FOLLOW-UP GENERAL HISTORY (F13)

Chronic Kidney Disease in Children (CKiD)

SECTION A: GENERAL INFORMATION

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

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

A2. CKiD VISIT #: ___ ___

A3. FORM VERSION: _1_ _1_ / _0_ _1_ / _1_ _0_

A4. DATE OF VISIT: ___ ___/ ___ ___/ ___ ___ ___ ___
          M M   D D   Y Y Y Y

A5. INTERVIEWER'S INITIALS: ___ ___ ___

A6. Is this study visit an irregular (accelerated) visit?

Yes**………………………..** 1

No**………………………..** 2

For each question, fill in the answer or circle the number that best matches the respondent's answer. Circle -8 for "Don't Know" responses. If a participant declines to answer a question, document -7 to the right of the response choice(s). For missing data, document -9 to the right of the response choice(s). Please document the reason for missing data (i.e., the question was accidentally skipped.)

Read each question and follow skip patterns as they appear on the form. Review the QxQ for detailed descriptions of questions.

INTRODUCTION TO PARTICIPANT:

Thank you for participating in this study.

The following pages contain questions about your child's family background and family medical history since their last study visit. I am going to ask you a series of questions. Some of the questions may be difficult for you to answer and exact dates may be hard to remember. Please take as much time as you need, so I can gather information that is as accurate as possible.

If at any point in the interview you want me to stop, let me know. As with all study information, your responses will be kept strictly confidential, and the responses you provide will in no way affect your child's clinical care. The first set of questions asks about you and your child's background. If you have trouble understanding anything I say, stop me and I will re-read the question.

Are you ready to begin?

SECTION B: INFORMATION ABOUT YOU

The following questions are about your relationship to the child who is participating in the study.

B1.   What is your relationship to (*name of child*)?

Mother**……………………….……………....**	1	→ **(Skip to C1)**
Father**...**	2	→ **(Skip to C1)**
Legal Guardian**...................................**	3	→ **(Skip to C1)**
Self………………………………………..	5	→ **(Skip to C1)**
Other**...**	4	

   a. If **OTHER,** specify your relationship: _____

      (Such as: grandmother, stepfather, uncle, etc.)

SECTION C: CHILD'S EDUCATION

The following questions are about the child's education. Specifically, the next question asks about the highest grade the child has completed. For example, if the child is currently in the 12th grade, then enter "11", or if the child is currently in the 6th grade, then enter "5". In addition, if the child is in the 1st grade, kindergarten or not yet in school, then enter "0".

C1.   What is the **highest** grade or level of school that (*name of child*) has COMPLETED?

   ___ ___Grade

   Don't Know**……………………………….**   -8

C2.   Does (*name of child*) attend school outside of the home?

   Yes**……………………………….............**   1

   No**………………….............................**   2   → **(Skip to D1)**

C3.   During the past school year, approximately how many days has (*name of child*) missed from school because of not feeling well?

   ___ ___ Days

   Don't Know**……………………………….**   -8

C4.   Does (name of child) have an individualized educational plan (IEP)? (An individualized educational plan includes special education and related services designed to address specific educational needs of children with disabilities. REFER TO QXQ FOR DETAILED DESCRIPTION.)

   Yes**……………………………………...**   1

   No**……………………………………....**   2

   Don't Know**……………………………….**   -8

C5.   Does (name of child) have a 504 plan at school (or equivalent for Canadian sites)? (A 504 plan is a program designed to assist students with physical or emotional disabilities or other special needs in a regular school environment. REFER TO QXQ FOR DETAILED DESCRIPTION.)

> Yes**…………………………………………...**   1
> No**…………………………………………....**   2
> Don't Know**……………………………………..**   -8

SECTION D: CHILD'S FAMILY AND PRIMARY HOUSEHOLD

The following questions are to learn more about the child's home and with whom he or she lives.

D1.   What is the current relationship between (*name of child*) **biological parents**?

