ADVERSE EVENT FORM
(Study-Related Adverse Event within 24 Hours of Procedure)

CKiD Chronic Kidney Disease in Children Cohort Study

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: AFFIX ID LABEL OR ENTER NUMBER IF ID LABEL IS NOT AVAILABLE

|__| - |__|__| - |__|__|__|

A2. CKiD VISIT NUMBER: 0 1 a

A3. FORM VERSION: 0 1 / 0 1 / 0 5

A4. DATE OF ADVERSE EVENT: ___ ___/ ___ ___/ ___ ___ ___ ___
M M D D Y Y Y Y

A5. DATE FORM COMPLETED: ___ ___/ ___ ___/ ___ ___ ___ ___
M M D D Y Y Y Y

A6. FORM COMPLETED BY (INITIALS): ___ ___ ___

SECTION B: TYPE OF ADVERSE EVENT

B1. Suspected Iohexol reaction?
Yes..... 1
No..... 2 **(Skip to B4)**

B2. Type of Suspected Iohexol Reaction

		Yes	No
a.	Rash.....	1	2
b.	Decreased Systolic Blood Pressure (more than 20 mmHg).....	1	2
c.	Decreased Diastolic Blood Pressure (more than 20 mmHg).....	1	2
d.	Increased Pulse (Heart Rate > 20 beats/min).....	1	2
e.	Decreased Pulse (Heart Rate > 20 beats/min).....	1	2
f.	Other.....	1	2

i. Please specify:_____

_____

B3. Please indicate the likelihood that the reaction was due to Iohexol?
Most Probably..... 1
Probably..... 2
Possibly..... 3
Probably Not..... 4
Not Related..... 5

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B4. Suspected Blood draw Adverse Event?

Yes..... 1

No..... 2 **(Skip to B7)**

B5. Type of Suspected Blood Draw Adverse Event	Yes	No
a. Infection.....	1	2
b. Other.....	1	2

i. Please specify:_____

_____

B6. Please indicate the likelihood that the adverse event was related to the blood draw?

Most Probably..... 1

Probably..... 2

Possibly..... 3

Probably Not..... 4

Not Related..... 5

B7. Suspected ABPM Adverse Event?

Yes..... 1

No..... 2 **(Skip to B10)**

B8. Type of Suspected ABPM Adverse Event	Yes	No
a. Bruising.....	1	2
b. Other.....	1	2

i. Please specify:_____

_____

B9. Please indicate the likelihood that the adverse event was related to the ambulatory blood pressure monitor?

Most Probably..... 1

Probably..... 2

Possibly..... 3

Probably Not..... 4

Not Related..... 5