

    16av. Impairment
    - ❑ None
    - ❑ Sight
    - ❑ Hearing
    - ❑ Hands
    - ❑ Other

IF PARTICIPANT MISSES ALL ITEMS IN Q16AI THROUGH Q16AIV, ASSIGN A SCORE OF "0" FOR ITEMSQ16B AND Q16C AND CONTINUE WITH QUESTION 17.

Section Total **(1820)** ___ out of 2

16b. For twenty minutes after eight

16bi. What number is the minute hand pointing to? **(1830)**
- ❑1 4
- ❑0 Other (SPECIFY: _____)
- ❑99 Refused (SPECIFY: _____)

16bii. What number is the hour hand pointing to? **(1840)**
- ❑1 8
- ❑0 Other (SPECIFY: _____)
- ❑99 Refused (SPECIFY: _____)

16biii. Is the minute hand pointing to the left or the right of the clock? **(1850)**
- ❑1 Right
- ❑0 Left
- ❑99 Refused

16biv. Is the hour hand pointing to the left or the right side of the clock? **(1860)**
- ❑1 Left
- ❑0 Right
- ❑99 Refused

16c. For ten minutes after eleven

16ci. What number is the minute hand pointing to? **(1870)**
- ❑1 2
- ❑0 Other (SPECIFY: _____)
- ❑99 Refused (SPECIFY: _____)

16cii. What number is the hour hand pointing to? **(1880)**
- ❑1 11
- ❑0 Other (SPECIFY: _____)
- ❑99 Refused (SPECIFY: _____)

16ciii. Is the minute hand pointing to the left or the right of the clock? **(1890)**
- ❑1 Right
- ❑0 Left
- ❑99 Refused

16civ. Is the hour hand pointing to the left or the right side of the clock? **(1900)**
- ❑1 Left
- ❑0 Right
- ❑99 Refused

Section Total **(1910)** ___ ___ out of 8

17. What were the three words I asked you to remember? (SHIRT, NICKEL, HONESTY)
IF THE PARTICIPANT DOES NOT GIVE ALL CORRECT ANSWERS, PROMPT AS NEEDED.

17a. Shirt _____ **(1920)**

- ❑3 Spontaneous recall
- ❑2 One of the words was something you wear (RECORD: _____)
- ❑1 PROVIDE 3 CHOICES AND HAVE PARTICIPANT MAKE SELECTION: Was one of the words shoes, shirt, or socks? (CIRCLE WORD.)

IF STILL INCORRECT RESPONSE, PROVIDE CORRECT ANSWER.

- ❑0 No recall/can't do
- ❑99 Refused

17b. Nickel _____ **(1940)**

- ❑3 Spontaneous recall
- ❑2 One of the words was some money (RECORD: _____)
- ❑1 PROVIDE 3 CHOICES AND HAVE PARTICIPANT MAKE SELECTION: Was one of the words penny, nickel, or dollar? (CIRCLE WORD)

IF STILL INCORRECT RESPONSE, PROVIDE CORRECT ANSWER.

- ❑0 No recall/can't do
- ❑99 Refused

17c. Honesty _____ **(1960)**

- ❑3 Spontaneous recall
- ❑2 One of the words was a good personal quality (RECORD: _____)
- ❑1 PROVIDE 3 CHOICES AND HAVE PARTICIPANT MAKE SELECTION: Was one of the words honesty, charity, or modesty? (CIRCLE WORD)

IF STILL INCORRECT RESPONSE, PROVIDE CORRECT ANSWER.

- ❑0 No recall/can't do
- ❑99 Refused

Impairment

- ❑ None
- ❑ Sight
- ❑ Hearing
- ❑ Hands
- ❑ Other

Section Total ___ out of 9

Comments:

(6000) : _____

ASSESS AKI

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

ASSESS AKI MODIFIED MINI-MENTAL STATE EXAM TALLY SHEET

Participant ID: 1_ - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

Question Number	Maximum Score	Annotation #/Total	
Question 1 Total (Q1050 on MMMSE)	5	**(1000)**	___
Question 2 Total (Q1090 on MMMSE)	3	**(1010)**	___
Question 3 Total (Q1110 on MMMSE)	2	**(1020)**	___
Question 4 Total (Q1130 on MMMSE)	5	**(1030)**	___
Question 5 Total (Q1170 on MMMSE)	9	**(1040)**	___
Question 6 Total (Q1230 on MMMSE)	15	**(1050)**	___ ___
Question 7 Total (Q1280 on MMMSE)	5	**(1060)**	___
Question 8 Total (Q1340 on MMMSE)	5	**(1070)**	___
Question 9 Total (Q1350 on MMMSE)	10	**(1080)**	___ ___
Question 10 Total (Q1390 on MMMSE)	6	**(1090)**	___
Question 11 Total (Q1410 on MMMSE)	2	**(1100)**	___
Question 12 Total (Q1450 on MMMSE)	3	**(1110)**	___
Question 13 Total (Q1470 on MMMSE)	3	**(1120)**	___
Question 14 Total (Q1530 on MMMSE)	5	**(1130)**	___
Question 15 Total (Q1570 on MMMSE)	10	**(1140)**	___ ___
Question 16 Total (Q1610 on MMMSE)	3	**(1150)**	___
Question 17 Total (Q1650 on MMMSE)	9	**(1160)**	___

ASSESS AKI

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

ASSESS AKI MODIFIED MINI-MENTAL STATE EXAM PHONE TALLY SHEET

Participant ID: 1 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

Question Number	Maximum Score	Annotation #/Total	
Page 1 Total	5	**(1000)**	___
Page 2 Total	3	**(1010)**	___
Page 3 Total	4	**(1020)**	___
Page 4 Total	10	**(1030)**	___ ___
Page 5 Total	12	**(1040)**	___ ___
Page 6 Total	12	**(1050)**	___ ___
Page 7 Total	5	**(1060)**	___
Page 8 Total	5	**(1070)**	___
Page 9 Total	12	**(1080)**	___ ___
Page 10 Total	9	**(1090)**	___
Page 11 Total	11	**(1100)**	___ ___
Page 12 Total	2	**(1110)**	___
Page 13 Total	8	**(1120)**	___
Page 14 Total	9	**(1130)**	___

ASSESS AKI

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

ASSESS AKI OUTPATIENT VASCULAR PROCEDURE EVALUATION

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

1. Since the participant's last ASSESS AKI study contact, what number of percutaneous coronary interventions (PCI) has he/she had? **(1000)** ___ ___

2. Date of first PCI **(1010)** ___ ___ / ___ ___ / ___ ___ ___ ___
   MM DD YYYY

3. Date of second PCI **(1020)** ___ ___ / ___ ___ / ___ ___ ___ ___
   MM DD YYYY

4. Date of third PCI **(1030)** ___ ___ / ___ ___ / ___ ___ ___ ___
   MM DD YYYY

Comments:
(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI ADULT ALERT

Participant ID: 1 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1. Date of Alert Value (s): **(1000)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

Type of Alert Event(s):

2. Was the alert due to a change in blood pressure? **(1010)** ❑1 Yes ❑0 No
   ➔ **If YES:**

   2a. Systolic blood pressure > 180 **(1020)** ❑1 Yes ❑0 No

   2b. Diastolic blood pressure > 110 **(1030)** ❑1 Yes ❑0 No

3. Was the alert due to acute distress? **(1040)** ❑1 Yes ❑0 No
   ➔ **If YES:**

   3a. Chest pain **(1050)** ❑1 Yes ❑0 No

   3b. Severe Respiratory Distress **(1060)** ❑1 Yes ❑0 No

   3c. Acute Neurological Symptoms **(1070)** ❑1 Yes ❑0 No

   3d. Other **(1080)** ❑1 Yes ❑0 No

   ➔ If **YES**: SPECIFY_____

Type of Alert Value(s):

4. Was the alert due to laboratory results? **(1090)** ❑1 Yes ❑0 No
   ➔ **If YES:**

   4a. Potassium ≤ 3.0 mEq/L (≤ 3.0 mmol/L) or ≥ 6 mEq/L (≥ 6.0 mmol/L) **(1100)** ❑1 Yes ❑0 No

   4b. Sodium < 125 mEq/L (< 125 mmol/L) or > 155 mEq/L (> 155 mmol/L) **(1110)** ❑1 Yes ❑0 No

   4c. Glucose < 50 mgdL (< 2.75 mmol/L) or > 350 mg/dL (> 19.25 mmol/L) **(1130)** ❑1 Yes ❑0 No

   4d. Creatinine doubling from last value **(1140)** ❑1 Yes ❑0 No

   4e. CBC Hemoglobin < 10 gm/dL (< 100 g/L) **(1150)** ❑1 Yes ❑0 No

4f. Other abnormal lab value **(1160)** ❑1 Yes ❑0 No

➔ If **YES**: SPECIFY_____

5. Was the alert due to ECG results? **(1170)** ❑1 Yes ❑0 No
➔ If **YES:**

5a. Date of Reading: **(1180)** ___ ___ / ___ ___ / ___ ___ ___ ___
MM DD YYYY

5b. Type of Reading: **(1190)** ❑1 Local ❑0 Central

5c. Results:

5ci. Bradycardia (<45 beats/min) **(1200)** ❑1 Yes ❑0 No

5cii. Tachycardia (>120 beats/min) **(1210)** ❑1 Yes ❑0 No

5ciii. Acute Myocardial Infarction or acute ischemia **(1220)** ❑1 Yes ❑0 No

5civ. Ventricular Tachycardia/Ventricular Fibrillation **(1230)** ❑1 Yes ❑0 No

5cv. Atrial Fibrillation **(1240)** ❑1 Yes ❑0 No

5cvi. Atrial Flutter **(1250)** ❑1 Yes ❑0 No

5cvii. Mobitz Type II 2nd degree Heart Block **(1260)** ❑1 Yes ❑0 No

5cviii. 3rd degree Heart Block **(1270)** ❑1 Yes ❑0 No

5cix. Complete Left Bundle Branch Block **(1280)** ❑1 Yes ❑0 No

6. Was study site PI notified? **(1290)** ❑1 Yes ❑0 No

7. What action was taken? **(1300)**
❑1 Primary MD notified
❑2 Report sent to primary MD
❑3 Transferred to ER
❑4 Admitted to hospital
❑5 No action taken
❑96 Other _____

8. Participant notified of outcome? **(1310)** ❑$_1$ Yes ❑$_0$ No ❑$_{97}$ N/A

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI ADULT MEDICAL EVENT QUESTIONNAIRE

Participant ID: 1 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

DO NOT ENTER. FOR REFERENCE PURPOSES ONLY.

RECORD THE DATE OF THE PARTICIPANT'S LAST ASSESS AKI STUDY CONTACT. ___ ___ / ___ ___ / ___ ___ ___ ___
MM DD YYYY

1. Since your last ASSESS AKI study contact, have you been hospitalized or gone to the emergency room for any medical problems? **(1000)** ❑1 Yes ❑0 No

➔ IF NO, PROCEED TO QUESTION 3
➔ IF YES, RECORD THE NUMBER OF ER VISITS/HOSPITALIZATIONS FOR EACH EVENT

1a. Heart attack (acute myocardial infarction, MI) **(1010)** ❑1 Yes ❑0 No

1ai. IF YES: Number of ER Visits/Hospitalizations **(1020)** ___ ___ ___

1b. Chest pain (angina, unstable angina, angina pectoris) **(1030)** ❑1 Yes ❑0 No

1bi. IF YES: Number of ER Visits/Hospitalizations **(1040)** ___ ___ ___

1c. Heart failure or fluid in the lungs (congestive heart failure, CHF) **(1050)** ❑1 Yes ❑0 No

1ci. IF YES: Number of ER Visits/Hospitalizations **(1060)** ___ ___ ___

1d. Heart by-pass surgery (coronary artery by-pass surgery, CABG) **(1070)** ❑1 Yes ❑0 No

1di. IF YES: Number of ER Visits/Hospitalizations **(1080)** ___ ___ ___

1e. Abnormal heart rhythm (heart arrhythmia) **(1090)** ❑1 Yes ❑0 No

1ei. IF YES: Number of ER Visits/Hospitalizations **(1100)** ___ ___ ___

1f. Stroke, mini-stroke (TIA) or brain attack, bleeding in the brain (hemorrhagic stroke, intracranial hemorrhage) **(1110)** ❑1 Yes ❑0 No

1fi. IF YES: Number of ER Visits/Hospitalizations **(1120)** ___ ___ ___

1g. Sudden inability to speak or sudden weakness on one side of the body **(1130)** ❑1 Yes ❑0 No

1gi. IF YES: Number of ER Visits/Hospitalizations **(1140)** ___ ___ ___

1h. Kidney transplant **(1150)** ❑1 Yes ❑0 No

1hi. IF YES: Number of ER Visits/Hospitalizations **(1160)** ___ ___ ___

1i. Blockage in the arteries in your arms, legs or abdomen (peripheral vascular disease) **(1170)** ❑1 Yes ❑0 No

1ii. IF YES: Number of ER Visits/Hospitalizations **(1180)** ___ ___ ___

1j. Blockage in blood vessels in your neck (carotid artery disease) **(1190)** ❑1 Yes ❑0 No

1ji. IF YES: Number of ER Visits/Hospitalizations **(1200)** ___ ___ ___

1k. Other medical condition(s) or problem(s) **(1210)** ❑1 Yes ❑0 No

1ki. IF YES: Number of ER Visits/Hospitalizations **(1220)** ___ ___ ___

2. If any events are checked in Questions 1a – 1k, record the number of separate hospitalizations/ER visits <u>since the last ASSESS AKI study contact</u>. **(1230)** ___ ___ ___

➔ COMPLETE THE EVENT INFORMATION (EVENT_INFO) SHEET
➔ COMPLETE THE HOSPITAL/ER RECORD EVALUATION (HOSP_EVAL) FORM FOR EACH HOSPITALIZATION/ER VISIT EXCEPT WHEN DEATH OCCURS OUTSIDE OF THE HOSPITAL AND IS REPORTED BY PROXY.

3. Since the last ASSESS AKI study contact, have you had any of the tests or procedures described below?

3a. Surgery (amputation, or other surgery), balloon angioplasty or amputation of limb due to blockage in blood vessels in the arms, legs, or abdomen **(1250)** ❑1 Yes ❑0 No

➔ IF YES: Indicate where surgery or angioplasty was performed **(1260)** ❑1 Inpatient ❑2 Outpatient ❑3 Both

3b. Surgery (carotid endarterectomy) or balloon angioplasty to open a blockage in blood vessels in the neck **(1270)** ❑1 Yes ❑0 No

➔ IF YES: Indicate where surgery or angioplasty was performed **(1280)** ❑1 Inpatient ❑2 Outpatient ❑3 Both

4. If any tests or procedures are checked in Questions 3a – 3b, record the number of separate test/procedures since the last ASSESS-AKI study contact. **(1290)** ___ ___ ___
➔ COMPLETE THE EVENT INFORMATION (EVENT_INFO) SHEET
➔ IF INPATIENT, COMPLETE THE HOSPITAL/ER RECORD EVALUATION (HOSP_EVAL) FORM FOR EACH TEST/PROCEDURE
➔ IF OUTPATIENT, COMPLETE THE PROCEDURE INVESTIGATION (PI) FORM FOR EACH PROCEDURE

5. Since the last ASSESS AKI study contact, have you had any of the tests or procedures described below?

5a. Coronary angiography (cardiac catheterization) **(1310)** ❑1 Yes ❑0 No

➔ IF YES: Indicate where angiography was performed **(1320)** ❑1 Inpatient ❑2 Outpatient ❑3 Both

5ai. Did you also have a balloon angioplasty or stenting to open a blockage in blood vessels in the heart **(1330)** ❑1 Yes ❑0 No

➔ IF YES: Indicate where angioplasty or stenting was performed **(1340)** ❑1 Inpatient ❑2 Outpatient ❑3 Both

6. If any tests or procedures are checked in Questions 5a-5ai, record the number of separate test/procedures since the last ASSESS AKI study contact. **(1350)** ___ ___ ___
   - ➔ COMPLETE THE EVENT INFORMATION (EVENT_INFO) SHEET
   - ➔ IF INPATIENT, COMPLETE THE HOSPITAL/ER RECORD EVALUATION (HOSP_EVAL) FORM FOR EACH TEST/PROCEDURE
   - ➔ IF OUTPATIENT, COMPLETE THE OUTPATIENT VASCULAR PROCEDURE EVALUATION (OUTPT_VASC) FORM

7. Since the last ASSESS AKI study contact, have you had any treatments described below?

   7a. Hemodialysis or peritoneal dialysis (treatment with an artificial kidney) **(1370)** ❑1 Yes ❑0 No

   ➔ IF YES: Indicate where dialysis was performed **(1380)**
   ❑1 Inpatient
   ❑2 Outpatient
   ❑3 Both

8. If any tests or procedures are checked in Question 7a, record the number of separate treatments since the last ASSESS AKI study contact. **(1390)** ___ ___ ___
   - ➔ COMPLETE THE EVENT INFORMATION (EVENT_INFO) SHEET
   - ➔ IF INPATIENT, COMPLETE THE HOSPITAL/ER RECORD EVALUATION (HOSP_EVAL) FORM FOR EACH TEST/PROCEDURE
   - ➔ IF OUTPATIENT, COMPLETE THE DIALYSIS EVALUATION (DIAL_EVAL) FORM

Research Coordinator Completed

Death (as reported by: _____) **(1400)** ❑1

Record date deceased **(1410)** __ __ / __ __ / __ __ __ __
MM DD YYYY

➔ **If death reported, please complete the ASSESS AKI Withdrawal (WITHDR) form and Death Record Evaluation (DEATH_EVAL) form.**

Comments

(6000):_____

_____

_____

DO NOT ENTER. FOR REFERENCE PURPOSES ONLY.