> Not married, living together**…...…………..**   1
> Married, living together**…...........................**   2
> Married, separated**……………………….…**   3
> Widowed**…………….............................**   4
> Divorced**…………………………………....**   5
> Never married, not living together **…………**   6
> Refuse to answer**…………………………...**   -7
> Don't Know**……………………………………**   -8

The following questions ask about the child's <u>primary household</u>. The <u>primary household</u> is the home in which the child lives at least half of the time.

D2.   How many days per week does (*name of child*) live in the primary household? Indicate a number between 4 and 7.

> _____ days

> Don't Know**………………………………….**   -8

D3.   How many adults live in the primary household? Include **all persons at least 18 years of age**, including siblings and non-relatives.

> ___ ___ adults

> Don't Know**………………………………….**   -8

D4. Which of the following adults (18 years or older) live in the primary household? **(Circle "Yes", "No" or "Don't Know" for EACH of the following.)**

		Yes	No	Don't Know
a.	Birth Mother**...**	1	2	-8
b.	Birth Father**...**	1	2	-8
c.	Step Mother/ Adoptive Mother**.....................**	1	2	-8
d.	Step Father/ Adoptive Father**.......................**	1	2	-8
e.	Other**...**	1	2	-8
	i. Specify: _____			

D5. How many people under the age of 18 (including this child), live in the primary household (at least half the time)? Include **all persons under the age of 18**, including siblings and non-relatives.

     ___ ___ people

     Don't Know**………………………………….**   -8

D6. Do any of the people that live in the primary household (at least half the time) routinely smoke cigarettes, cigars, cigarillos or little cigars?

     Yes**……………………………….…...........**   1
     No**……………………………………………**   2
     Don't Know**…………………………………..**   -8

The following questions are about the education level of the child's parents in the primary household. Remember, primary household is defined as the home in which the child lives at least half of the time.

D7. What is the highest grade or level of school that (*name of child*) MOTHER (including birth, adoptive or stepmother) in the **primary household** has COMPLETED? For example, if completed high school enter "12 years", if completed 4-year college degree enter "16 years", and if completed doctoral degree enter "20 years."

     ___ ___ Years

     Don't Know**………………………………….**   -8
     No Such Person**……………………………....**   -1

D8. What is the highest grade or level of school that (*name of child*) FATHER (including birth, adoptive or stepfather) in the **primary household** has COMPLETED? For example, if completed high school enter "12 years", if completed 4-year college degree enter "16 years", and if completed doctoral degree enter "20 years."

     ___ ___ Years

     Don't Know**………………………………….**   -8
     No Such Person**……………………………....**   -1

For D9: ALLOW RESPONDENT TO CIRCLE THE NUMBER IN THE FAR RIGHT COLUMN THAT CORRESPONDS TO THEIR TOTAL INCOME.

D9.   Please estimate the total income (before taxes) of all members of the **primary household**. Include **total income from wages, business, or investments** for all members of (*name of child*) primary household, by year, month, or week. Do **NOT** include social security, disability insurance, or other governmental assistance. **Circle** the number in the FAR RIGHT COLUMN that corresponds to the total income.

YEAR	MONTH	WEEK	
$6,000 OR LESS.............	$500 OR LESS..................	$115 OR LESS................	1
$6,001 TO $12,000.........	$501 TO $1,000.................	$116 TO $231	2
$12,001 TO $18,000..........	$1,001 TO $1,500..............	$232 TO $346	3
$18,001 TO $24,000..........	$1,501 TO $2,000..............	$347 TO $461	4
$24,001 TO $30,000..........	$2,001 TO $2,500..............	$462 TO $577	5
$30,001 TO $36,000..........	$2,501 TO $3,000..............	$578 TO $692	6
$36,001 TO $75,000..........	$3,001 TO $6,250..............	$693 TO $1442	7
MORE THAN $75,000.......	MORE THAN $6,250.........	MORE THAN $1442........	8

D9a.   What is the current employment status of (*name of child*) MOTHER (including birth, adoptive or stepmother) in the **primary household**?

