# 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: ___ ___

A3. FORM VERSION: 0 1 / 0 1 / 0 6

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): ___ ___ ___

A7. Is this study visit an accelerated visit? Yes..... 1
No..... 2

## 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 25 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 | **(Skip to B3)** |

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

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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 | **(Skip to B6)** |

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

B7. Suspected ABPM Adverse Event?

Yes..... 1

No..... 2 **(END)**

| B8. Type of Suspected ABPM Adverse Event | Yes | No | |
|---|---|---|---|
| a. Bruising..... | 1 | 2 | |
| b. Other..... | 1 | 2 | **(Skip to B9)** |

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