RECORD THE DATE OF THE PARTICIPANT'S LAST ASSESS AKI STUDY VISIT. ___ ___ / ___ ___ / ___ ___ ___ ___
MM DD YYYY

Smoking History

Since your last ASSESS AKI study visit**:**

1.	Have you smoked any cigarettes? ➔ IF **NO**, PROCEED TO QUESTION 6.	**(1000)**	❑1 Yes	❑0 No
2.	Have you smoked more than 100 cigarettes (approximately 5 packs)?	**(1010)**	❑1 Yes	❑0 No
3.	Do you smoke cigarettes now?	**(1020)**	❑1 Yes	❑0 No
4.	How many cigarettes do you or did you usually smoke per day since your last ASSESS AKI study visit?	**(1030)**	___ ___ . ___ cigs/day	
5.	How many months did you smoke this amount? ENTER 98 IF THE PARTICIPANT DOESN'T KNOW.	**(1040)**	___ ___ months	
6.	Have you smoked cigars? ➔ IF **NO**, PROCEED TO QUESTION 11.	**(1050)**	❑1 Yes	❑0 No
7.	Have you smoked at least 20 cigars?	**(1060)**	❑1 Yes	❑0 No
8.	Do you currently smoke cigars?	**(1070)**	❑1 Yes	❑0 No
9.	How many cigars do you or did you usually smoke per day since your last ASSESS AKI study visit?	**(1080)**	___ ___ . ___ cigars/day	
10.	How many months did you smoke this amount? ENTER 98 IF THE PARTICIPANT DOESN'T KNOW.	**(1090)**	___ ___ months	

11. Since your last ASSESS AKI study visit, have you smoked a tobacco pipe regularly? (HERE "REGULARLY" MEANS AT LEAST TWO PIPEFULS OF TOBACCO A WEEK, ALMOST EVERY WEEK.) **(1100)** ❑1 Yes ❑0 No
    ➔ IF **NO**, PROCEED TO QUESTION 14.

12. Altogether, how many years have you smoked a pipe regularly? **(1130)** ___ ___ . ___ years

13. How many pipefuls of tobacco do you regularly smoke per day, on the average? **(1140)** ___ ___ pipefuls
    (IF LESS THAN 1 PER DAY, RECORD 00)
    ➔ PROCEED TO QUESTION 14.

Alcohol Use History

Since your last ASSESS AKI study visit:

14. Have you had at least one alcoholic drink? **(1170)** ❑1 Yes ❑0 No
    ➔ IF **NO**, PROCEED TO QUESTION 19.

FOR QUESTIONS 15 THROUGH 18, AN ALCOHOLIC DRINK CAN BE:

 **12 ounce can of beer OR**  **5 ounce glass of wine OR**  **1 shot of liquor**

15. How often have you had an alcoholic drink?
CHOOSE ONLY ONE RESPONSE.
➔ USE REFERENCE CARD A

(1180)

- ☐ 1 Every day
- ☐ 2 5 to 6 times a week
- ☐ 3 3 to 4 times a week
- ☐ 4 2 times a week
- ☐ 5 1 time a week
- ☐ 6 2 to 3 times a month
- ☐ 7 1 time a month
- ☐ 8 3 to 11 times since your last clinic visit
- ☐ 9 1 or 2 times since your last clinic visit
- ☐ 99 Don't wish to answer

16. On the days you drank, how many alcoholic drinks did you usually have?
➔ USE REFERENCE CARD B

(1190)

- ☐ 1 25 or more drinks
- ☐ 2 19 to 24 drinks
- ☐ 3 16 to 18 drinks
- ☐ 4 12 to 15 drinks
- ☐ 5 9 to 11 drinks
- ☐ 6 7 to 8 drinks
- ☐ 7 5 to 6 drinks
- ☐ 8 3 to 4 drinks
- ☐ 9 2 drinks
- ☐ 10 1 drink
- ☐ 99 Don't wish to answer

 **12 ounce can of beer OR**  **5 ounce glass of wine OR**  **1 shot of liquor**

17. What was the largest number of alcoholic drinks that you had in a 24-hour period?
➔ USE REFERENCE CARD B

(1200)

- ☐ 1 25 or more drinks
- ☐ 2 19 to 24 drinks
- ☐ 3 16 to 18 drinks
- ☐ 4 12 to 15 drinks
- ☐ 5 9 to 11 drinks
- ☐ 6 7 to 8 drinks
- ☐ 7 5 to 6 drinks
- ☐ 8 3 to 4 drinks
- ☐ 9 2 drinks
- ☐ 10 1 drink
- ☐ 99 Don't wish to answer

18. Since your last ASSESS AKI study visit:

18a. **For men**, how often did you have 5 or more alcoholic drinks within a two-hour period? CHOOSE ONLY ONE RESPONSE.
➔ USE REFERENCE CARD C

(1210)

- ☐ 1 Every day
- ☐ 2 5 to 6 times a week
- ☐ 3 3 to 4 times a week
- ☐ 4 2 times a week
- ☐ 5 1 time a week
- ☐ 6 2 to 3 times a month
- ☐ 7 1 time a month
- ☐ 8 3 to 11 times since your last clinic visit
- ☐ 9 1 or 2 times since your last clinic visit
- ☐ 98 N/A
- ☐ 99 Don't wish to answer

18b. **For women**, how often did you have 4 or more alcoholic drinks within a two-hour period? CHOOSE ONLY ONE RESPONSE.
➔ USE REFERENCE CARD C **(1220)**

- ☐ 1 Every day
- ☐ 2 5 to 6 times a week
- ☐ 3 3 to 4 times a week
- ☐ 4 2 times a week
- ☐ 5 1 time a week
- ☐ 6 2 to 3 times a month
- ☐ 7 1 time a month
- ☐ 8 3 to 11 times since your last clinic visit
- ☐ 9 1 or 2 times since your last clinic visit
- ☐ 98 N/A
- ☐ 99 Don't wish to answer

Recreational Drug Use History

Since your last ASSESS AKI study visit:

19. Have you used marijuana? **(1230)**

- ☐ 1 Yes
- ☐ 0 No
- ☐ 98 Don't know
- ☐ 99 Don't wish to answer

19a. IF **YES**: Have you used marijuana within the past 30 days? **(1240)**

- ☐ 1 Yes
- ☐ 0 No
- ☐ 98 Don't know
- ☐ 99 Don't wish to answer

20. Have you used methamphetamines? **(1250)**

- ☐ 1 Yes
- ☐ 0 No
- ☐ 98 Don't know
- ☐ 99 Don't wish to answer

20a. IF **YES**: Have you used them within the past 30 days? **(1260)**

- ☐ 1 Yes
- ☐ 0 No
- ☐ 98 Don't know
- ☐ 99 Don't wish to answer

21. Have you used cocaine? **(1270)**
- ❑1 Yes
- ❑0 No
- ❑98 Don't know
- ❑99 Don't wish to answer

21a. IF **YES**: Have you used cocaine within the past 30 days? **(1280)**
- ❑1 Yes
- ❑0 No
- ❑98 Don't know
- ❑99 Don't wish to answer

22. Have you used heroin? **(1290)**
- ❑1 Yes
- ❑0 No
- ❑98 Don't know
- ❑99 Don't wish to answer

22a. IF **YES**: Have you used heroin within the past 30 days? **(1300)**
- ❑1 Yes
- ❑0 No
- ❑98 Don't know
- ❑99 Don't wish to answer

23. Have you used other street drugs? **(1310)**
SPECIFY:_____
_____
- ❑1 Yes
- ❑0 No
- ❑98 Don't know
- ❑99 Don't wish to answer

23a. IF **YES**: Have you used other street drugs within the past 30 days? **(1320)**
- ❑1 Yes
- ❑0 No
- ❑98 Don't know
- ❑99 Don't wish to answer

Health Insurance

24. Since your last ASSESS AKI study visit, have any changes occurred in your healthcare coverage? **(1330)** ❑1 Yes ❑0 No
➔IF **NO**, PROCEED TO QUESTION 29.

25. (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

25a. Uninsured	**(1340)**	❑1 Yes	❑0 No
25b. Self-insured	**(1350)**	❑1 Yes	❑0 No
25c. COBRA	**(1360)**	❑1 Yes	❑0 No
25d. Commercial/fee-for-service	**(1370)**	❑1 Yes	❑0 No
25e. HMO	**(1380)**	❑1 Yes	❑0 No
25f. Local/state insurance	**(1390)**	❑1 Yes	❑0 No
25g. Military	**(1400)**	❑1 Yes	❑0 No
25h. Medicare	**(1410)**	❑1 Yes	❑0 No
25i. Medicaid	**(1420)**	❑1 Yes	❑0 No
25j. Self-pay	**(1430)**	❑1 Yes	❑0 No
25k. Other _____	**(1440)**	❑1 Yes	❑0 No

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

26a. Provincial/Public Health Insurance	**(1450)**	❑1 Yes	❑0 No
26b. Private/Personal insurance	**(1460)**	❑1 Yes	❑0 No

27. Since your last ASSESS AKI study visit, was there ever a time when you were not covered by health insurance? **(1470)** ❑1 Yes ❑0 No

    ➔ IF **YES**: Were you not covered by health insurance for one month or more? **(1480)** ❑1 Yes ❑0 No

28. Since your last ASSESS AKI study visit, were you denied health insurance? **(1490)** ❑1 Yes ❑0 No

29. Since your last ASSESS AKI study visit, were you unable to fill a prescription because of the cost? **(1500)** ❑1 Yes ❑0 No

30. Since your last ASSESS AKI study visit, were you unable to see your doctor because of the cost? **(1510)** ❑1 Yes ❑0 No

For Research Coordinator use only:

Where was CRF completed? **(1520)**
❑1 At home
❑2 In-clinic
❑3 On the phone

Who completed the CRF? **(1530)**
❑1 Participant completed
❑2 Interviewer completed

IF **PARTICIPANT COMPLETED**: Did Research Coordinator review the CRF with the participant during the in-person visit? **(1540)** ❑1 Yes ❑0 No

IF **YES**: Signature of Research Coordinator **(1550)** _____

IF **YES**: Date Signature Completed **(1560)** __ __ / __ __ / __ __ __ __
MM DD YYYY

Comments:
(6000): _____

_____

_____

ASSESS AKI

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

ASSESS AKI ADULT MEDICAL HISTORY

Participant ID: 1 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

DO NOT ENTER. FOR REFERENCE PURPOSES ONLY.

RECORD THE DATE OF THE PARTICIPANT'S LAST ASSESS AKI VISIT. ___ ___ / ___ ___ / ___ ___ ___ ___
MM DD YYYY

1.	Since your last ASSESS AKI visit, were you diagnosed or treated by a doctor or other health professional for cancer (excluding non-melanoma skin cancer)?	**(1000)**	❑1 Yes	❑0 No ❑98 Don't know
	➔ IF **NO**, PROCEED TO QUESTION 2.			
	1a. Did you receive chemotherapy?	**(1010)**	❑1 Yes	❑0 No ❑98 Don't know
	➔ IF **YES**: Did you receive?			
	1ai. cisplatin	**(1020)**	❑1 Yes	❑0 No ❑98 Don't know
	1aii. ifosfamide	**(1030)**	❑1 Yes	❑0 No ❑98 Don't know
	1aiii. methotrexate	**(1040)**	❑1 Yes	❑0 No ❑98 Don't know
	1aiv. gemcitabine (gemzar)	**(1050)**	❑1 Yes	❑0 No ❑98 Don't know
	1av. bevacizumab (avastin)	**(1060)**	❑1 Yes	❑0 No ❑98 Don't know
2.	Since your last ASSESS AKI visit, were you diagnosed or treated by a doctor or other health professional for any of the following conditions?			
	2a. Asthma or reactive airway disease	**(1070)**	❑1 Yes	❑0 No ❑98 Don't know
	2b. Chronic obstructive pulmonary disease (emphysema or chronic bronchitis)	**(1080)**	❑1 Yes	❑0 No ❑98 Don't know
	2c. Hepatitis (B or C) infection	**(1090)**	❑1 Yes	❑0 No ❑98 Don't know
	2d. Rheumatoid arthritis	**(1100)**	❑1 Yes	❑0 No ❑98 Don't know
	2e. Gout	**(1110)**	❑1 Yes	❑0 No ❑98 Don't know
	2f. Systemic lupus	**(1120)**	❑1 Yes	❑0 No ❑98 Don't know

➔ IF PARTICIPANT IS **MALE**, PROCEED TO QUESTION 5.

Women's Health History

Since your last ASSESS AKI visit:

3. Were you pregnant in the time period? **(1130)** ❑$_1$ Yes ❑$_0$ No
   ➔ IF **NO**, PROCEED TO QUESTION 4.

   3a. Are you currently pregnant? **(1140)** ❑$_1$ Yes ❑$_0$ No

AT V3M ONLY, QUESTION 4 AND 4B SHOULD BE ANSWERED BASED ON THE TIME PERIOD BEFORE ENROLLMENT IN THE STUDY AND THE CURRENT VISIT DATE.

4. Did you complete menopause (no menstrual period for 1 year)? **(1150)** ❑$_1$ Yes ❑$_0$ No ❑$_{98}$ Don't know

   4a. Do you know when your last menstrual period started? **(1160)** ❑$_1$ Yes ❑$_0$ No

   ➔ IF **YES**: record the date. **(1170)** ___ ___ month (MM)
   (1172) ___ ___ ___ ___ year (YYYY)

   4b. Did you have a hysterectomy? **(1175)** ❑$_1$ Yes ❑$_0$ No

Renal History

Since your last ASSESS AKI visit:

5. Did you see a nephrologist/kidney doctor *for your kidney problems*? **(1180)** ❑$_1$ Yes ❑$_0$ No ❑$_{98}$ Don't know

6. Did you see any other doctor or health professional(s) (e.g. internist, family practitioner, hypertension specialist) *for your kidney problems*? **(1190)** ❑$_1$ Yes ❑$_0$ No ❑$_{98}$ Don't know

   ➔ IF YOU ANSWERED **NO** TO BOTH QUESTIONS 5 AND 6, PROCEED TO QUESTION 10.

The following questions address any healthcare you have received since your last ASSESS AKI visit. Please provide a response for each item listed below.

7. Was the level of protein in your urine measured? **(1200)** ❑$_1$ Yes ❑$_0$ No ❑$_{98}$ Don't know

8. Was your kidney function measured by a 24-hour urine test or I-lothalamate clearance test? **(1210)** ❑1 Yes ❑0 No ❑98 Don't know

9. Did you have a kidney xray (KUB)? **(1220)** ❑1 Yes ❑0 No ❑98 Don't know

10. Did you have any vaccinations to lower your risk of infection? **(1230)** ❑1 Yes ❑0 No ❑98 Don't know

    10a. IF **YES**: did you have one or more vaccines to prevent bacterial infection? (e.g. pneumovax) **(1240)** ❑1 Yes ❑0 No ❑98 Don't know

    10b. IF **YES**: did you have a flu vaccine? **(1250)** ❑1 Yes ❑0 No ❑98 Don't know

Hypertension History

Since your last ASSESS AKI visit:

11. How long has it been since you last had your blood pressure taken by a doctor or other health professional?
    ➔ IF PARTICIPANT DOES NOT KNOW, RECORD 98.

(1260) ___ ___

(1270) ❑1 months
❑2 weeks
❑3 days
❑97 N/A

12. Did a doctor or other health professional tell you for the first time that you have hypertension or high blood pressure? **(1280)** ❑1 Yes ❑0 No ❑98 Don't know

    12a. IF **YES**: do you currently take prescribed medication for your hypertension or high blood pressure? **(1290)** ❑1 Yes ❑0 No ❑98 Don't know

High Cholesterol History

Since your last ASSESS AKI visit:

13. How long has it been since you last had your blood cholesterol taken by a doctor or other health professional?
    ➔ IF PARTICIPANT DOES NOT KNOW, RECORD 98.

(1300) ___ ___

(1310) ❑1 months
❑2 weeks
❑3 days
❑97 N/A

14. Did a doctor or other health professional tell you for the first time that your blood cholesterol level was high? **(1320)** ❑1 Yes ❑0 No ❑98 Don't know

    14a. IF **YES**: do you currently take prescribed medication for your high blood cholesterol? **(1330)** ❑1 Yes ❑0 No ❑98 Don't know

Diabetic History

15. Have you ever been told (except during pregnancy) that you have diabetes or high blood sugar? **(1335)** ❑1 Yes ❑0 No ❑98 Don't know

    ➔ IF **NO**, STOP HERE.

16. Since your last ASSESS AKI visit, did a doctor or other health professional tell you for the first time (except during pregnancy) that you have diabetes or high blood sugar? **(1340)** ❑1 Yes ❑0 No ❑98 Don't know

17. Are you currently taking insulin? **(1350)** ❑1 Yes ❑0 No ❑98 Don't know

18. Are you currently taking injectable drugs, other than insulin, to manage your blood sugar? **(1360)** ❑1 Yes ❑0 No ❑98 Don't know

19. Do you currently take diabetes pills to lower your blood sugar? (These are sometimes called oral agents or oral hypoglycemic agents.) **(1370)** ❑1 Yes ❑0 No ❑98 Don't know

20. Since your last ASSESS AKI visit, did you have your eyes examined by a doctor? **(1380)** ❑1 Yes ❑0 No ❑98 Don't know

    ➔ IF **YES**, record the examination date.