Working full-time (35 hours or more per week)……	1	
Working part-time (less than 35 hours per week)…	2	
Unemployed but seeking work…….……………...	3	→ **Skip to D9b**
Unemployed not seeking work…….……………...	4	→ **Skip to D9b**
Student……………………….….………………....	5	→ **Skip to D9b**
Retired………………………….……………….....	6	→ **Skip to D9b**
Disability………………….………………………....	7	→ **Skip to D9b**
No such person in household/Not Applicable……..	-1	→ **Skip to D9b**
Don't Know……………….………………………...	-8	→ **Skip to D9b**

   i.   Is (*name of child*) MOTHER in the **primary household** self-employed?

Yes………………………………….............	1
No…………………………………………	2
Don't Know………………………………….	-8

D9b.   What is the current employment status of (*name of child*) FATHER (including birth, adoptive or stepfather) in the **primary household**?

Working full-time (35 hours or more per week)**......**	1
Working part-time (less than 35 hours per week)**...**	2
Unemployed but seeking work**…….................….**	3 → **Skip to** D9c
Unemployed not seeking work**…….................….**	4 → **Skip to** D9c
Student**…….................…….................…….....**	5 → **Skip to** D9c
Retired**…….................…….................……........**	6 → **Skip to** D9c
Disability**…….................…….................………**	7 → **Skip to** D9c
No such person in household/Not Applicable**…….....**	-1 → **Skip to** D9c
Don't Know**…….................…….................……….**	-8 → **Skip to** D9c

    i.   Is (*name of child*)'s FATHER in the **primary household** self-employed?

Yes**…….................…….............................**	1
No**…….................…….................………**	2
Don't Know**…….................……...………...**	-8

D9c.   What is the current employment status of (*name of child*)?

Working full-time (35 hours or more per week)**......**	1
Working part-time (less than 35 hours per week)**...**	2
Unemployed but seeking work**…….................….**	3 → **Skip to D10**
Unemployed not seeking work**…….................….**	4 → **Skip to D10**
Student**…….................…….................…….....**	5 → **Skip to D10**
Retired**…….................…….................……........**	6 → **Skip to D10**
Disability**…….................…….................………**	7 → **Skip to D10**
Not Applicable **…….................…….....................**	-1 → **Skip to D10**
Don't Know**…….................…….................……….**	-8 → **Skip to D10**

    i.   Is (*name of child*) self-employed?

Yes**…….................…….............................**	1
No**…….................…….................………**	2
Don't Know**…….................……..………...**	-8

D10.   What is the current zip code of the child's **primary household** (i.e., the home in which the child lives at least half of the time)?

        ___ ___ ___ ___ ___ ___

        Don't Know**…………………………………….**   -8

D11.   Has the child lived at the current zip code for more than 1 year?

        Yes**……………………………………………..**   1 (skip to D12)

        No**…………………………………………**   2

        Don't Know**…………………………….………**   -8 (Skip to Section E)

    a.   Approximately how many months has the child lived at the current zip code?

        ___ ___ months

        Don't Know**…………………………………….**   -8

    b.   What was the zip code of the child's previous primary household?

        ___ ___ ___ ___ ___ ___

        Don't Know**…………………………………….**   -8

    c.   Approximately, how many years did the child live at the previous zip code?

        ___ ___ . ___ years **(Skip to Section E)**

        Don't Know**…………………………………….**   -8 **(Skip to Section E)**

D12.   Approximately, how many years has the child lived at the current zip code?

        ___ ___ . ___ years

        Don't Know**…………………………………….**   -8

SECTION E: CHILD'S FAMILY HISTORY

The health conditions and illnesses experienced by close family members can provide important information about the child's health. The following questions ask about the medical history of the child's biological family. The child's biological family includes his or her birth mother, birth father, grandparents, aunts, uncles, full brothers, full sisters and cousins. (This does not include great aunts, great uncles and great grandparents.) *Full brothers and full sisters are defined as siblings who have the same birth mother __and__ birth father as the child.*

Some people who lost their parents at an early age, or who were adopted, may not have information on their birth family. If you are familiar with the health history of any of the members of the child's biological or birth family, please answer the following questions about these relatives' health to the extent that you are able. If you are uncertain of the answer to any question, please select "Don't Know." If you have trouble understanding anything I say, stop me and I will re-read the question.

E1.   Do you have knowledge of the health history of any members of (*name of child*) birth family (i.e. parents, grandparents, aunts, uncles, siblings and cousins)?

           Yes……………………………………………..   1
           No…………………………………………….....   2   → **(Skip to F1)**

E2.   a.   How many **living half** siblings does (*name of child*) have (Half siblings are defined as brothers and sisters, who have only one parent, either mother or birth father in common. Do not include deceased siblings.)?

           ___ ___ living half siblings → **(If "0", skip to E3)**
           Don't Know ………………………………...   -8   → **(Skip to E3)**

      b.   Does (*name of child*) have any **living half** siblings in the study?
           Yes……………………………………………..   1
           No…………………………………………….....   2   → **(Skip to E3)**
           i. How many **living half** siblings does (*name of child*) have participating in the study?

           ___ ___ living half siblings

E3.   a.   How many **full** siblings does (*name of child*) have? (Full siblings are defined as brothers and sisters, who have the same birth mother and birth father as the child. Include deceased siblings.)

           ___ ___ full (living and deceased) siblings → **(If "0", skip to E5)**
           Don't Know ………………………………...   -8   → **(Skip to E5)**

.   b.   How many **living full** siblings does (*name of child*) have?

           ___ ___ full (living) siblings → **(If "0", skip to E4)**
           Don't Know ………………………………...   -8   → **(Skip to E4)**

      c.   Does (*name of child*) have any **living full** siblings in the study?
           Yes……………………………………………..   1
           No…………………………………………….....   2   → **(Skip to E4)**
           i. How many **living full** siblings does (*name of child*) have participating in the study?

           ___ ___ living full siblings

E4.   Please provide the date of birth for each of (*name of child*) full siblings (brothers & sisters).

	Date of Birth		**Date of Birth**
a. Sibling 1	__ __/ __ __/ __ __ __ __ M M D D Y Y Y Y Don't Know............................. -8	e. Sibling 5	__ __/ __ __/ __ __ __ __ M M D D Y Y Y Y Don't Know............................. -8
b. Sibling 2	__ __/ __ __/ __ __ __ __ M M D D Y Y Y Y Don't Know............................. -8	f. Sibling 6	__ __/ __ __/ __ __ __ __ M M D D Y Y Y Y Don't Know............................. -8
c. Sibling 3	__ __/ __ __/ __ __ __ __ M M D D Y Y Y Y Don't Know............................. -8	g. Sibling 7	__ __/ __ __/ __ __ __ __ M M D D Y Y Y Y Don't Know............................. -8
d. Sibling 4	__ __/ __ __/ __ __ __ __ M M D D Y Y Y Y Don't Know............................. -8	h. Sibling 8	__ __/ __ __/ __ __ __ __ M M D D Y Y Y Y Don't Know............................. -8

The next questions ask about the family members who were told they had kidney disease and the type of kidney disease they had.

E5.   a.   In the past year, have any of **(*name of child*) living or deceased biological family members** been told by a health care professional that they had kidney disease in the past year?

Yes**..............................**   1
No**.................................**   2   →   **(Skip to E8)**
Don't know**...................**   -8   →   **(Skip to E8)**

b. Which family members?   **c.** What type of kidney disease?