    (1390) ___ ___ month (MM)

    (1395) ___ ___ ___ ___ year (YYYY)

21. Since your last ASSESS AKI visit, did a doctor tell you that diabetes has affected your eyes or that you have retinopathy? **(1400)** ❑1 Yes ❑0 No ❑98 Don't know

22. Do you currently have any of these problems:

22a. Numbness or tingling in your hands or feet (other than falling asleep because you laid on your arm or leg)	**(1410)**	❑1 Yes	❑0 No	❑98 Don't know
22b. Loss of sensation in your hands or feet	**(1420)**	❑1 Yes	❑0 No	❑98 Don't know
22c. Decreased ability to feel the hotness or coldness of things you touch	**(1430)**	❑1 Yes	❑0 No	❑98 Don't know
22d. Sores or ulcers on your feet or ankles	**(1440)**	❑1 Yes	❑0 No	❑98 Don't know

For Research Coordinator use only:

Where was the CRF completed?	**(1450)**	❑1 At home ❑2 In-clinic ❑3 On the phone
Who completed the CRF?	**(1460)**	❑1 Participant completed ❑2 Interviewer completed
IF **PARTICIPANT COMPLETED**: Did Research Coordinator review the CRF with the participant during the in-person visit?	**(1470)**	❑1 Yes ❑0 No
IF **YES**: Signature of Research Coordinator	**(1480)**	_____
IF **YES**: Date Signature Completed	**(1490)**	__ __ / __ __ / __ __ __ __ MM DD YYYY

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI ADULT OUTPATIENT YEARLY SPECIMEN COLLECTION: BLOOD

Participant ID: 1 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1. (FOR HOME VISIT SITES ONLY) Was the visit completed in the participant's home? **(1000)** ❑1 Yes ❑0 No

Blood Specimen Collection
RECORD ALL TIMES USING A 24-HOUR CLOCK.

2. Date of blood collection: **(1010)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

3. Time of blood collection: **(1020)** ___ ___ ___ ___

4. Were the following vacutainers collected?

Priority Order	Specimen type	Vacutainer volume	
1	Serum (red)	9 mL SST or 7.5 mL double SST	**(1030)** ❑1 Yes ❑0 No
2	Serum (red)	9 mL SST or 7.5 mL double SST	**(1040)** ❑1 Yes ❑0 No
3	EDTA (purple)	3 mL to LOCAL LAB	**(1050)** ❑1 Yes ❑0 No
4	EDTA (purple)	10 mL for PLASMA	**(1060)** ❑1 Yes ❑0 No
5	EDTA (purple)	10 mL for PLASMA	**(1070)** ❑1 Yes ❑0 No
6	Citrate (blue)	4.5 mL	**(1080)** ❑1 Yes ❑0 No

➔ **IF NO** TO ANY OF THE ABOVE (Q1030 – Q1080), RESCHEDULE ANOTHER COLLECTION WITHIN 48 HOURS OF THIS COLLECTION AND COMPLETE THE OUTPATIENT SPECIMEN 2+ COLLECTION: BLOOD (P1_OUTPT_COLLECT_BLD_2) FORM.

➔ **IF NO** TO ANY OF THE ABOVE (Q1030 – Q1080), AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD, RESCHEDULE ANOTHER OUTPATIENT VISIT WITHIN THE VISIT WINDOW.

➔ COMPLETE THE SITE SPECIFIC WORKSHEET.

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI ADULT OUTPATIENT YEARLY SPECIMEN 2+ COLLECTION:BLOOD

Participant ID: 1 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1. (FOR HOME VISIT SITES ONLY) Was the visit completed in the participant's home? **(1000)** ❑1 Yes ❑0 No

Blood Specimen Collection
RECORD ALL TIMES USING A 24-HOUR CLOCK.

2. Date of blood collection: **(1010)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

3. Time of blood collection: **(1020)** ___ ___ ___ ___

4. Were the following vacutainers collected?

Priority Order	Specimen type	Vacutainer volume	
1	Serum (red)	9 mL SST or 7.5 mL double SST	**(1030)** ❑1 Yes ❑0 No
2	Serum (red)	9 mL SST or 7.5 mL double SST	**(1040)** ❑1 Yes ❑0 No
3	EDTA (purple)	3 mL to LOCAL LAB	**(1050)** ❑1 Yes ❑0 No
4	EDTA (purple)	10 mL for PLASMA	**(1060)** ❑1 Yes ❑0 No
5	EDTA (purple)	10 mL for PLASMA	**(1070)** ❑1 Yes ❑0 No
6	Citrate (blue)	4.5 mL	**(1080)** ❑1 Yes ❑0 No

➔ **IF NO** TO ANY OF THE ABOVE (Q1030 – Q1080), RESCHEDULE ANOTHER COLLECTION WITHIN 48 HOURS OF THE INITIAL COLLECTION.

➔ **IF NO** TO ANY OF THE ABOVE (Q1030 – Q1080), AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD, RESCHEDULE ANOTHER OUTPATIENT VISIT WITHIN THE VISIT WINDOW.

➔ COMPLETE THE SITE SPECIFIC WORKSHEET.

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI ADULT OUTPATIENT YEARLY SPECIMEN COLLECTION: URINE

Participant ID: 1 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1. (FOR HOME VISIT SITES ONLY) Was the visit completed in the participant's home? **(1000)** ❑1 Yes ❑0 No

Urine Specimen Collection
RECORD ALL TIMES USING A 24-HOUR CLOCK.

2. Date of urine collection: **(1020)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

3. Time of urine collection: **(1030)** ___ ___ ___ ___

4. Was a urine sample collected at this visit? **(1040)** ❑1 Yes ❑0 No

➔ **IF NO**, RESCHEDULE ANOTHER COLLECTION WITHIN 48 HOURS OF THIS COLLECTION AND COMPLETE THE OUTPATIENT SPECIMEN 2+ COLLECTION: URINE (P1_OUTPT_COLLECT_UA_2) FORM.

➔ **IF NO**, AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD, RESCHEDULE ANOTHER OUTPATIENT VISIT WITHIN THE VISIT WINDOW.

➔ COMPLETE THE SITE SPECIFIC WORKSHEET.

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI ADULT OUTPATIENT YEARLY SPECIMEN 2+ COLLECTION:URINE

Participant ID: 1 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1. (FOR HOME VISIT SITES ONLY) Was the visit completed in the participant's home? **(1000)** ❑1 Yes ❑0 No

Urine Specimen Collection
RECORD ALL TIMES USING A 24-HOUR CLOCK.

2. Date of urine collection: **(1020)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

3. Time of urine collection: **(1030)** ___ ___ ___ ___

4. Was a urine sample collected at this visit? **(1040)** ❑1 Yes ❑0 No

➔ **IF NO**, RESCHEDULE ANOTHER COLLECTION WITHIN 48 HOURS OF THE INITIAL COLLECTION.

➔ **IF NO**, AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD, RESCHEDULE ANOTHER OUTPATIENT VISIT WITHIN THE VISIT WINDOW.

➔ COMPLETE THE SITE SPECIFIC WORKSHEET

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI ADULT OUTPATIENT YEARLY SPECIMEN PROCESSING

Participant ID: 1_ - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

Blood Specimen Processing

1. Are there any blood samples to be processed? **(1000)** ❑1 Yes ❑0 No
   ➔ IF **NO**, COMPLETE SITE SPECIFIC WORKSHEET AND PROCEED TO QUESTION 7.

2. How many 1.0 mL aliquots of serum were produced from 9 mL SST or 7.5 mL double SST red top vacutainers? (ASSESS-AKI goal 6 X 1.0 mL) **(1010)** ___ aliquots

   2a. If greater than 6 aliquots, estimate the volume of additional serum saved. (REPORT TO THE NEAREST ML. IF Q1010=6 AND NO ADDITIONAL SERUM SAVED, RECORD 0 IN Q1020.) **(1020)** ___ mL

3. How many 1.0 mL aliquots of plasma were produced from 10 mL EDTA purple top vacutainers? (ASSESS-AKI goal 5 X 1.0 mL) **(1030)** ___ aliquots

   3a. If greater than 5 aliquots, estimate the volume of additional plasma saved. (REPORT TO THE NEAREST ML. IF Q1030=5 AND NO ADDITIONAL PLASMA SAVED, RECORD 0 IN Q1040.) **(1040)** ___ mL

4. How many 1.0 mL aliquots were produced from the 4.5 mL citrate blue top vacutainer? (ASSESS-AKI goal 2 X 1.0 mL) **(1050)** ___ aliquots

   4a. If greater than 2 aliquots, estimate the volume of additional plasma saved. (REPORT TO THE NEAREST ML. IF Q1050=2 AND NO ADDITIONAL PLASMA SAVED, RECORD 0 IN Q1060.) **(1060)** ___ mL

5. Date samples frozen **(1070)** ___ ___ / ___ ___ / ___ ___ ___ ___
   MM DD YYYY

6. Time samples frozen **(1080)** ___ ___ ___ ___
   (Aliquots should be stored in a -80 freezer)

Urine Specimen Processing

7. Are there any urine samples to be processed? **(1090)** ❑1 Yes ❑0 No
   ➔ IF **NO**, COMPLETE SITE SPECIFIC WORKSHEET AND PROCEED TO BIOLOGICAL SAMPLE TRACKING MODULE.

8. How many 1.0 mL aliquots of urine were produced? **(1100)** ___ ___ aliquots
   (ASSESS-AKI goal 10 X 1.0 mL)

9. How many 10 mL aliquots of urine were produced? **(1110)** ___ aliquots
   (ASSESS-AKI goal – 4 X 10 mL at V12M, V24M, V36M)

10. Date samples frozen **(1120)** ___ ___ / ___ ___ / ___ ___ ___ ___
    MM DD YYYY

11. Time samples frozen **(1130)** ___ ___ ___ ___
    (Aliquots should be stored in a -80 freezer)

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI ADULT OUTPATIENT YEARLY SPECIMEN PROCESSING 2+

Participant ID: 1 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1. Date of collection: **(995)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

Blood Specimen Processing

2. Are there any blood samples to be processed? **(1000)** ❑1 Yes ❑0 No
   ➔ IF **NO**, COMPLETE SITE SPECIFIC WORKSHEET AND PROCEED TO QUESTION 8.

3. How many 1.0 mL aliquots of serum were produced from 9 mL SST or 7.5 mL double SST red top vacutainers? (ASSESS-AKI goal 6 X 1.0 mL) **(1010)** ___ aliquots

   3a. If greater than 6 aliquots, estimate the volume of additional serum saved. (REPORT TO THE NEAREST ML. IF Q1010=6 AND NO ADDITIONAL SERUM SAVED, RECORD 0 IN Q1020.) **(1020)** ___ mL

4. How many 1.0 mL aliquots of plasma were produced from 10 mL EDTA purple top vacutainers? (ASSESS-AKI goal 5 X 1.0 mL) **(1030)** ___ aliquots

   4a. If greater than 5 aliquots, estimate the volume of additional plasma saved. (REPORT TO THE NEAREST ML. IF Q1030=5 AND NO ADDITIONAL PLASMA SAVED, RECORD 0 IN Q1040.) **(1040)** ___ mL

5. How many 1.0 mL aliquots were produced from the 4.5 mL citrate blue top vacutainer? (ASSESS-AKI goal 2 X 1.0 mL) **(1050)** ___ aliquots

   5a. If greater than 2 aliquots, estimate the volume of additional plasma saved. (REPORT TO THE NEAREST ML. IF Q1050=2 AND NO ADDITIONAL PLASMA SAVED, RECORD 0 IN Q1060.) **(1060)** ___ mL

6. Date samples frozen **(1070)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

7. Time samples frozen **(1080)** ___ ___ ___ ___
   (Aliquots should be stored in a -80 freezer)

Urine Specimen Processing

8. Are there any urine samples to be processed? **(1090)** ❑$_1$ Yes ❑$_0$ No
   ➔ IF **NO**, COMPLETE SITE SPECIFIC WORKSHEET AND PROCEED TO BIOLOGICAL SAMPLE TRACKING MODULE.

9. How many 1.0 mL aliquots of urine were produced? **(1100)** ___ ___ aliquots
   (ASSESS-AKI goal 10 X 1.0 mL)

10. How many 10 mL aliquots of urine were produced? **(1110)** ___ aliquots
    (ASSESS-AKI goal – 4 X 10 mL at V12M, V24M, V36M)

11. Date samples frozen **(1120)** ___ ___ / ___ ___ / ___ ___ ___ ___
    MM DD YYYY

12. Time samples frozen **(1130)** ___ ___ ___ ___
    (Aliquots should be stored in a -80 freezer)

➔ COMPLETE THE SITE SPECIFIC WORKSHEET AND IF THIS IS THE LAST COLLECTION ATTEMPT FOR THE VISIT, ENTER ALL APPROPRIATE SAMPLES INTO THE BIOLOGICAL SAMPLE TRACKING MODULE

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI PEDIATRIC ALERT

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1.	Date of Alert Value (s):	**(1000)**	___ ___ / ___ ___ / ___ ___ ___ ___ MM DD YYYY		
Type of Alert Event(s):					
2.	Was the alert due to Stage 2 hypertension (> 99th percentile plus 5 mmHg)? ➔ REFER TO HEIGHT AND GENDER BASED BLOOD PRESSURE NORMS CHART.	**(1010)**	❑1 Yes	❑0 No	
3.	Was the alert due to hypotension? ➔ **If YES:**	**(1020)**	❑1 Yes	❑0 No	
	3a. Systolic blood pressure < 60 for infants	**(1030)**	❑1 Yes	❑0 No	❑97 N/A
	3b. Systolic blood pressure < 70 for children older than one year.	**(1040)**	❑1 Yes	❑0 No	❑97 N/A
4.	Was the alert due to acute distress? ➔ **If YES:**	**(1050)**	❑1 Yes	❑0 No	
	4a. Chest pain	**(1060)**	❑1 Yes	❑0 No	
	4b. Severe Respiratory Distress	**(1070)**	❑1 Yes	❑0 No	
	4c. Acute Neurological Symptoms	**(1080)**	❑1 Yes	❑0 No	
	4d. Other ➔ If **YES**: SPECIFY_____	**(1090)**	❑1 Yes	❑0 No	
Type of Alert Value(s):					
5.	Was the alert due to laboratory results? ➔ **If YES:**	**(1100)**	❑1 Yes	❑0 No	
	5a. Creatinine doubling from last value	**(1140)**	❑1 Yes	❑0 No	
	5b. Other abnormal lab value ➔ If **YES**: SPECIFY_____	**(1160)**	❑1 Yes	❑0 No	
6.	Was study site PI notified?	**(1170)**	❑1 Yes	❑0 No	

7. What action was taken?

(1180)
- ❑ 1 Primary MD notified
- ❑ 2 Report sent to primary MD
- ❑ 3 Transferred to ER
- ❑ 4 Admitted to hospital
- ❑ 5 No action taken
- ❑ 96 Other _____

8. Participant/Participant's guardian notified of outcome?

(1190) ❑ 1 Yes ❑ 0 No ❑ 97 N/A

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI PEDIATRIC MEDICAL EVENT QUESTIONNAIRE

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

DO NOT ENTER. FOR REFERENCE PURPOSES ONLY.

RECORD THE DATE OF THE PARTICIPANT'S LAST ASSESS AKI STUDY CONTACT. ___ ___ / ___ ___ / ___ ___ ___ ___
MM DD YYYY

1. Since your last ASSESS AKI study contact, have you/your child been hospitalized or gone to the emergency room for any medical problems? **(1000)** ❑1 Yes ❑0 No

➔ IF **NO**, PROCEED TO QUESTION 3.
➔ IF **YES**, RECORD THE NUMBER OF ER VISITS/HOSPITALIZATIONS FOR EACH EVENT

1a. Heart failure (heart not squeezing properly) or fluid in the lungs (pulmonary edema) **(1010)** ❑1 Yes ❑0 No

1ai. IF **YES**: Number of ER Visits/Hospitalizations **(1020)** ___ ___ ___

1b. Abnormal heart rhythm **(1030)** ❑1 Yes ❑0 No

1bi. IF **YES**: Number of ER Visits/Hospitalizations **(1040)** ___ ___ ___

1c. Stroke, mini-stroke (TIA) or brain attack, bleeding in the brain (hemorrhagic stroke, intracranial hemorrhage) **(1050)** ❑1 Yes ❑0 No

1ci. IF **YES**: Number of ER Visits/Hospitalizations **(1060)** ___ ___ ___

1d. Kidney transplant **(1070)** ❑1 Yes ❑0 No

1di. IF **YES**: Number of ER Visits/Hospitalizations **(1080)** ___ ___ ___

1e. Blockage in the arteries of your arms, legs or abdomen (peripheral vascular disease) **(1090)** ❑1 Yes ❑0 No

1ei. IF **YES**: Number of ER Visits/Hospitalizations **(1100)** ___ ___ ___

1f. Other medical condition(s) or problem(s) **(1110)** ❑1 Yes ❑0 No

1fi. IF **YES**: Number of ER Visits/Hospitalizations **(1120)** ___ ___ ___

2. If any events are checked in Questions 1a – 1f, record the number of separate hospitalizations/ER visits since the last ASSESS AKI study contact. **(1130)** ___ ___ ___
   - ➔ COMPLETE THE EVENT INFORMATION SHEET FOR EACH HOSPITALIZATION/ER VISIT
   - ➔ COMPLETE THE HOSPITAL/ER RECORD EVALUATION (HOSP_EVAL) FORM FOR EACH HOSPITALIZATION/ER VISIT EXCEPT WHEN DEATH OCCURS OUTSIDE OF THE HOSPITAL AND IS REPORTED BY PROXY

3. Since your last ASSESS AKI study contact, have you/your child had another heart surgery? **(1140)** ❑1 Yes ❑0 No
   - ➔ IF **YES**, how many heart surgeries since the last ASSESS AKI study contact? **(1150)** ___ ___ ___

   Specify the types of surgery:

   3a. Cavopulmonary connection (Glenn shunt or Hemi-Fontan) **(1160)** ❑1 Yes ❑0 No

   3b. Fontan surgery **(1170)** ❑1 Yes ❑0 No

   3c. Conduit replacement **(1180)** ❑1 Yes ❑0 No

   3d. Mitral valve repair/replacement **(1190)** ❑1 Yes ❑0 No

   3e. Aortic valve repair/replacement **(1200)** ❑1 Yes ❑0 No

   3f. Other **(1210)** ❑1 Yes ❑0 No

   3fi. IF **YES**: SPECIFY _____

4. Since your last ASSESS AKI study contact, have you/your child been admitted to the intensive care unit? **(1220)** ❑1 Yes ❑0 No

   ➔ IF **YES**:

   4a. How many intensive care admissions since the last ASSESS AKI study contact? **(1230)** ___ ___ ___

   4b. Did you/your child require mechanical ventilation (being on a ventilator)? **(1240)** ❑1 Yes ❑0 No

   4c. Did you/your child have sepsis (severe infection)? **(1250)** ❑1 Yes ❑0 No

   4d. Were you/your child in the intensive care unit for a repeat heart surgery? **(1260)** ❑1 Yes ❑0 No

5. Since your last ASSESS AKI study contact, have you/your child had any of the following tests or procedures described below?