		Yes	No		Alport's Hereditary Nephritis	Polycystic Kidney Disease	Focal Segmental Glomerulosclerosis	Reflux Nephropathy (Kidney/bladder Reflux)	Other	Don't Know
1	Mother..............	1	2	**(#2)**	1	2	3	4	5 **(specify)** Specify: _____	-8
2	Father...............	1	2	**(#3)**	1	2	3	4	5 **(specify)** Specify: _____	-8
3	Sibling (full brother or sister)...	1	2	**(#4)**	1	2	3	4	5 **(specify)** Specify: _____	-8
4	Grandparents...	1	2	**(#5)**	1	2	3	4	5 **(specify)** Specify: _____	-8
5	Aunts/Uncles....	1	2	**(#6)**	1	2	3	4	5 **(specify)** Specify: _____	-8
6	Cousins............	1	2	**(E6)**	1	2	3	4	5 **(specify)** Specify: _____	-8

CKiD
Chronic Kidney Disease
in Children

Next, I am going to ask you some more questions about (*name of child*) biological family members.

E6.   a.   In the past year, have any of (*name of child*) living or deceased biological family members been told by a health care professional that they had the SAME kidney disease?

Yes**......................................**   1

No**..**   2   →   **(Skip to E7)**

Don't know**...........................**   -8   →   **(Skip to E7)**

   b.   Which biological family members?   <u>Yes</u>   <u>No</u>

(Circle "Yes" or "No" for EACH of the following.)

		Yes	No
1.	Mother**....................................**	1	2
2.	Father**.....................................**	1	2
3.	Sibling (full brother or sister)**...**	1	2
4.	Grandparents**..........................**	1	2
5.	Aunts/Uncles**...........................**	1	2
6.	Cousins**...................................**	1	2

E7.   a.   In the past year, have any of (*name of child*) living or deceased biological family members had a kidney biopsy?

Yes**......................................**   1

No**..**   2   →   **(Skip to E8)**

Don't know**...........................**   -8   →   **(Skip to E8)**

   b.   Which biological family members?   <u>Yes</u>   <u>No</u>

(Circle "Yes" or "No" for EACH of the following.)

		Yes	No
1.	Mother**....................................**	1	2
2.	Father**.....................................**	1	2
3.	Sibling (full brother or sister)**....**	1	2
4.	Grandparents**..........................**	1	2
5.	Aunts/Uncles**...........................**	1	2
6.	Cousins**...................................**	1	2

E8.　a.　In the past year, have any of (*name of child*) **living or deceased biological family members** been told by a health care professional (any doctor, nurse, physician assistant or nurse practitioner) that they had…

　　b.　Which **biological family members**? **(Circle "Yes", "No", or "Don't Know" for EACH of the following)**

1. High Blood Pressure or Hypertension

Yes**.....................** 1
No**........................** 2 → **(Skip to 2)**
Don't know**...........** -8 → **(Skip to 2)**

	Yes	No	Don't Know
Mother**....................**	1	2	-8
Father**.....................**	1	2	-8
Sibling (full brother or sister)**.................**	1	2	-8
Grandparents**.........**	1	2	-8
Aunts/Uncles**..........**	1	2	-8
Cousins**..................**	1	2	-8

2. High Cholesterol

Yes**.....................** 1
No**........................** 2 → **(Skip to 3)**
Don't know**...........** -8 → **(Skip to 3)**

	Yes	No	Don't Know
Mother**....................**	1	2	-8
Father**.....................**	1	2	-8
Sibling (full brother or sister)**.................**	1	2	-8
Grandparents**.........**	1	2	-8
Aunts/Uncles**..........**	1	2	-8
Cousins**..................**	1	2	-8

3. Diabetes (high blood sugar or sugar diabetes)

Yes**.....................** 1
No**........................** 2 → **(Skip to 4)**
Don't know**...........** -8 → **(Skip to 4)**

	Yes	No	Don't Know
Mother**....................**	1	2	-8
Father**.....................**	1	2	-8
Sibling (full brother or sister)**.................**	1	2	-8
Grandparents**.........**	1	2	-8
Aunts/Uncles**..........**	1	2	-8
Cousins**..................**	1	2	-8

(Circle "Yes", "No" or "Don't Know" for EACH of the following)

4. Stroke before the age of 50

	Yes	No	Don't Know
Mother	1	2	-8
Father	1	2	-8
Sibling (full brother or sister)	1	2	-8
Grandparents	1	2	-8
Aunts/Uncles	1	2	-8
Cousins	1	2	-8

Yes..................... 1
No...................... 2 → **(Skip to 5)**
Don't know........... -8 → **(Skip to 5)**

5. Heart Attack before the age of 50

	Yes	No	Don't Know
Mother	1	2	-8
Father	1	2	-8
Sibling (full brother or sister)	1	2	-8
Grandparents	1	2	-8
Aunts/Uncles	1	2	-8
Cousins	1	2	-8

Yes..................... 1
No...................... 2 → **(Skip to E9)**
Don't know........... -8 → **(Skip to E9)**

E9. a. In the past year, have any of **(*name of child*) living or deceased biological family members** had **dialysis** as treatment for kidney disease?

Yes**..........** 1

No**............** 2 → **(Skip to E10)**

Don't Know**...** -8 → **(Skip to E10)**

b. Which **biological family members**? (Circle "Yes", "No", or "Don't Know" for EACH of the following)

c. At what age was treatment started?

1. Mother

Yes**...................** 1

No**.....................** 2 → **(skip to 2)**

Don't Know**.......** -8

___ ___ yrs old

Don't Know**.......** -8

2. Father

Yes**...................** 1

No**.....................** 2 → **(skip to 3)**

Don't Know**.......** -8

___ ___ yrs old

Don't Know**.......** -8

3. Sibling (full brother or sister)

Yes**...................** 1

No**.....................** 2 → **(skip to 4)**

Don't Know**.......** -8

___ ___ yrs old

Don't Know**.......** -8

4. Grandparents

Yes**...................** 1

No**.....................** 2 → **(skip to 5)**

Don't Know**.......** -8

___ ___ yrs old

Don't Know**.......** -8

5. Aunts/Uncles

Yes**...................** 1

No**.....................** 2 → **(skip to 6)**

Don't Know**.......** -8

___ ___ yrs old

Don't Know**.......** -8

6. Cousins

Yes**...................** 1

No**.....................** 2 → **(skip to E10)**

Don't Know**.......** -8

___ ___ yrs old

Don't Know**.......** -8

E10. a. In the past year, have any of **(*name of child*) living or deceased biological family members** had a **kidney transplant** as treatment for kidney disease?

Yes**..........** 1

No**............** 2 → **(Skip to E11)**

Don't Know**...** -8 → **(Skip to E11)**

b. Which **biological family members**? (Circle "Yes", "No", or "Don't Know" for EACH of the following)

c. At what age was transplant performed?

1. Mother

___ ___ yrs old

Yes**...................** 1

Don't Know**.......** -8

No**.....................** 2 → **(skip to 2)**

Don't Know**.......** -8

2. Father

___ ___ yrs old

Yes**...................** 1

Don't Know**.......** -8

No**.....................** 2 → **(skip to 3)**

Don't Know**.......** -8

3. Sibling (full brother or sister)

___ ___ yrs old

Yes**...................** 1

Don't Know**.......** -8

No**.....................** 2 → **(skip to 4)**

Don't Know**.......** -8

4. Grandparents

___ ___ yrs old

Yes**...................** 1

Don't Know**.......** -8

No**.....................** 2 → **(skip to 5)**

Don't Know**.......** -8

5. Aunts/Uncles

___ ___ yrs old

Yes**...................** 1

Don't Know**.......** -8

No**.....................** 2 → **(skip to 6)**

Don't Know**.......** -8

6. Cousins

___ ___ yrs old

Yes**...................** 1

Don't Know**.......** -8

No**.....................** 2 → **(skip to E11)**

Don't Know**.......** -8

E11.   In the past year, has the birth mother been pregnant?