   5a. Coronary angiography (cardiac catherization, dye study of the heart) **(1280)** ❑1 Yes ❑0 No

   ➔ IF **YES**: Indicate where angiography was performed **(1290)** ❑1 Inpatient ❑2 Outpatient ❑3 Both

6. If any tests or procedures are checked in Question 5a, record the number of separate test/procedures since the last ASSESS-AKI study contact. **(1300)** ___ ___ ___
   ➔ COMPLETE THE EVENT INFORMATION (EVENT_INFO) SHEET
   ➔ IF INPATIENT, COMPLETE THE HOSPITAL/ER RECORD EVALUATION (HOSP_EVAL) FORM FOR EACH TEST/PROCEDURE
   ➔ IF OUTPATIENT, COMPLETE THE OUTPATIENT VASCULAR PROCEDURE EVALUATION (OUTPT_VASC) FORM

7. Since the last ASSESS AKI study contact, have you had any treatments described below?

   7a. Hemodialysis or peritoneal dialysis (treatment with an artificial kidney) **(1320)** ❑1 Yes ❑0 No

   ➔ IF **YES**: Indicate where dialysis was performed **(1330)** ❑1 Inpatient ❑2 Outpatient ❑3 Both

8. If any tests or procedures were completed in Question 7a, record the number of separate tests/procedures since the last ASSESS AKI study contact. **(1340)** ___ ___ ___
   ➔ COMPLETE THE EVENT INFORMATION (EVENT_INFO) SHEET
   ➔ IF INPATIENT, COMPLETE THE HOSPITAL/ER RECORD EVALUATION (HOSP_EVAL) FORM FOR EACH TEST/PROCEDURE
   ➔ IF OUTPATIENT, COMPLETE THE DIALYSIS EVALUATION (DIAL_EVAL) FORM

Research Coordinator Completed

Death (as reported by: _____) **(1350)** ❑1

Record date deceased **(1360)** __ __ / __ __ / __ __ __ __
MM DD YYYY

➔ **If death reported, please complete the ASSESS AKI Withdrawal (WITHDR) form and Death Record Evaluation (DEATH_EVAL) form.**

Comments

(6000):_____

_____

_____

DO NOT ENTER. FOR REFERENCE PURPOSES ONLY.

RECORD THE DATE OF THE PARTICIPANT'S LAST ASSESS AKI STUDY VISIT. __ __ / __ __ / __ __ __ __
MM DD YYYY

1. Are you/your child currently in school or home-schooled? **(1000)** ❑1 Yes ❑0 No

   ➔ IF **NO**: Please explain: _____

   1a. IF **YES**: What grade are you/your child in? (IF BETWEEN GRADES, ENTER LAST GRADE COMPLETED) **(1010)** ___ ___

   1b. IF **YES**: Are you/your child receiving any form of special education? **(1020)** ❑1 Yes ❑0 No

   ➔ IF **YES**: Please specify: _____

   1c. IF **YES**: Did you/your child pass the last school year? **(1030)** ❑1 Yes ❑0 No

➔ IF THE PARTICIPANT IS **LESS THAN 12 YEARS OF AGE**, PROCEED TO QUESTION 25.

Smoking History

Since your/your child's last ASSESS AKI study visit:

2. Have you/your child smoked any cigarettes? **(1040)** ❑1 Yes ❑0 No
   ➔ IF **NO**, PROCEED TO QUESTION 8.

3. In the last 30 days, on how many days did you smoke cigarettes, even 1 or 2 puffs? **(1050)** ❑0 0 ❑1 1 ❑2 >1

   3a. IF **>1**: Indicate the number of days: **(1060)** ___ ___

4.	Have you/your child smoked more than 100 cigarettes (approximately 5 packs)?	**(1070)**	☐ 1 Yes ☐ 0 No
5.	Do you/your child smoke cigarettes <u>now</u>?	**(1080)**	☐ 1 Yes ☐ 0 No
6.	How many cigarettes do you/your child or did you/your child <u>usually</u> smoke per day since you/your child's last ASSESS AKI study visit?	**(1090)**	___ ___ . ___ cigs/day
7.	How many months did you/your child smoke this amount? ENTER 98 IF THE PARTICIPANT DOESN'T KNOW.	**(1100)**	___ ___ months
8.	Have you/your child smoked cigars? ➔ IF **NO**, PROCEED TO QUESTION 13.	**(1110)**	☐ 1 Yes ☐ 0 No
9.	Have you/your child smoked at least 20 cigars?	**(1120)**	☐ 1 Yes ☐ 0 No
10.	Do you/your child <u>currently</u> smoke cigars?	**(1130)**	☐ 1 Yes ☐ 0 No
11.	How many cigars do you/your child or did you/your child <u>usually</u> smoke per day since you/your child's last ASSESS AKI study visit?	**(1140)**	___ ___ . ___ cigars/day
12.	How many months did you/your child smoke this amount? ENTER 98 IF THE PARTICIPANT DOESN'T KNOW.	**(1150)**	___ ___ months
13.	Since your/your child's last ASSESS AKI study visit, have you/your child smoked a tobacco pipe regularly? (HERE "REGULARLY" MEANS AT LEAST TWO PIPEFULS OF TOBACCO A WEEK, ALMOST EVERY WEEK.) ➔ IF **NO**, PROCEED TO QUESTION 16.	**(1160)**	☐ 1 Yes ☐ 0 No
14.	Altogether, how many years have you/your child smoked a pipe regularly?	**(1190)**	___ ___ . ___ years

15. How many pipefuls of tobacco do you/your child regularly smoke per day, on the average? (IF LESS THAN 1 PER DAY, RECORD 00)
    ➔ PROCEED TO QUESTION 16.

(1200) ___ ___ pipefuls

Alcohol Use History

Since your/your child's last ASSESS AKI study visit:

16. Have you/your child had at least one alcoholic drink?
    ➔ IF **NO**, PROCEED TO QUESTION 20.

(1230) ❑1 Yes ❑0 No

FOR QUESTIONS 17 THROUGH 19, AN ALCOHOLIC DRINK CAN BE:

 **12 ounce can of beer OR**  **5 ounce glass of wine OR**  **1 shot of liquor**

17. How often have you/your child had an alcoholic drink?
    CHOOSE ONLY ONE RESPONSE.
    ➔ USE REFERENCE CARD A

(1240)
- ❑1 Every day
- ❑2 5 to 6 times a week
- ❑3 3 to 4 times a week
- ❑4 2 times a week
- ❑5 1 time a week
- ❑6 2 to 3 times a month
- ❑7 1 time a month
- ❑8 3 to 11 times since your last clinic visit
- ❑9 1 or 2 times since your last clinic visit
- ❑99 Don't wish to answer

 **12 ounce can of beer OR**  **5 ounce glass of wine OR**  **1 shot of liquor**

18. On the days you/your child drank, how many alcoholic drinks did you/your child usually have? **(1250)**
➔ USE REFERENCE CARD B

- ☐ 1 25 or more drinks
- ☐ 2 19 to 24 drinks
- ☐ 3 16 to 18 drinks
- ☐ 4 12 to 15 drinks
- ☐ 5 9 to 11 drinks
- ☐ 6 7 to 8 drinks
- ☐ 7 5 to 6 drinks
- ☐ 8 3 to 4 drinks
- ☐ 9 2 drinks
- ☐ 10 1 drink
- ☐ 99 Don't wish to answer

19. What was the largest number of alcoholic drinks that you/your child had in a 24-hour period? **(1260)**
➔ USE REFERENCE CARD B

- ☐ 1 25 or more drinks
- ☐ 2 19 to 24 drinks
- ☐ 3 16 to 18 drinks
- ☐ 4 12 to 15 drinks
- ☐ 5 9 to 11 drinks
- ☐ 6 7 to 8 drinks
- ☐ 7 5 to 6 drinks
- ☐ 8 3 to 4 drinks
- ☐ 9 2 drinks
- ☐ 10 1 drink
- ☐ 99 Don't wish to answer

Recreational Drug Use History

Since your/your child's last ASSESS AKI study visit:

20. Have you/your child used marijuana? **(1270)**
- ☐ 1 Yes
- ☐ 0 No
- ☐ 98 Don't know
- ☐ 99 Don't wish to answer

20a. IF **YES**: Have you/your child used marijuana within the past 30 days? **(1280)**
- ☐ 1 Yes
- ☐ 0 No
- ☐ 98 Don't know
- ☐ 99 Don't wish to answer

21. Have you/your child used methamphetamines? **(1290)**
- ☐ 1 Yes
- ☐ 0 No
- ☐ 98 Don't know
- ☐ 99 Don't wish to answer

21a. IF **YES**: Have you/your child use them within the past 30 days? **(1300)**
- ☐ 1 Yes
- ☐ 0 No
- ☐ 98 Don't know
- ☐ 99 Don't wish to answer

22. Have you/your child used cocaine? **(1310)**
- ☐ 1 Yes
- ☐ 0 No
- ☐ 98 Don't know
- ☐ 99 Don't wish to answer

22a. IF **YES**: Have you/your child used cocaine within the past 30 days? **(1320)**
- ☐ 1 Yes
- ☐ 0 No
- ☐ 98 Don't know
- ☐ 99 Don't wish to answer

23. Have you/your child used heroin? **(1330)**
- ☐ 1 Yes
- ☐ 0 No
- ☐ 98 Don't know
- ☐ 99 Don't wish to answer

23a. IF **YES**: Have you/your child used heroin within the past 30 days? **(1340)**
- ☐ 1 Yes
- ☐ 0 No
- ☐ 98 Don't know
- ☐ 99 Don't wish to answer

24. Have you/your child used other street drugs? **(1350)**
SPECIFY:_____
_____
- ☐ 1 Yes
- ☐ 0 No
- ☐ 98 Don't know
- ☐ 99 Don't wish to answer

24a. IF **YES**: Have you/your child used other street drugs within the past 30 days? **(1360)**
- ☐ 1 Yes
- ☐ 0 No
- ☐ 98 Don't know
- ☐ 99 Don't wish to answer

Health Insurance

25. Since your/your child's last ASSESS AKI study visit, have any changes occurred in your/your child's healthcare coverage? **(1370)** ☐ 1 Yes ☐ 0 No
➔ IF **NO**, PROCEED TO QUESTION 30.

26. (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

26a. Uninsured	**(1380)**	☐ 1 Yes	☐ 0 No
26b. Self-insured	**(1390)**	☐ 1 Yes	☐ 0 No
26c. COBRA	**(1400)**	☐ 1 Yes	☐ 0 No
26d. Commercial/fee-for-service	**(1410)**	☐ 1 Yes	☐ 0 No
26e. HMO	**(1420)**	☐ 1 Yes	☐ 0 No
26f. Local/state insurance	**(1430)**	☐ 1 Yes	☐ 0 No
26g. Military	**(1440)**	☐ 1 Yes	☐ 0 No
26h. Medicare	**(1450)**	☐ 1 Yes	☐ 0 No
26i. Medicaid	**(1460)**	☐ 1 Yes	☐ 0 No
26j. Self-pay	**(1470)**	☐ 1 Yes	☐ 0 No
26k. Other _____	**(1480)**	☐ 1 Yes	☐ 0 No

27. (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.

27a. Provincial/Public Health Insurance	**(1490)**	☐ 1 Yes	☐ 0 No
27b. Private/Personal insurance	**(1500)**	☐ 1 Yes	☐ 0 No

28. Since your/your child's last ASSESS AKI study visit, was there ever a time when you were not covered by health insurance? **(1510)** ❑1 Yes ❑0 No

    ➔ IF **YES**: were you/your child not covered by health insurance for one month or more? **(1520)** ❑1 Yes ❑0 No

29. Since your/your child's last ASSESS AKI study visit, were you/your child denied health insurance? **(1530)** ❑1 Yes ❑0 No

30. Since your/your child's last ASSESS AKI study visit, were you/your child unable to fill a prescription because of the cost? **(1540)** ❑1 Yes ❑0 No

31. Since your/your child's last ASSESS AKI study visit, were you/your child unable to see your/your child's doctor because of the cost? **(1550)** ❑1 Yes ❑0 No

For Research Coordinator use only:

Where was the CRF completed? **(1560)**
❑1 At home
❑2 In-clinic
❑3 On the phone

Who completed the CRF? **(1570)**
❑1 Participant completed
❑2 Interviewer completed
❑3 Guardian completed

IF **PARTICIPANT OR GUARDIAN COMPLETED**: Did Research Coordinator review the CRF with the participant/guardian during the in-person visit? **(1580)** ❑1 Yes ❑0 No

IF **YES**: Signature of Research Coordinator **(1590)** _____

IF **YES**: Date Signature Completed **(1600)** __ __ / __ __ / __ __ __ __
MM DD YYYY

Comments:

(6000): _____

_____

_____

ASSESS AKI PEDIATRIC MEDICAL HISTORY

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

DO NOT ENTER. FOR REFERENCE PURPOSES ONLY.

RECORD THE DATE OF THE PARTICIPANT'S LAST ASSESS AKI VISIT. ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

1. Since your last ASSESS AKI visit, were you/your child diagnosed or treated by a doctor or other health professional for cancer (excluding non-melanoma skin cancer)? **(1000)** ❑1 Yes ❑0 No ❑98 Don't know

   ➔ IF **NO**, PROCEED TO QUESTION 2.

   1a. Did you/your child receive chemotherapy? **(1010)** ❑1 Yes ❑0 No ❑98 Don't know

   ➔ IF **YES**: Did you/your child receive?

   1ai. cisplatin **(1020)** ❑1 Yes ❑0 No ❑98 Don't know

   1aii. ifosfamide **(1030)** ❑1 Yes ❑0 No ❑98 Don't know

   1aiii. methotrexate **(1040)** ❑1 Yes ❑0 No ❑98 Don't know

   1av. carboplatin **(1050)** ❑1 Yes ❑0 No ❑98 Don't know

2. Since your last ASSESS AKI visit, were you/your child diagnosed or treated by a doctor or other health professional for any of the following conditions?

   2a. Asthma or reactive airway disease **(1060)** ❑1 Yes ❑0 No ❑98 Don't know

   2b. Chronic obstructive pulmonary disease (cystic fibrosis, bronchiolitis) **(1070)** ❑1 Yes ❑0 No ❑98 Don't know

   2c. Hepatitis (B or C) infection **(1080)** ❑1 Yes ❑0 No ❑98 Don't know

   2d. Liver disease **(1090)** ❑1 Yes ❑0 No ❑98 Don't know

   2e. Genetic syndrome **(1100)** ❑1 Yes ❑0 No ❑98 Don't know

   2ei. If **YES**, Down's/Trisomy 21 **(1110)** ❑1 Yes ❑0 No ❑98 Don't know

   2eii. If **YES**, DiGeorge/ 22q11 deletion **(1120)** ❑1 Yes ❑0 No ❑98 Don't know

2eiii.	If **YES**, Turner syndrome	**(1130)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know
2eiv.	If **YES**, Williams syndrome	**(1140)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know
2ev.	If **YES**, VACTERL association	**(1150)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know
2evi.	If **YES**, CHARGE syndrome	**(1160)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know
2evii.	If **YES**, Undefined genetic syndrome	**(1170)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know
2eviii.	If **YES**, Other	**(1180)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know
➔	IF **YES**: SPECIFY		_____		
2f.	Neurological/developmental disease	**(1190)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know
2fi.	If **YES**, Seizure disorder	**(1200)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know
2fii.	If **YES**, Hydrocephalus	**(1210)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know
2fiii.	If **YES**, Autism/autism spectrum disorder	**(1220)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know
2fiv.	If **YES**, ADD/ADHD	**(1230)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know
2fv.	If **YES**, Muscular dystrophy	**(1240)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know
2fvi.	If **YES**, Cerebral palsy	**(1250)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know
2fvii.	If **YES**, Spina bifida	**(1260)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know
2fviii.	If **YES**, Requires a wheelchair	**(1270)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know
2fvix.	Other	**(1280)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know
➔	IF **YES**: SPECIFY:		_____		
2g.	Rheumatoid arthritis	**(1290)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know
2h.	Gout	**(1300)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know
2i.	Systemic lupus	**(1310)**	❑$_1$ Yes	❑$_0$ No	❑$_{98}$ Don't know

➔ IF PARTICIPANT IS **MALE**, PROCEED TO QUESTION 7.