Yes**..** 1

No**…..** 2   **(skip to E13)**

E12.   In the past year, have any of the birth mother's pregnancies resulted in the following?

(Circle "Yes", "No" or "Don't Know" for EACH of the following)

	Yes	No	Don't Know
Stillbirth (fetus died at birth)**.........................**	1	2	-8
Miscarriage**…..**	1	2	-8

E13.   In the past year, has (*name of child*) birth mother had recurrent Urinary Tract Infections (UTI)?

Yes**……………………………….........** 1

No**……………………………………** 2

Don't Know**……………………………….** -8

E14.   In the past year, has (*name of child*) birth father had recurrent Urinary Tract Infections (UTI)?

Yes**……………………………….........** 1

No**……………………………………** 2

Don't Know**……………………………….** -8

E15.   In the past year, have any of (*name of child*) siblings had recurrent Urinary Tract Infections (UTI)?

Yes**……………………………….........** 1

No**……………………………………** 2

Don't Know**……………………………….** -8

N/A, child does not have any siblings**………** -1

SOME OF THE FOLLOWING QUESTIONS MAY BE EMBARASSING TO THE CHILD. ASK THIS SECTION OF QUESTIONS WHEN THE CHILD IS NOT IN THE ROOM.

SECTION F: CHILD'S DEVELOPMENTAL HISTORY

The following questions are to learn more about the child's development.

F1.   At the last CKiD study visit, was (*name of child*) older than 5 years of age?

Yes**…………………………………….............**   1 → **(Skip to F4)**

No**…………………………………………**   2

F2.   a. Is (*name of child*) currently older than 5 years of age?

Yes**…………………………………….............**   1 → **(Skip to F2c)**

No**…………………………………………**   2

b. Is (*name of child*) currently breast-fed?

Yes**…………………………………….............**   1 → **(Skip to F3)**

No**…………………………………………**   2

Don't Know**………………………………….**   -8 → **(Skip to F3)**

c. Was (*name of child*) breast-fed?

Yes**…………………………………….............**   1

No**…………………………………………**   2 → **(Skip to F3)**

Don't Know**………………………………….**   -8 → **(Skip to F3)**

d. How old was (*name of child*) when he/she was weaned from breast feeding?
(Please circle "1" for years, "2" for months, "3" for weeks or "4" for days.)

Age ___ ___   1 = years
2 = months
3 = weeks
4 = days

Don't Know**……………………………………**   -8

F3.   Is (*name of child*) currently bottle-fed?

Yes**…………………………………….............**   1 → **(Skip to F4)**

No**…………………………………………**   2

Don't Know**………………………………….....**   -8 → **(Skip to F4)**

a. Was (*name of child*) bottle-fed?

Yes**…………………………………….............**   1

No**…………………………………………**   2 → **(Skip to F4)**

Don't Know**………………………………….....**   -8 → **(Skip to F4)**

b. How old was (*name of child*) when he/she was weaned from bottle feeding?
(Please circle "1" for years, "2" for months, "3" for weeks or "4" for days)

Age ___ ___   1 = years
2 = months
3 = weeks
4 = days

Don't Know **……………………………….....**   -8

FOR QUESTION F4 – F5, PLEASE PAY CLOSE ATTENTION TO THE SKIP PATTERNS. FOLLOW EACH SKIP PATTERN CAREFULLY. IT IS IMPORTANT TO ANSWER EACH QUESTION ACCORDING TO THE SKIP PATTERN.

F4.   In the past year, has *(name of child)* had any wetness or leakage of urine (accidents) during the day or night?

Yes**…………………………….....................**   1
No**…………………………....………**   2 → **(Skip to c)**
Don't Know**…………………………….....**   -8 → **(Skip to c)**

  a.   In the past year, is *(name of child)* wet during the day?

Yes**…………………………….....................**   1

No**…………………………....………**   2

Don't Know**…………………………….....**   -8

  b.   In the past year, is *(name of child)* wet during the night?