Women's Health History

Since your last ASSESS AKI visit:

3. Were you/your child pregnant in the time period? **(1320)** ❑1 Yes ❑0 No
   ➔ IF **NO**, PROCEED TO QUESTION 4.

   3a. Are you/your child currently pregnant? **(1330)** ❑1 Yes ❑0 No

AT V3M ONLY, QUESTION 4, 5, and 6 SHOULD BE ANSWERED BASED ON THE TIME PERIOD BEFORE ENROLLMENT IN THE STUDY AND THE V3M DATE.

4. Did you/your child begin menstruation? **(1340)** ❑1 Yes ❑0 No ❑98 Don't know
   ➔ IF **NO** OR **DON'T KNOW**, PROCEED TO QUESTION 7.

   4a. IF **YES**: record the date. **(1350)** ___ ___ month (MM)
   (1355) ___ ___ ___ ___ year (YYYY)

5. Have you/your child had any menstrual irregularities? **(1360)** ❑1 Yes ❑0 No

6. Do you/your child know when you/your child's last menstrual period started? **(1370)** ❑1 Yes ❑0 No ❑98 Don't know

   6a. IF **YES**: What was the date? **(1380)** ___ ___ month (MM)
   (1382) ___ ___ day (DD)
   (1385) ___ ___ ___ ___ year (YYYY)

Renal History

Since your last ASSESS AKI visit:

7. Did you/your child see a nephrologist/kidney doctor *for your/your child's kidney problems*? **(1390)** ❑1 Yes ❑0 No ❑98 Don't know

8. Did you/your child see any other doctor or health professional(s) (e.g. internist, family practitioner, hypertension specialist) *for your kidney problems*? **(1400)** ❑1 Yes ❑0 No ❑98 Don't know

   ➔ IF YOU ANSWERED **NO** TO BOTH QUESTIONS 7 AND 8, PROCEED TO QUESTION 15.

9. Since your last ASSESS AKI visit, were you/your child diagnosed or treated by a doctor or other health professional for any of the following conditions?

9a.	History of congenital kidney abnormalities	**(1410)**	❑1 Yes	❑0 No	❑98 Don't know
9ai.	Hydronephrosis (dilated kidney system)	**(1420)**	❑1 Yes	❑0 No	❑98 Don't know
9aii.	Vesico-ureteral reflux (reflux)	**(1430)**	❑1 Yes	❑0 No	❑98 Don't know
9aiii.	Single kidney	**(1440)**	❑1 Yes	❑0 No	❑98 Don't know
9aiv.	Horseshoe kidney	**(1450)**	❑1 Yes	❑0 No	❑98 Don't know
9av.	Small kidneys	**(1460)**	❑1 Yes	❑0 No	❑98 Don't know
9avi.	Dysplasia	**(1470)**	❑1 Yes	❑0 No	❑98 Don't know
9avii.	Polycystic kidney disease	**(1480)**	❑1 Yes	❑0 No	❑98 Don't know
9aviii.	Family history of kidney disease	**(1490)**	❑1 Yes	❑0 No	❑98 Don't know

The following questions address any healthcare you/your child have received since your last ASSESS AKI visit. Please provide a response for each item listed below.

10.	Was the level of protein in your/your child's urine measured?	**(1500)**	❑1 Yes	❑0 No	❑98 Don't know
11.	Was your/your child's kidney function measured by a 24-hour urine test or I-lothalamate clearance test?	**(1510)**	❑1 Yes	❑0 No	❑98 Don't know
12.	Did you/your child have a kidney xray (KUB)?	**(1520)**	❑1 Yes	❑0 No	❑98 Don't know
13.	Was your/your child's kidney function checked with a blood test?	**(1530)**	❑1 Yes	❑0 No	❑98 Don't know
14.	Have you/your child had any red, pink, or brown colored urine?	**(1540)**	❑1 Yes	❑0 No	❑98 Don't know
15.	Did you/your child have any vaccinations to lower your/your child's risk of infection?	**(1550)**	❑1 Yes	❑0 No	❑98 Don't know

15a. IF **YES**: did you/your child have one or more vaccines to prevent bacterial infection? (e.g. pneumovax) **(1560)** ❑1 Yes ❑0 No ❑98 Don't know

15b. IF **YES**: did you/your child have a flu vaccine? **(1570)** ❑1 Yes ❑0 No ❑98 Don't know

15c. IF **YES**: did you/your child have the RSV vaccine? **(1580)** ❑1 Yes ❑0 No ❑98 Don't know

15ci. How many RSV vaccines? **(1590)** ___ ___ ___

Hypertension History

Since your last ASSESS AKI visit:

16. How long has it been since you/your child last had your/your child's blood pressure taken by a doctor or other health professional? **(1600)** ___ ___
➔ IF PARTICIPANT DOES NOT KNOW, RECORD 98. **(1610)**
❑1 months
❑2 weeks
❑3 days
❑97 N/A

17. Did a doctor or other health professional tell you/your child for the first time that you/your child have hypertension or high blood pressure? **(1620)** ❑1 Yes ❑0 No ❑98 Don't know

17a. IF **YES**: do you/your child currently take prescribed medication for your/your child's hypertension or high blood pressure? **(1630)** ❑1 Yes ❑0 No ❑98 Don't know

Diabetic History

18. Have you/your child ever been told that you/your child have diabetes or high blood sugar? **(1635)** ❑1 Yes ❑0 No ❑98 Don't know

➔ IF **NO**, PROCEED TO QUESTION 24.

19. Since your last ASSESS AKI visit, did a doctor or other health professional tell you/your child for the first time that you/your child have diabetes or high blood sugar? **(1640)** ❑1 Yes ❑0 No ❑98 Don't know

20. Are you/your child currently taking insulin? **(1650)** ❑1 Yes ❑0 No ❑98 Don't know

20a. Are you/your child currently taking injectable drugs, other than insulin, to manage your/your child's blood sugar? **(1660)** ❑1 Yes ❑0 No ❑98 Don't know

20b. Do you/your child currently take diabetes pills to lower your/your child's blood sugar? (These are sometimes called oral agents or oral hypoglycemic agents.) **(1670)** ❑1 Yes ❑0 No ❑98 Don't know

21. Since your last ASSESS AKI visit, did you/your child have your eyes examined by a doctor? **(1680)** ❑1 Yes ❑0 No ❑98 Don't know

➔ IF **YES**, record the examination date.
(1690) ___ ___ month (MM)
(1695) ___ ___ ___ ___ year (YYYY)

22. Since your last ASSESS AKI visit, did a doctor tell you/your child that diabetes has affected your eyes or that you have retinopathy? **(1700)** ❑1 Yes ❑0 No ❑98 Don't know

23. Do you/your child currently have any of these problems:

23a. Numbness or tingling in your/your child's hands or feet (other than falling asleep because you laid on your arm or leg) **(1710)** ❑1 Yes ❑0 No ❑98 Don't know

23b. Loss of sensation in your/your child's hands or feet **(1720)** ❑1 Yes ❑0 No ❑98 Don't know

23c. Decreased ability to feel the hotness or coldness of things you/your child touch **(1730)** ❑1 Yes ❑0 No ❑98 Don't know

23d. Sores or ulcers on your/your child's feet or ankles **(1740)** ❑1 Yes ❑0 No ❑98 Don't know

Growth and Nutrition

24. Since your last ASSESS AKI visit, did a doctor or other health professional tell you/your child that you/your child have a weight, height, or growth abnormality? **(1750)** ❑1 Yes ❑0 No

24a. If **YES**, Failure to thrive **(1760)** ❑1 Yes ❑0 No ❑98 Don't know

24b. If **YES**, Weight is too low for age and gender	**(1770)**	❑1 Yes	❑0 No	❑98 Don't know
24c. If **YES**, Height is too low for age and gender	**(1780)**	❑1 Yes	❑0 No	❑98 Don't know
24d. If **YES**, Both weight and height too low for age and gender	**(1790)**	❑1 Yes	❑0 No	❑98 Don't know
25. Do you/your child have concerns about you/your child's growth?	**(1800)**	❑1 Yes	❑0 No	
26. Do you/your child receive nutrition through a nasogastric or gastrostomy tube?	**(1810)**	❑1 Yes	❑0 No	
27. Do you/your child have any nutritional restrictions for medical reasons?	**(1820)**	❑1 Yes	❑0 No	
27a. If **YES**, Celiac disease	**(1830)**	❑1 Yes	❑0 No	❑98 Don't know
27b. If **YES**, Inflammatory bowel disease	**(1840)**	❑1 Yes	❑0 No	❑98 Don't know
27c. If **YES**, Other malabsorption problem (e.g., short bowel)	**(1850)**	❑1 Yes	❑0 No	❑98 Don't know

For Research Coordinator use only:

Where was the CRF completed? **(1860)**
❑1 At home
❑2 In-clinic
❑3 On the phone

Who completed the CRF? **(1870)**
❑1 Participant completed
❑2 Interviewer completed
❑3 Guardian completed

IF **PARTICIPANT OR GUARDIAN COMPLETED**: Did Research Coordinator review the CRF with the participant/guardian during the in-person visit? **(1880)** ❑1 Yes ❑0 No

IF **YES**: Signature of Research Coordinator **(1890)** _____

IF **YES**: Date Signature Completed **(1900)** __ __ / __ __ / __ __ __ __
MM DD YYYY

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI PEDIATRIC OUTPATIENT SPECIMEN COLLECTION: BLOOD

(V24M, V36M, V48M, V60M, V72M, V84M, V96M)

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1. (FOR HOME VISIT SITES ONLY) Was the visit completed in the participant's home? **(1000)** ❑1 Yes ❑0 No

Blood Specimen Collection
RECORD ALL TIMES USING A 24-HOUR CLOCK.

2. Date of blood collection: **(1010)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

3. Time of blood collection: **(1020)** ___ ___ ___ ___

4. Was a plasma sample collected? **(1030)** ❑1 Yes ❑0 No

➔ **IF NO**, RESCHEDULE ANOTHER COLLECTION WITHIN 48 HOURS OF THIS COLLECTION AND COMPLETE THE PEDIATRIC OUTPATIENT SPECIMEN 2+ COLLECTION: BLOOD (P2_OUTPT_COLLECT_BLD_2) FORM.

➔ **IF NO,** AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD, RESCHEDULE ANOTHER VISIT WITHIN THE VISIT WINDOW.

➔ **IF NO**, AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD AND ANOTHER VISIT CANNOT BE COMPLETED WITHIN THE VISIT WINDOW, STOP HERE.

5. (COMPLETE ONLY IF BLOOD WAS COLLECTED) How was blood collected? **(1040)** ❑1 Venipuncture ❑2 Capillary

6. Was the following vacutainer collected?

Priority Order	Specimen type	
1	EDTA (purple)	**(1050)** ❑1 Yes ❑0 No

➔ COMPLETE THE SITE SPECIFIC WORKSHEET.

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI PEDIATRIC OUTPATIENT SPECIMEN 2+ COLLECTION:BLOOD

(V24M, V36M, V48M, V60M, V72M, V84M)

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1. (FOR HOME VISIT SITES ONLY) Was the visit completed in the participant's home? **(1000)** ❑1 Yes ❑0 No

Blood Specimen Collection
RECORD ALL TIMES USING A 24-HOUR CLOCK.

2. Date of blood collection: **(1010)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

3. Time of blood collection: **(1020)** ___ ___ ___ ___

4. Was a plasma sample collected after the initial collection? **(1030)** ❑1 Yes ❑0 No

➔ **IF NO**, RESCHEDULE ANOTHER COLLECTION WITHIN 48 HOURS OF THE INITIAL COLLECTION.

➔ **IF NO**, AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD, RESCHEDULE ANOTHER VISIT WITHIN THE VISIT WINDOW.

➔ **IF NO**, AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD AND ANOTHER VISIT CANNOT BE COMPLETED WITHIN THE VISIT WINDOW, STOP HERE.

5. (COMPLETE ONLY IF BLOOD WAS COLLECTED) How was the blood collected? **(1040)** ❑1 Venipuncture ❑2 Capillary

6. Was the following vacutainer collected?

Priority order	Specimen type	
1	EDTA (purple)	**(1050)** ❑1 Yes ❑0 No

➔ COMPLETE THE SITE SPECIFIC WORKSHEET.

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI PEDIATRIC OUTPATIENT SPECIMEN COLLECTION: URINE

(V24M, V36M, V48M, V60M, V72M, V84M, V96M)

Participant ID: 2__ - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1. (FOR HOME VISIT SITES ONLY) Was the visit completed in the participant's home? **(1000)** ❑1 Yes ❑0 No

Urine Specimen Collection
RECORD ALL TIMES USING A 24-HOUR CLOCK.

2. Date of urine collection: **(1020)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM DD YYYY)

3. Time of urine collection: **(1030)** ___ ___ ___ ___

4. Is the participant wearing a diaper? **(1035)** ❑1 Yes ❑0 No

5. How was the urine sample collected? **(1040)**
   ❑1 Midstream
   ❑2 Cotton ball
   ❑3 Bag

6. Was a urine sample collected at this visit? **(1050)** ❑1 Yes ❑0 No

➔ **IF NO**, RESCHEDULE ANOTHER COLLECTION WITHIN 48 HOURS OF THIS COLLECTION AND COMPLETE THE PEDIATRIC OUTPATIENT SPECIMEN 2+ COLLECTION: URINE (P2_OUTPT_COLLECT_UA_2) FORM.

➔ **IF NO**, AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD, RESCHEDULE ANOTHER OUTPATIENT VISIT WITHIN THE VISIT WINDOW.

➔ COMPLETE THE SITE SPECIFIC WORKSHEET.

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI PEDIATRIC OUTPATIENT SPECIMEN 2+ COLLECTION:URINE

(V24M, V36M, V48M, V60M, V72M, V84M)

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1. (FOR HOME VISIT SITES ONLY) Was the visit completed in the participant's home? **(1000)** ❑1 Yes ❑0 No

Urine Specimen Collection
RECORD ALL TIMES USING A 24-HOUR CLOCK.

2. Date of urine collection: **(1020)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

3. Time of urine collection: **(1030)** ___ ___ ___ ___

4. Is the participant wearing a diaper? **(1035)** ❑1 Yes ❑0 No

5. How was the urine collected? **(1040)**
   ❑1 Midstream
   ❑2 Cotton ball
   ❑3 Bag

6. Was a urine sample collected after the initial collection? **(1050)** ❑1 Yes ❑0 No

➔ **IF NO**, RESCHEDULE ANOTHER COLLECTION WITHIN 48 HOURS OF THE INITIAL COLLECTION.

➔ **IF NO**, AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD, RESCHEDULE ANOTHER OUTPATIENT VISIT WITHIN THE VISIT WINDOW.

➔ **IF NO**, AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD AND ANOTHER OUTPATIETN VISIT CANNOT BE COMPLETED WITHIN THE VISIT WINDOW, STOP HERE.

➔ COMPLETE THE SITE SPECIFIC WORKSHEET

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI PEDIATRIC OUTPATIENT SPECIMEN PROCESSING

(V24M, V36M, V48M, V60M, V72M, V84M, V96M)

Participant ID: 2_ - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

Blood Specimen Processing

1. Are there any blood samples to be processed? **(1000)** ❑1 Yes ❑0 No
   ➔ IF **NO**, COMPLETE THE SITE SPECIFIC WORKSHEET AND PROCEED TO QUESTION 7.
2. How many 0.5 mL aliquots were produced? (ASSESS-AKI goal 1 X 0.5 mL) **(1010)** ___ aliquots
3. How many 0.25 mL aliquots were produced? (ASSESS-AKI goal 4 X 0.25 mL) **(1020)** ___ aliquots
4. Is there an extra aliquot? **(1030)** ❑1 Yes ❑0 No
   4a. If YES, estimate volume of additional plasma saved. **(1040)** ___ . ___ ___ ___ mL
5. Date samples frozen **(1050)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)
6. Time samples frozen **(1060)** ___ ___ ___ ___
   RECORD TIME USING A 24-HOUR CLOCK.
   (Aliquots should be stored in a -80 freezer)

Urine Specimen Processing

7. Are there any urine samples to be processed? **(1070)** ❑1 Yes ❑0 No
   ➔ IF **NO**, COMPLETE THE SITE SPECIFIC WORKSHEET AND PROCEED TO BIOLOGICAL SAMPLE TRACKING MODULE.
8. How many 1.0 mL aliquots of urine were produced? (ASSESS-AKI goal – 10 X 1.0 mL) **(1080)** ___ ___ aliquots
9. How many 10 mL aliquots of urine were produced? (ASSESS-AKI goal – 1 X 10 mL) **(1090)** ___ aliquots
10. Date samples frozen **(1100)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)
11. Time samples frozen **(1110)** ___ ___ ___ ___
    RECORD TIME USING A 24-HOUR CLOCK.
    (Aliquots should be stored in a -80 freezer)

Comments:

(6000) : _____

ASSESS AKI

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

ASSESS AKI PEDIATRIC OUTPATIENT SPECIMEN PROCESSING 2+
(V24M, V36M, V48M, V60M, V72M, V84M)

Participant ID: 2_ - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1. Date of collection: **(995)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM DD YYYY)

Blood Specimen Processing

2. Are there any blood samples to be processed? **(1000)** ❑1 Yes ❑0 No
   ➔ IF **NO**, COMPLETE THE SITE SPECIFIC WORKSHEET AND PROCEED TO QUESTION 8.

3. How many 0.5 mL aliquots were produced? **(1010)** ___ aliquots
   (ASSESS-AKI goal 1 X 0.5 mL)

4. How many 0.25 mL aliquots were produced? **(1020)** ___ aliquots
   (ASSESS-AKI goal 4 X 0.25 mL)

5. Is there an extra aliquot? **(1030)** ❑1 Yes ❑0 No

   4a. If YES, estimate volume of additional plasma saved. **(1040)** ___ . ___ ___ ___ mL

6. Date samples frozen **(1050)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM DD YYYY)

7. Time samples frozen **(1060)** ___ ___ ___ ___
   (RECORD TIME USING A 24-HOUR CLOCK)
   (Aliquots should be stored in a -80 freezer)

Urine Specimen Processing

8. Are there any urine samples to be processed? **(1070)** ❑1 Yes ❑0 No
   ➔ IF **NO**, COMPLETE SITE SPECIFIC WORKSHEET AND PROCEED TO BIOLOGICAL SAMPLE TRACKING MODULE.

9. How many 1.0 mL aliquots of urine were produced? **(1080)** ___ ___ aliquots
   (ASSESS-AKI goal 10 X 1.0 mL)

10. How many 10 mL aliquots of urine were produced? **(1090)** ___ aliquots
    (ASSESS-AKI goal – 1 X 10 mL)

11. Date samples frozen **(1100)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM DD YYYY)

12. Time samples frozen **(1110)** ___ ___ ___ ___
    (RECORD TIME USING A 24-HOUR CLOCK)
    (Aliquots should be stored in a -80 freezer)

ASSESS AKI

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

ASSESS AKI PEDIATRIC OUTPATIENT SPECIMEN PROCESSING 2+

(V24M, V36M, V48M, V60M, V72M, V84M)

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

Participant Initials: __ __ __ __

Visit Number: __ __ __

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

Coordinator ID: __ __ __ __ __

➔ COMPLETE THE SITE SPECIFIC WORKSHEET AND IF THIS IS THE LAST COLLECTION ATTEMPT FOR THE VISIT, ENTER ALL APPROPRIATE SAMPLES INTO THE BIOLOGICAL SAMPLE TRACKING MODULE.

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI PEDIATRIC OUTPATIENT V12M SPECIMEN COLLECTION: BLOOD

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: 1 2 M
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1. (FOR HOME VISIT SITES ONLY) Was the visit completed in the participant's home? **(1000)** ❑1 Yes ❑0 No

Blood Specimen Collection
RECORD ALL TIMES USING A 24-HOUR CLOCK.

2. Date of blood collection: **(1010)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

3. Time of blood collection: **(1020)** ___ ___ ___ ___

4. Was the minimum amount (0.175 ml) of plasma collected? **(1030)** ❑1 Yes ❑0 No

➔ **IF NO**, RESCHEDULE ANOTHER COLLECTION WITHIN 48 HOURS OF THIS COLLECTION AND COMPLETE THE PEDIATRIC OUTPATIENT V12M SPECIMEN 2+ COLLECTION: BLOOD (P2_V12M_COLLECT_BLD_2) FORM.

➔ **IF NO,** AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD, RESCHEDULE ANOTHER V12M WITHIN THE VISIT WINDOW.

➔ **IF NO**, AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD AND ANOTHER VISIT 12M CANNOT BE COMPLETED WITHIN THE VISIT WINDOW, STOP HERE AND COMPLETE THE ASSESS-AKI WITHDRAWAL (WITHDR) FORM

5. (COMPLETE ONLY IF BLOOD WAS COLLECTED) How was blood collected? **(1040)** ❑1 Venipuncture ❑2 Capillary

6. Were the following vacutainers collected?

Priority Order	Specimen type	Vacutainer volume	
1	EDTA (purple)/Capillary		**(1050)** ❑1 Yes ❑0 No
2	ACD-A citrate (yellow)	3 mL for DNA	**(1060)** ❑1 Yes ❑0 No

➔ IF DNA SAMPLES WERE NOT COLLECTED, PREPARE TO ATTEMPT THE DNA BLOOD DRAW AT THE V24M VISIT.

➔ COMPLETE THE SITE SPECIFIC WORKSHEET.

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI PEDIATRIC OUTPATIENT V12M SPECIMEN 2+ COLLECTION:BLOOD

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: 1 2 M
Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1. (FOR HOME VISIT SITES ONLY) Was the collection completed in the participant's home? **(1000)** ☐1 Yes ☐0 No

Blood Specimen Collection
RECORD ALL TIMES USING A 24-HOUR CLOCK.

2. Date of blood collection: **(1010)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

3. Time of blood collection: **(1020)** ___ ___ ___ ___

4. Was the minimum amount (0.175 ml) of plasma collected? **(1030)** ☐1 Yes ☐0 No

➔ **IF NO**, RESCHEDULE ANOTHER COLLECTION WITHIN 48 HOURS OF THE INITIAL COLLECTION.

➔ **IF NO**, AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD, RESCHEDULE ANOTHER V12M WITHIN THE VISIT WINDOW.

➔ **IF NO**, AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD AND ANOTHER VISIT 12M CANNOT BE COMPLETED WITHIN THE VISIT WINDOW, STOP HERE AND COMPLETE THE ASSESS-AKI WITHDRAWAL (WITHDR) FORM.

5. (COMPLETE ONLY IF BLOOD WAS COLLECTED) How was blood collected? **(1040)** ☐1 Venipuncture ☐2 Capillary

6. Were the following vacutainers collected?

Priority Order	Specimen type	Vacutainer volume	
1	EDTA (purple)		**(1050)** ☐1 Yes ☐0 No
2	ACD-A citrate (yellow)	3 mL for DNA	**(1060)** ☐1 Yes ☐0 No

➔ IF DNA SAMPLES WERE NOT COLLECTED, PREPARE TO ATTEMPT THE DNA BLOOD DRAW AT THE V24M VISIT.

➔ COMPLETE THE SITE SPECIFIC WORKSHEET.

ASSESS AKI

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

ASSESS AKI PEDIATRIC OUTPATIENT V12M SPECIMEN 2+ COLLECTION:BLOOD

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

Participant Initials: __ __ __ __

Visit Number: 1_ 2_ M_

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

Coordinator ID: __ __ __ __ __

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI PEDIATRIC OUTPATIENT V12M SPECIMEN COLLECTION: URINE

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: 1 2 M
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1. (FOR HOME VISIT SITES ONLY) Was the visit completed in the participant's home? **(1000)** ❑1 Yes ❑0 No

Urine Specimen Collection
RECORD ALL TIMES USING A 24-HOUR CLOCK.

2. Date of urine collection: **(1020)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

3. Time of urine collection: **(1030)** ___ ___ ___ ___

4. Is the participant wearing a diaper? **(1035)** ❑1 Yes ❑0 No

5. How was the urine sample collected? **(1040)**
❑1 Midstream
❑2 Cotton ball
❑3 Bag

6. Was the minimum amount of urine collected? **(1050)** ❑1 Yes ❑0 No
DIAPER WEARERS SHOULD PROVIDE 1.6 ML
NON-DIAPER WEARERS SHOULD PROVIDE 5 ML.

➔ **IF NO**, RESCHEDULE ANOTHER COLLECTION WITHIN 48 HOURS OF THIS COLLECTION AND COMPLETE THE PEDIATRIC OUTPATIENT V12M SPECIMEN 2+ COLLECTION:URINE (P2_V12M_COLLECT_UA_2) FORM.

➔ **IF NO,** AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD, RESCHEDULE ANOTHER V12M WITHIN THE VISIT WINDOW.

➔ **IF NO**, AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD AND ANOTHER VISIT 12M CANNOT BE COMPLETED WITHIN THE VISIT WINDOW, STOP HERE AND COMPLETE THE ASSESS-AKI WITHDRAWAL (WITHDR) FORM

➔ COMPLETE THE SITE SPECIFIC WORKSHEET.

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI PEDIATRIC OUTPATIENT V12M SPECIMEN 2+ COLLECTION:URINE

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: 1 2 M
Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1. (FOR HOME VISIT SITES ONLY) Was the collection completed in the participant's home? **(1000)** ❑1 Yes ❑0 No

Urine Specimen Collection
RECORD ALL TIMES USING A 24-HOUR CLOCK.

2. Date of urine collection: **(1020)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

3. Time of urine collection: **(1030)** ___ ___ ___ ___

4. Is the participant wearing a diaper? **(1035)** ❑1 Yes ❑0 No

5. How was the urine sample collected? **(1040)**
❑1 Midstream
❑2 Cotton ball
❑3 Bag

6. Was the minimum amount of urine collected? **(1050)** ❑1 Yes ❑0 No
DIAPER WEARERS SHOULD PROVIDE 1.6 ML
NON-DIAPER WEARERS SHOULD PROVIDE 5 ML

➔ **IF NO**, RESCHEDULE ANOTHER COLLECTION WITHIN 48 HOURS OF THE INITIAL COLLECTION.

➔ **IF NO**, AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD, RESCHEDULE ANOTHER V12M WITHIN THE VISIT WINDOW.

➔ **IF NO**, AND ANOTHER COLLECTION CANNOT BE SCHEDULED WITHIN THE 48-HOUR PERIOD AND ANOTHER VISIT 12M CANNOT BE COMPLETED WITHIN THE VISIT WINDOW, STOP HERE 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 PEDIATRIC OUTPATIENT V12M SPECIMEN PROCESSING

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: 1 2 M
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

Blood Specimen Processing

1. Are there any blood samples to be processed? **(1000)** ❑1 Yes ❑0 No
   ➔ IF **NO**, COMPLETE THE SITE SPECIFIC WORKSHEET AND PROCEED TO QUESTION 8.

2. Do you have less than or equal to the minimum amount (0.175 mL) of plasma to process? **(1010)** ❑1 Yes ❑0 No
   ➔ IF YOU HAVE MORE THAN THE MINIMUM AMOUNT (0.175 mL) OF PLASMA, PROCEED TO QUESTION 3.

   2a. Is there a 0.150 mL aliquot? **(1020)** ❑1 Yes ❑0 No

   2b. Is there a 0.025 mL aliquot? **(1030)** ❑1 Yes ❑0 No
   ➔ PROCEED TO QUESTION 6.

3. How many 0.5 mL aliquots were produced? (ASSESS-AKI goal 1 X 0.5 mL) **(1040)** ___ aliquots

4. How many 0.25 mL aliquots were produced? (ASSESS-AKI goal 4 X 0.25 mL) **(1050)** ___ aliquots

5. Is there an extra aliquot? **(1060)** ❑1 Yes ❑0 No

   5a. If YES, estimate volume of additional plasma saved. **(1070)** ___ . ___ ___ ___ mL

6. Date samples frozen **(1080)** ___ ___ / ___ ___ / ___ ___ ___ ___
   MM DD YYYY

7. Time samples frozen **(1090)** ___ ___ ___ ___
   RECORD TIME USING A 24-HOUR CLOCK.
   (Aliquots should be stored in a -80 freezer)

Urine Specimen Processing

8. Are there any urine samples to be processed? **(1100)** ❑1 Yes ❑0 No
   ➔ IF **NO**, COMPLETE THE SITE SPECIFIC WORKSHEET AND PROCEED TO BIOLOGICAL SAMPLE TRACKING MODULE.

9. How many 1.0 mL aliquots of urine were produced? (ASSESS-AKI goal – 10 X 1.0 mL) **(1110)** ___ ___ aliquots

10. (COMPLETE ONLY IF DIAPER-WEARER) Is there an extra aliquot of less than 1.0 mL? **(1120)** ❑1 Yes ❑0 No

11. How many 10 mL aliquots of urine were produced? (ASSESS-AKI goal – 1 X 10 mL) **(1130)** ___ aliquots

12. Is there an extra aliquot of less than 10 mL? **(1140)** ❑$_1$ Yes ❑$_0$ No

13. Date samples frozen **(1150)** ___ ___ / ___ ___ / ___ ___ ___ ___
MM DD YYYY

14. Time samples frozen **(1160)** ___ ___ ___ ___
RECORD TIME USING A 24-HOUR CLOCK.
(Aliquots should be stored in a -80 freezer)

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI PEDIATRIC OUTPATIENT V12M SPECIMEN PROCESSING 2+

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: 1 2 M
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

1. Date of collection: **(995)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

Blood Specimen Processing

2. Are there any blood samples to be processed? **(1000)** ❑1 Yes ❑0 No
   ➔ IF **NO**, COMPLETE THE SITE SPECIFIC WORKSHEET AND PROCEED TO QUESTION 9.

3. Do you have less than or equal to the minimum amount (0.175 mL) of plasma to process? **(1010)** ❑1 Yes ❑0 No
   ➔ IF YOU HAVE MORE THAN THE MINIMUM AMOUNT (0.175 mL) OF PLASMA, PROCEED TO QUESTION 4.

   3a. Is there a 0.150 mL aliquot? **(1020)** ❑1 Yes ❑0 No

   3b. Is there a 0.025 mL aliquot? **(1030)** ❑1 Yes ❑0 No
   ➔ PROCEED TO QUESTION 7.

4. How many 0.5 mL aliquots were produced? (ASSESS-AKI goal 1 X 0.5 mL) **(1040)** ___ aliquots

5. How many 0.25 mL aliquots were produced? (ASSESS-AKI goal 4 X 0.25 mL) **(1050)** ___ aliquots

6. Is there an extra aliquot? **(1060)** ❑1 Yes ❑0 No

   6a. If YES, estimate volume of additional plasma saved. **(1070)** ___ . ___ ___ ___ mL

7. Date samples frozen **(1080)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

8. Time samples frozen **(1090)** ___ ___ ___ ___
   (RECORD TIME USING A 24-HOUR CLOCK)
   (Aliquots should be stored in a -80 freezer)

Urine Specimen Processing

9. Are there any urine samples to be processed? **(1100)** ❑1 Yes ❑0 No
   ➔ IF **NO**, COMPLETE SITE SPECIFIC WORKSHEET AND PROCEED TO BIOLOGICAL SAMPLE TRACKING MODULE.

10. How many 1.0 mL aliquots of urine were produced? (ASSESS-AKI goal – 10 X 1.0 mL) **(1110)** ___ ___ aliquots

11. (COMPLETE ONLY IF DIAPER-WEARER) Is there an extra aliquot of less than 1.0 mL? **(1120)** ❑$_1$ Yes ❑$_0$ No

12. How many 10 mL aliquots of urine were produced? (ASSESS-AKI goal – 1 X 10 mL) **(1130)** ___ aliquots

13. Is there an extra aliquot of less than 10 mL? **(1140)** ❑$_1$ Yes ❑$_0$ No

14. Date samples frozen **(1150)** ___ ___ / ___ ___ / ___ ___ ___ ___
MM DD YYYY

15. Time samples frozen **(1160)** ___ ___ ___ ___
RECORD TIME USING A 24-HOUR CLOCK
(Aliquots should be stored in a -80 freezer)

➔ COMPLETE THE SITE SPECIFIC WORKSHEET AND IF THIS IS THE LAST COLLECTION ATTEMPT FOR THE VISIT, ENTER ALL APPROPRIATE SAMPLES INTO THE BIOLOGICAL SAMPLE TRACKING MODULE.

Comments:

(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI PedsQL™ CHILD REPORT (Ages 8-12)

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

DIRECTIONS
Below is a list of things that might be a problem for you. Please tell us **how much of a problem** each one has been for you during the **past ONE month** by checking the box for:

0 if it is **never** a problem
1 if it is **almost never** a problem
2 if it is **sometimes** a problem
3 if it is **often** a problem
4 if it is **almost always** a problem

There are no right or wrong answers. If you do not understand a question, please ask for help.

In the past **ONE month**, how much of a **problem** has this been for you …

About my Health and Activities (problems with …)

			Never	Almost never	Sometimes	Often	Almost always
1.	It is hard for me to walk more than one block	**(1000)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
2.	It is hard for me to run	**(1010)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
3.	It is hard for me to do sports activity or exercise	**(1020)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
4.	It is hard for me to lift something heavy	**(1030)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
5.	It is hard for me to take a bath or shower by myself	**(1040)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
6.	It is hard for me to do chores around the house	**(1050)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4

About my Health and Activities (problems with …)

		Never	Almost never	Sometimes	Often	Almost always
7. I hurt or ache	**(1060)**	❑0	❑1	❑2	❑3	❑4
8. I have low energy	**(1070)**	❑0	❑1	❑2	❑3	❑4

About my Feelings (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
9. I feel afraid or scared	**(1080)**	❑0	❑1	❑2	❑3	❑4
10. I feel sad or blue	**(1090)**	❑0	❑1	❑2	❑3	❑4
11. I feel angry	**(1100)**	❑0	❑1	❑2	❑3	❑4
12. I have trouble sleeping	**(1110)**	❑0	❑1	❑2	❑3	❑4
13. I worry about what will happen to me	**(1120)**	❑0	❑1	❑2	❑3	❑4

How I Get Along with Others (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
14. I have trouble getting along with other kids	**(1130)**	❑0	❑1	❑2	❑3	❑4
15. Other kids do not want to be my friend	**(1140)**	❑0	❑1	❑2	❑3	❑4

How I Get Along with Others (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
16. Other kids tease me	**(1150)**	❑0	❑1	❑2	❑3	❑4
17. I cannot do things that other kids my age can do	**(1160)**	❑0	❑1	❑2	❑3	❑4
18. It is hard to keep up when I play with other kids	**(1170)**	❑0	❑1	❑2	❑3	❑4

About School (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
19. It is hard to pay attention in class	**(1180)**	❑0	❑1	❑2	❑3	❑4
20. I forget things	**(1190)**	❑0	❑1	❑2	❑3	❑4
21. I have trouble keeping up with my schoolwork	**(1200)**	❑0	❑1	❑2	❑3	❑4
22. I miss school because of not feeling well	**(1210)**	❑0	❑1	❑2	❑3	❑4
23. I miss school to go to the doctor or hospital	**(1220)**	❑0	❑1	❑2	❑3	❑4

ASSESS AKI

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

ASSESS AKI PedsQL™ PARENT REPORT for TEENS (Ages 13-<18)

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

DIRECTIONS
Below is a list of things that might be a problem for **your teen**. Please tell us **how much of a problem** each one has been for **your teen** during the **past ONE month** by checking the box for:

0 if it is **never** a problem
1 if it is **almost never** a problem
2 if it is **sometimes** a problem
3 if it is **often** a problem
4 if it is **almost always** a problem

There are no right or wrong answers. If you do not understand a question, please ask for help.

In the past **ONE month**, how much of a **problem** has this been for you …

Physical Functioning (problems with …)

			Never	Almost never	Sometimes	Often	Almost always
1.	Walking more than one block	**(1000)**	❑0	❑1	❑2	❑3	❑4
2.	Running	**(1010)**	❑0	❑1	❑2	❑3	❑4
3.	Participating in sports activity or exercise	**(1020)**	❑0	❑1	❑2	❑3	❑4
4.	Lifting something heavy	**(1030)**	❑0	❑1	❑2	❑3	❑4
5.	Taking a bath or shower by him or herself	**(1040)**	❑0	❑1	❑2	❑3	❑4
6.	Doing chores around the house	**(1050)**	❑0	❑1	❑2	❑3	❑4
7.	Having hurts or aches	**(1060)**	❑0	❑1	❑2	❑3	❑4
8.	Low energy level	**(1070)**	❑0	❑1	❑2	❑3	❑4

Emotional Functioning (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
9. Feeling afraid or scared	**(1080)**	❑0	❑1	❑2	❑3	❑4
10. Feeling sad or blue	**(1090)**	❑0	❑1	❑2	❑3	❑4
11. Feeling angry	**(1100)**	❑0	❑1	❑2	❑3	❑4
12. Trouble sleeping	**(1110)**	❑0	❑1	❑2	❑3	❑4
13. Worrying about what will happen to him or her	**(1120)**	❑0	❑1	❑2	❑3	❑4

Social Functioning (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
14. Getting along with other teens	**(1130)**	❑0	❑1	❑2	❑3	❑4
15. Other teens not wanting to be his or her friend	**(1140)**	❑0	❑1	❑2	❑3	❑4
16. Getting teased by other teens	**(1150)**	❑0	❑1	❑2	❑3	❑4
17. Not able to do things that other teens his or her age can do	**(1160)**	❑0	❑1	❑2	❑3	❑4
18. Keeping up with other teens	**(1170)**	❑0	❑1	❑2	❑3	❑4

School Functioning (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
19. Paying attention in class	**(1180)**	❑0	❑1	❑2	❑3	❑4
20. Forgetting things	**(1190)**	❑0	❑1	❑2	❑3	❑4
21. Keeping up with schoolwork	**(1200)**	❑0	❑1	❑2	❑3	❑4

School Functioning (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
22. Missing school because of not feeling well	**(1210)**	❑0	❑1	❑2	❑3	❑4
23. Missing school to go to the doctor or hospital	**(1220)**	❑0	❑1	❑2	❑3	❑4

ASSESS AKI

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

ASSESS AKI PedsQL™ PARENT REPORT for YOUNG CHILDREN (Ages 2-4)

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

DIRECTIONS
Below is a list of things that might be a problem for **your child**. Please tell us **how much of a problem** each one has been for **your child** during the **past ONE month** by checking the box for:

0 if it is **never** a problem
1 if it is **almost never** a problem
2 if it is **sometimes** a problem
3 if it is **often** a problem
4 if it is **almost always** a problem

There are no right or wrong answers. If you do not understand a question, please ask for help.

In the past **ONE month**, how much of a **problem** has your child had with …

Physical Functioning (problems with …)

			Never	Almost never	Sometimes	Often	Almost always
1.	Walking	**(1000)**	❑0	❑1	❑2	❑3	❑4
2.	Running	**(1010)**	❑0	❑1	❑2	❑3	❑4
3.	Participating in active play or exercise	**(1020)**	❑0	❑1	❑2	❑3	❑4
4.	Lifting something heavy	**(1030)**	❑0	❑1	❑2	❑3	❑4
5.	Bathing	**(1040)**	❑0	❑1	❑2	❑3	❑4
6.	Helping to pick up his or her toys	**(1050)**	❑0	❑1	❑2	❑3	❑4
7.	Having hurts or aches	**(1060)**	❑0	❑1	❑2	❑3	❑4
8.	Low energy level	**(1070)**	❑0	❑1	❑2	❑3	❑4

Emotional Functioning (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
9. Feeling afraid or scared	**(1080)**	❑0	❑1	❑2	❑3	❑4
10. Feeling sad or blue	**(1090)**	❑0	❑1	❑2	❑3	❑4
11. Feeling angry	**(1100)**	❑0	❑1	❑2	❑3	❑4
12. Trouble sleeping	**(1110)**	❑0	❑1	❑2	❑3	❑4
13. Worrying	**(1120)**	❑0	❑1	❑2	❑3	❑4

Social Functioning (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
14. Playing with other children	**(1130)**	❑0	❑1	❑2	❑3	❑4
15. Other kids not wanting to play with him or her	**(1140)**	❑0	❑1	❑2	❑3	❑4
16. Getting teased by other children	**(1150)**	❑0	❑1	❑2	❑3	❑4
17. Not able to do things that other children his or her age can do	**(1160)**	❑0	❑1	❑2	❑3	❑4
18. Keeping up when playing with other children	**(1170)**	❑0	❑1	❑2	❑3	❑4

***Please complete this section if your child attends school or daycare**

School Functioning (problems with…)

			Never	Almost never	Sometimes	Often	Almost always
19.	Doing the same school activities as peers	**(1180)**	❑0	❑1	❑2	❑3	❑4
20.	Missing school/daycare because of not feeling well	**(1190)**	❑0	❑1	❑2	❑3	❑4
21.	Missing school/daycare to go to the doctor or hospital	**(1200)**	❑0	❑1	❑2	❑3	❑4

ASSESS AKI

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

ASSESS AKI PedsQL™ PARENT REPORT for YOUNG CHILDREN (Ages 5-7)

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

DIRECTIONS
Below is a list of things that might be a problem for **your child**. Please tell us **how much of a problem** each one has been for **your child** during the **past ONE month** by checking the box for:

0 if it is **never** a problem
1 if it is **almost never** a problem
2 if it is **sometimes** a problem
3 if it is **often** a problem
4 if it is **almost always** a problem

There are no right or wrong answers. If you do not understand a question, please ask for help.

In the past **ONE month**, how much of a **problem** has your child had with …

Physical Functioning (problems with …)

			Never	Almost never	Sometimes	Often	Almost always
1.	Walking more than one block	**(1000)**	❑0	❑1	❑2	❑3	❑4
2.	Running	**(1010)**	❑0	❑1	❑2	❑3	❑4
3.	Participating in sports activity or exercise	**(1020)**	❑0	❑1	❑2	❑3	❑4
4.	Lifting something heavy	**(1030)**	❑0	❑1	❑2	❑3	❑4
5.	Taking a bath or shower by him or herself	**(1040)**	❑0	❑1	❑2	❑3	❑4
6.	Doing chores, like picking up his or her toys	**(1050)**	❑0	❑1	❑2	❑3	❑4
7.	Having hurts or aches	**(1060)**	❑0	❑1	❑2	❑3	❑4
8.	Low energy level	**(1070)**	❑0	❑1	❑2	❑3	❑4

Emotional Functioning (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
9. Feeling afraid or scared	**(1080)**	❑0	❑1	❑2	❑3	❑4
10. Feeling sad or blue	**(1090)**	❑0	❑1	❑2	❑3	❑4
11. Feeling angry	**(1100)**	❑0	❑1	❑2	❑3	❑4
12. Trouble sleeping	**(1110)**	❑0	❑1	❑2	❑3	❑4
13. Worrying about what will happen to him or her	**(1120)**	❑0	❑1	❑2	❑3	❑4

Social Functioning (problems with…)

14. Getting along with other children	**(1130)**	❑0	❑1	❑2	❑3	❑4
15. Other kids not wanting to be his or her friend	**(1140)**	❑0	❑1	❑2	❑3	❑4
16. Getting teased by other children	**(1150)**	❑0	❑1	❑2	❑3	❑4
17. Not able to do things that other children his or her age can do	**(1160)**	❑0	❑1	❑2	❑3	❑4
18. Keeping up when playing with other children	**(1170)**	❑0	❑1	❑2	❑3	❑4

School Functioning (problems with…)

			Never	Almost never	Sometimes	Often	Almost always
19.	Paying attention in class	**(1180)**	❑0	❑1	❑2	❑3	❑4
20.	Forgetting things	**(1190)**	❑0	❑1	❑2	❑3	❑4
21.	Keeping up with school activities	**(1200)**	❑0	❑1	❑2	❑3	❑4
22.	Missing school because of not feeling well	**(1210)**	❑0	❑1	❑2	❑3	❑4
23.	Missing school to go to the doctor or hospital	**(1220)**	❑0	❑1	❑2	❑3	❑4

ASSESS AKI

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

ASSESS AKI PedsQL™ PARENT REPORT for CHILDREN (Ages 8-12)

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

DIRECTIONS
Below is a list of things that might be a problem for **your child**. Please tell us **how much of a problem** each one has been for **your child** during the **past ONE month** by checking the box for:

0 if it is **never** a problem
1 if it is **almost never** a problem
2 if it is **sometimes** a problem
3 if it is **often** a problem
4 if it is **almost always** a problem

There are no right or wrong answers. If you do not understand a question, please ask for help.

In the past **ONE month**, how much of a **problem** has your child had with …

Physical Functioning (problems with …)

			Never	Almost never	Sometimes	Often	Almost always
1.	Walking more than one block	**(1000)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
2.	Running	**(1010)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
3.	Participating in sports activity or exercise	**(1020)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
4.	Lifting something heavy	**(1030)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
5.	Taking a bath or shower by him or herself	**(1040)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
6.	Doing chores around the house	**(1050)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
7.	Having hurts or aches	**(1060)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
8.	Low energy level	**(1070)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4

Emotional Functioning (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
9. Feeling afraid or scared	**(1080)**	❑0	❑1	❑2	❑3	❑4
10. Feeling sad or blue	**(1090)**	❑0	❑1	❑2	❑3	❑4
11. Feeling angry	**(1100)**	❑0	❑1	❑2	❑3	❑4
12. Trouble sleeping	**(1110)**	❑0	❑1	❑2	❑3	❑4
13. Worrying about what will happen to him or her	**(1120)**	❑0	❑1	❑2	❑3	❑4

Social Functioning (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
14. Getting along with other children	**(1130)**	❑0	❑1	❑2	❑3	❑4
15. Other kids not wanting to be his or her friend	**(1140)**	❑0	❑1	❑2	❑3	❑4
16. Getting teased by other children	**(1150)**	❑0	❑1	❑2	❑3	❑4
17. Not able to do things that other children his or her age can do	**(1160)**	❑0	❑1	❑2	❑3	❑4
18. Keeping up with other children	**(1170)**	❑0	❑1	❑2	❑3	❑4

School Functioning (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
19. Paying attention in class	**(1180)**	❑0	❑1	❑2	❑3	❑4
20. Forgetting things	**(1190)**	❑0	❑1	❑2	❑3	❑4
21. Keeping up with schoolwork	**(1200)**	❑0	❑1	❑2	❑3	❑4

School Functioning (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
22. Missing school because of not feeling well	**(1210)**	❑0	❑1	❑2	❑3	❑4
23. Missing school to go to the doctor or hospital	**(1220)**	❑0	❑1	❑2	❑3	❑4

ASSESS AKI

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

ASSESS AKI PedsQL™ TEEN REPORT (Ages 13-<18)

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

DIRECTIONS
Below is a list of things that might be a problem for you. Please tell us **how much of a problem** each one has been for you during the **past ONE month** by checking the box for:

0 if it is **never** a problem
1 if it is **almost never** a problem
2 if it is **sometimes** a problem
3 if it is **often** a problem
4 if it is **almost always** a problem

There are no right or wrong answers. If you do not understand a question, please ask for help.

In the past **ONE month**, how much of a **problem** has this been for you …

About my Health and Activities (problems with …)

			Never	Almost never	Sometimes	Often	Almost always
1.	It is hard for me to walk more than one block	**(1000)**	❑0	❑1	❑2	❑3	❑4
2.	It is hard for me to run	**(1010)**	❑0	❑1	❑2	❑3	❑4
3.	It is hard for me to do sports activity or exercise	**(1020)**	❑0	❑1	❑2	❑3	❑4
4.	It is hard for me to lift something heavy	**(1030)**	❑0	❑1	❑2	❑3	❑4
5.	It is hard for me to take a bath or shower by myself	**(1040)**	❑0	❑1	❑2	❑3	❑4
6.	It is hard for me to do chores around the house	**(1050)**	❑0	❑1	❑2	❑3	❑4

About my Health and Activities (problems with …)

			Never	Almost never	Sometimes	Often	Almost always
7.	I hurt or ache	**(1060)**	❑0	❑1	❑2	❑3	❑4
8.	I have low energy	**(1070)**	❑0	❑1	❑2	❑3	❑4

About my Feelings (problems with…)

			Never	Almost never	Sometimes	Often	Almost always
9.	I feel afraid or scared	**(1080)**	❑0	❑1	❑2	❑3	❑4
10.	I feel sad or blue	**(1090)**	❑0	❑1	❑2	❑3	❑4
11.	I feel angry	**(1100)**	❑0	❑1	❑2	❑3	❑4
12.	I have trouble sleeping	**(1110)**	❑0	❑1	❑2	❑3	❑4
13.	I worry about what will happen to me	**(1120)**	❑0	❑1	❑2	❑3	❑4

How I Get Along with Others (problems with…)

			Never	Almost never	Sometimes	Often	Almost always
14.	I have trouble getting along with other teens	**(1130)**	❑0	❑1	❑2	❑3	❑4
15.	Other teens do not want to be my friend	**(1140)**	❑0	❑1	❑2	❑3	❑4

How I Get Along with Others (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
16. Other teens tease me	**(1150)**	❑0	❑1	❑2	❑3	❑4
17. I cannot do things that other teens my age can do	**(1160)**	❑0	❑1	❑2	❑3	❑4
18. It is hard to keep up with my peers	**(1170)**	❑0	❑1	❑2	❑3	❑4

About School (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
19. It is hard to pay attention in class	**(1180)**	❑0	❑1	❑2	❑3	❑4
20. I forget things	**(1190)**	❑0	❑1	❑2	❑3	❑4
21. I have trouble keeping up with my schoolwork	**(1200)**	❑0	❑1	❑2	❑3	❑4
22. I miss school because of not feeling well	**(1210)**	❑0	❑1	❑2	❑3	❑4
23. I miss school to go to the doctor or hospital	**(1220)**	❑0	❑1	❑2	❑3	❑4

ASSESS AKI

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

ASSESS AKI PedsQL™ YOUNG ADULT REPORT (Ages 18-25)

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

DIRECTIONS
Below is a list of things that might be a problem for you. Please tell us **how much of a problem** each one has been for you during the **past ONE month** by checking the box for:

0 if it is **never** a problem
1 if it is **almost never** a problem
2 if it is **sometimes** a problem
3 if it is **often** a problem
4 if it is **almost always** a problem

There are no right or wrong answers. If you do not understand a question, please ask for help.

In the past **ONE month**, how much of a **problem** has this been for you …

About my Health and Activities (problems with …)

			Never	Almost never	Sometimes	Often	Almost always
1.	It is hard for me to walk more than one block	**(1000)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
2.	It is hard for me to run	**(1010)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
3.	It is hard for me to do sports activity or exercise	**(1020)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
4.	It is hard for me to lift something heavy	**(1030)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
5.	It is hard for me to take a bath or shower by myself	**(1040)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
6.	It is hard for me to do chores around the house	**(1050)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4

About my Health and Activities (problems with …)

			Never	Almost never	Sometimes	Often	Almost always
7.	I hurt or feel pain	**(1060)**	❑0	❑1	❑2	❑3	❑4
8.	I have low energy	**(1070)**	❑0	❑1	❑2	❑3	❑4

About my Feelings (problems with…)

			Never	Almost never	Sometimes	Often	Almost always
9.	I feel afraid or scared	**(1080)**	❑0	❑1	❑2	❑3	❑4
10.	I feel sad or blue	**(1090)**	❑0	❑1	❑2	❑3	❑4
11.	I feel angry	**(1100)**	❑0	❑1	❑2	❑3	❑4
12.	I have trouble sleeping	**(1110)**	❑0	❑1	❑2	❑3	❑4
13.	I worry about what will happen to me	**(1120)**	❑0	❑1	❑2	❑3	❑4

How I Get Along with Others (problems with…)

			Never	Almost never	Sometimes	Often	Almost always
14.	I have trouble getting along with other young adults	**(1130)**	❑0	❑1	❑2	❑3	❑4
15.	Other young adults do not want to be my friend	**(1140)**	❑0	❑1	❑2	❑3	❑4

How I Get Along with Others (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
16. Other young adults tease me	**(1150)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
17. I cannot do things that others my age can do	**(1160)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
18. It is hard to keep up with my peers	**(1170)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4

About my Work/Studies (problems with…)

		Never	Almost never	Sometimes	Often	Almost always
19. It is hard to pay attention at work or school	**(1180)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
20. I forget things	**(1190)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
21. I have trouble keeping up with my work or studies	**(1200)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
22. I miss work or school because of not feeling well	**(1210)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
23. I miss work or school to go to the doctor or hospital	**(1220)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4

ASSESS AKI

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

ASSESS AKI PedsQL™ YOUNG CHILD REPORT (Ages 5-7)

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

INSTRUCTIONS FOR INTERVIEWER
I am going to ask you some questions about things that might be a problem for some children. I want to know how much of a problem any of these things might be for you.

SHOW THE CHILD THE TEMPLATE AND POINT TO THE RESPONSES AS YOU READ.

If it is not at all a problem for you, point to the smiling face
If it is sometimes a problem for you, point to the middle face
If it is a problem for you a lot, point to the frowning face

I will read each question. Point to the pictures to show me how much of a problem it is for you.
Let's try a practice one first.

	Not at All	Sometimes	A lot
Is it hard for you to snap your fingers	☺	😐	☹

ASK THE CHILD TO DEMONSTRATE SNAPPING HIS OR HER FINGERS TO DETERMINE WHETHER OR NOT THE QUESTION WAS ANSWERED CORRECTLY. REPEAT THE QUESTION IF THE CHILD DEMONSTRATES A RESPONSE THAT IS DIFFERENT FROM HIS OR HER ACTION.

Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you.

AFTER READING THE ITEM, GESTURE TO THE TEMPLATE. IF THE CHILD HESITATES OR DOES NOT SEEM TO UNDERSTAND HOW TO ANSWER, READ THE RESPONSE OPTIONS WHILE POINTING AT THE FACES.

ASSESS AKI PedsQL™ YOUNG CHILD REPORT (Ages 5-7)

Participant ID: 2 - __ __ - __ __ __ __
Participant Initials: __ __ __ __
Visit Number: __ __ __
Visit Date: __ __ / __ __ / __ __ __ __
Coordinator ID: __ __ __ __ __

			Not at all	Sometimes	A lot
1.	It is hard for you to walk.	**(1000)**	❑ 0	❑ 2	❑ 4
2.	It is hard for you to run.	**(1010)**	❑ 0	❑ 2	❑ 4
3.	It is hard for you to play sports or exercise.	**(1020)**	❑ 0	❑ 2	❑ 4
4.	It is hard for you to pick up big things.	**(1030)**	❑ 0	❑ 2	❑ 4
5.	It is hard for you to take a bath or shower.	**(1040)**	❑ 0	❑ 2	❑ 4
6.	It is hard for you to do chores (like pick up your toys).	**(1050)**	❑ 0	❑ 2	❑ 4
7.	Do you have hurts or aches? (Where?_____)	**(1060)**	❑ 0	❑ 2	❑ 4
8.	Do you ever feel too tired to play?	**(1070)**	❑ 0	❑ 2	❑ 4

Remember, tell me how much of a problem this has been for you for the last few weeks.

Social Functioning (problems with…)

			Not at all	Sometimes	A lot
9.	Do you feel scared?	**(1080)**	❑ 0	❑ 2	❑ 4
10.	Do you feel sad?	**(1090)**	❑ 0	❑ 2	❑ 4
11.	Do you feel mad?	**(1100)**	❑ 0	❑ 2	❑ 4
12.	Do you have trouble sleeping?	**(1110)**	❑ 0	❑ 2	❑ 4
13.	Do you worry about what will happen to you?	**(1120)**	❑ 0	❑ 2	❑ 4

Social Functioning (problems with…)

			Not at all	Sometimes	A lot
14.	Is it hard for you to get along with other kids?	**(1130)**	❑ 0	❑ 2	❑ 4
15.	Do other kids say they do not want to play with you?	**(1140)**	❑ 0	❑ 2	❑ 4
16.	Do other kids tease you?	**(1150)**	❑ 0	❑ 2	❑ 4
17.	Can other kids do things that you cannot do?	**(1160)**	❑ 0	❑ 2	❑ 4
18.	Is it hard for you to keep up when you play with other kids?	**(1170)**	❑ 0	❑ 2	❑ 4

School Functioning (problems with…)

		Not at all	Sometimes	A lot
19. Is it hard for you to pay attention in school?	**(1180)**	❑ 0	❑ 2	❑ 4
20. Do you forget things?	**(1190)**	❑ 0	❑ 2	❑ 4
21. Is it hard to keep up with schoolwork?	**(1200)**	❑ 0	❑ 2	❑ 4
22. Do you miss school because of not feeling good?	**(1210)**	❑ 0	❑ 2	❑ 4
23. Do you miss school because you have to go to the doctor's or hospital?	**(1220)**	❑ 0	❑ 2	❑ 4

ASSESS AKI

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

ASSESS AKI PROCEDURE INVESTIGATION

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

DO NOT ENTER.

RECORD THE DATE OF THE PARTICIPANT'S LAST ASSESS AKI STUDY CONTACT. ___ ___ / ___ ___ / ___ ___ ___ ___
MM DD YYYY

COORDINATORS SHOULD COMPLETE A SEPARATE PROCEDURE INVESTIGATION (PI) FORM FOR EACH EVENT THAT IS DETERMINED

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

2. Which one of the following ambulatory procedure/treatments are you investigating? (Check ONE procedure)

   2a. Surgery (amputation or other surgery) or balloon angioplasty to open a blockage in blood vessels in the arms, legs, or abdomen **(1010)** ❑$_1$ Yes ❑$_0$ No

   2b. Surgery (carotid endarterectomy) or balloon angioplasty or stent to open a blockage in blood vessels in the neck **(1020)** ❑$_1$ Yes ❑$_0$ No

3. Did a physician review the ambulatory procedure/treatments you are investigating? **(1030)** ❑$_1$ Yes ❑$_0$ No

Comments:

(6000)_____

_____

_____

ASSESS AKI

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

ASSESS AKI SHORT PHYSICAL EXAM

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

1. Is the participant able to stand for height and weight measurements? **(1000)** ❑$_1$ Yes ❑$_0$ No

➔ IF **YES**, RECORD HEIGHT AND WEIGHT BELOW.

Standing Height **(1010)** ___ ___ ___ . ___ cm

Standing Weight **(1020)** ___ ___ ___ . ___ kg

➔ IF **NO**, ASK THE PARTICIPANT TO REPORT HEIGHT AND WEIGHT.

FOR US UNITS OF MEASUREMENT
Height **(1030/1040)** ___ ___ ft ___ ___ in

Weight **(1050)** ___ ___ ___ lbs

FOR METRIC UNITS OF MEASUREMENT
Height **(1060)** ___ ___ ___ . ___ cm

Weight **(1070)** ___ ___ ___ . ___ kg

1a. IF **NO**: IS THE PARTICIPANT UNABLE TO STAND DUE TO AN AMPUTATION? **(1080)** ❑$_1$ Yes ❑$_0$ No

FOR PEDIATRIC PARTICIPANTS ONLY

2. Height percentile for age and gender **(1090)** ___ ___ ___ %

3. Weight percentile for age and gender **(1100)** ___ ___ ___ %

Comments:

(6000) : _____

_____

_____

Your Health and Well-Being

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.
Thank you for completing this survey!

For each of the following questions, please mark an ☒ in the one box that best describes your answer.

1. **In general, would you say your health is:**

Excellent	Very good	Good	Fair	Poor
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

2. **The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much?**

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a <u>Moderate activities</u>, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐ 1	☐ 2	☐ 3
b Climbing <u>several</u> flights of stairs	☐ 1	☐ 2	☐ 3

3. During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u>?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a <u>Accomplished less</u> than you would like	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Were limited in the <u>kind</u> of work or other activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

4. During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a <u>Accomplished less</u> than you would like	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Did work or other activities <u>less carefully than usual</u>	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5. During the <u>past 4 weeks</u>, how much did <u>pain</u> interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

6. These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the <u>past 4 weeks</u>…

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a Have you felt calm and peaceful?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Did you have a lot of energy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c Have you felt downhearted and depressed?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

7. During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting with friends, relatives, etc.)?

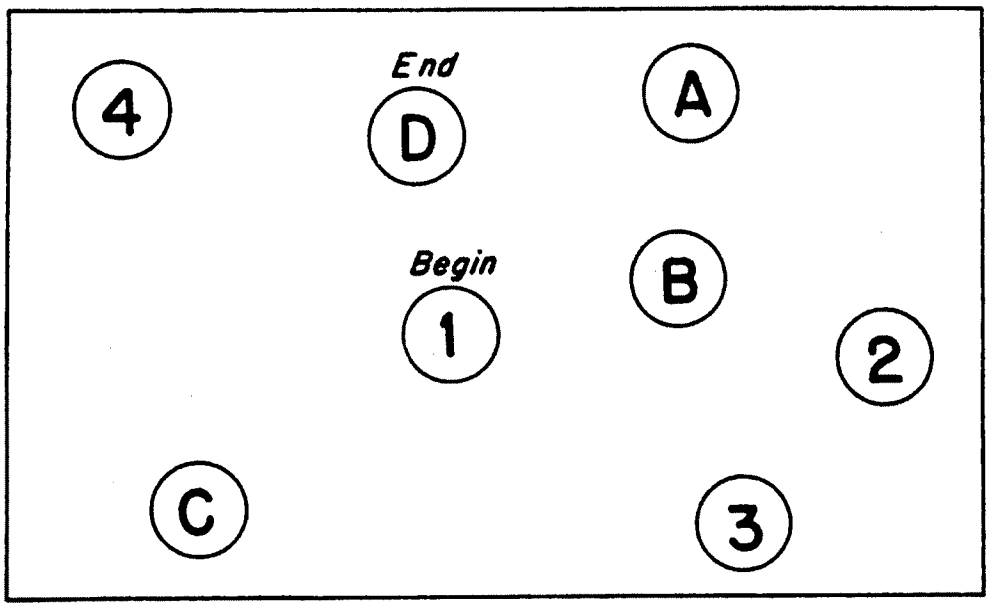
All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

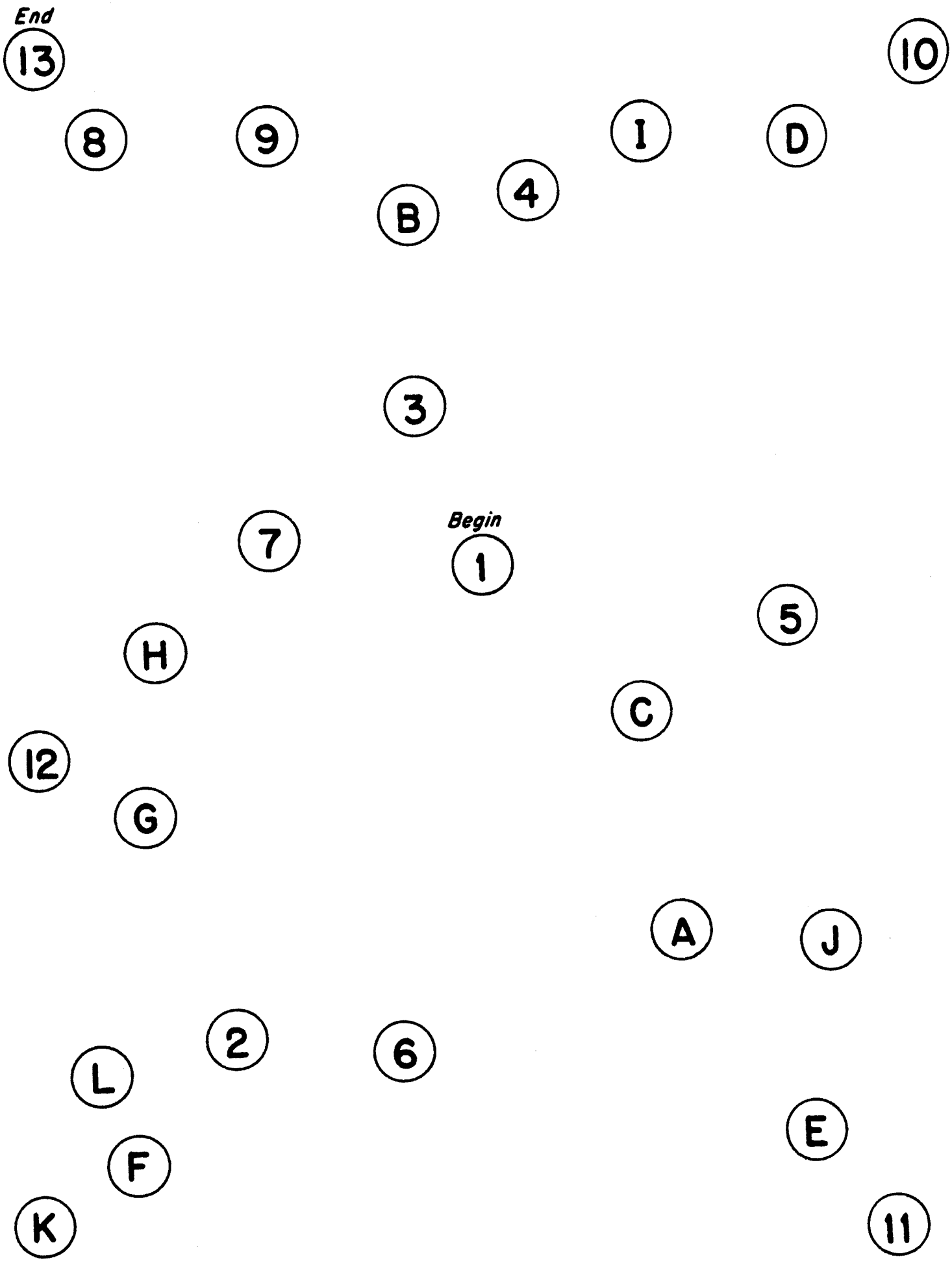
Thank you for completing these questions!

TRAIL MAKING

Part B

SAMPLE




End
13
10
8
9
1
D
4
B
3
7
Begin
1
5
H
C
12
G
A
J
2
6
L
E
F
K
11

ASSESS AKI

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

ASSESS AKI TRAILSB SCORING

Participant ID: 1 - __ __ - __ __ __ __

Participant Initials: __ __ __ __

Visit Number: __ __ __

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

Coordinator ID: __ __ __ __ __

1. How many years of school has the participant completed?
(GED=12 YEARS)
(1000) ___ ___ years

2. Number of seconds required to complete the task
(IF THE PARTICIPANT HAS NOT COMPLETED THE TASK AFTER 5 MINUTES, STOP THE TASK AND ENTER 999 FOR THIS FIELD)
(1010) ___ ___ ___ seconds

Comments:
(6000) : _____

_____

_____

TRAILSB SCORE

ASSESS AKI

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

ASSESS AKI UNITED STATES LABORATORY RESULTS CBC

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

COMPLETE FOR ADULT PARTICIPANTS ONLY.

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

2. CBC Results (based on local laboratory results):

2a. WBC:	**(1010)**	___ ___ . ___ ___ thousand/uL
2b. Platelets:	**(1020)**	___ ___ ___ thousand/uL
2c. Hemoglobin:	**(1030)**	___ ___ . ___ g/dL
2d. Hematocrit:	**(1040)**	___ ___ . ___ %

3. Renal function (VISIT 3M ONLY)

3a. Creatinine	**(1050)**	___ ___ . ___ mg/dL

Comments:
(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI UNITED STATES SERUM CREATININE FROM OTHER SOURCES

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

This form records the serum creatinine value in the outpatient phase that was processed and provided by other sources and was <u>not</u> provided by the ASSESS-AKI Central Lab.

1. Source of authorization to obtain results: **(1000)**
   - ❑$_1$ Consent
   - ❑$_2$ Medical records release

2. Is this an outpatient, non-emergency department test value nearest to the in-person ASSESS value? **(1010)**
   ➔ If ***NO*** or ***DON'T KNOW***, STOP HERE.
   - ❑$_1$ Yes
   - ❑$_0$ No
   - ❑$_{98}$ Don't Know

3. Date of blood collection: **(1020)** ___ ___ / ___ ___ / ___ ___ ___ ___
   MM DD YYYY

4. Serum creatinine **(1030)** ___ ___ . ___ mg/dL

Comments:
(6000) : _____

_____

_____

ASSESS AKI

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

ASSESS AKI WITHDRAWAL

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

1. Did the participant complete the study? **(1000)** ❑1 Yes ❑0 No

   1a. IF **NO**: INDICATE **PRIMARY** REASON FOR WITHDRAWAL: **(1010)**
   - ❑1 Ineligible due to inpatient blood collection
   - ❑2 Ineligible due to inpatient urine collection
   - ❑3 Ineligible due to inpatient blood and urine collection
   - ❑4 Ineligible (unrelated to blood/urine collection) prior to three-month visit
   - ❑5 Ineligible at three-month visit
   - ❑6 No longer willing to follow the protocol/interested in participating
   - ❑7 Lost to follow-up
   - ❑8 Participant has personal constraints
   - ❑9 Deceased
   - ❑96 Other (SPECIFY:_____ _____ _____)

   1b. Date Completed/Withdrawn/Died **(1020)** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM / DD / YYYY)

   1c. Did the participant request any specimen(s) to be disposed or autoclaved? **(1030)** ❑1 Yes ❑0 No

   IF **YES**: WHICH SPECIMENS DID THE PARTICIPANT WANT DISPOSED?

   1ci. Serum/Plasma **(1040)** ❑1 Yes ❑0 No

   1cii. DNA samples **(1050)** ❑1 Yes ❑0 No

   1ciii. Urine **(1060)** ❑1 Yes ❑0 No

Comments:
(6000) :_____

_____

_____