Yes**…………………………….....................**   1

No**…………………………....………**   2

Don't Know**…………………………….....**   -8

  c.   In the past year, has *(name of child)* catheterized the bladder (i.e., put a tube in the bladder)?

Yes**…………………………….....................**   1

No**…………………………....………**   2 → **(Skip to F5)**

Don't Know**…………………………….....**   -8 → **(Skip to F5)**

    i.   In the past year, has *(name of child)* catheterized through the urethra?

Yes**……………………………….........**   1

No**………………………………..**   2

Don't Know**………………………….…**   -8

    ii.   In the past year, has *(name of child)* catheterized through a stoma?

Yes**……………………………….........**   1

No**………………………………..**   2

Don't Know**………………………….…**   -8

F5.   At the last CKiD study visit, was (*name of child*) toilet trained?

        Yes**……………………….**............   1 → **(Skip to F6)**

        No**…………………………………**   2

        Don't Know**…………………………....**   -8 → **(Skip to F6)**

a. Is (*name of child*) currently toilet trained?

        Yes**……………………….**............   1

        No**…………………………………**   2 → **(Skip to F6)**

        Don't Know**…………………………....**   -8 → **(Skip to F6)**

b. When was (*name of child*) toilet trained?

    Age ___ ___ years

c. After toilet training, did bed-wetting occur?

        Yes**……………………….**............   1

        No**…………………………………**   2 → **(Skip to d)**

        Don't Know**…………………………....**   -8 → **(Skip to d)**

      i. Does bed-wetting still occur?

            Yes**………………………**...........   1 → **(Skip to iii)**

            No**………………………**...........   2

            Don't Know**……………………….**   -8 → **(Skip to c)**

      ii. At what age did bed-wetting stop?
           (Please circle "1" for years and "2" for months)

           Age ___ ___   1 = years
                             2 = months

           Don't Know**………………………..**   -8

      iii. Were medical reasons the cause of bed-wetting?

            Yes**..**   1

            No**...**   2

            Don't Know**...**   -8

d. After toilet training, did bed-soiling occur?

Yes**…………………………...............** 1

No**…………………………………** 2 → **(Skip to F6)**

Don't Know**…………………………….....** -8 → **(Skip to F6)**

    i. Does bed-soiling still occur?

      Yes**………………………….......** 1 → **(Skip to iii)**

      No**…………………………….....** 2

      Don't Know**……………………….** -8 → **(Skip to F6)**

    ii. At what age did bed-soiling stop?
      (Please circle "1" for years and "2" for months)
      Age ___ ___   1 = years
                   2 = months
      Don't Know**……………………………..** -8

    iii. Were medical reasons the cause of bed-soiling?

      Yes**..** 1

      No**..** 2

      Don't Know**..............................** -8

F6. In the past year, has (*name of child*) experienced any of the following problems?
(Circle "Yes", "No" or "Don't Know" for EACH of the following)

		Yes	No	Don't Know
a.	Feeding problem**...................**	1	2	-8
b.	Eating disorder**......................**	1	2	-8
c.	Underweight problem**............**	1	2	-8
d.	Overweight problem**..............**	1	2	-8
e.	Walking difficulty**...................**	1	2	-8
f.	Unclear speech**.....................**	1	2	-8
g.	Sleep problem**.......................**	1	2	-8
h.	Colic**.....................................**	1	2	-8

F7. Which hand does (*name of child*) primarily use to write?

Primarily right**...** 1

Primarily left**...** 2

F8.   At the last CKiD study visit, was (*name of child*) 4 years of age or older?

Yes**…………………………………….................**   1 → **(END FORM)**

No**……………………………………………**   2

Don't Know**…………………………………....**   -8

    a.   Is (*name of child*) currently 4 years of age or older?

Yes**…………………………………….................**   1

No**……………………………………………**   2 → **(END FORM)**

Don't Know**…………………………………....**   -8 → **(END FORM)**

F9.   During (*name of child*) first 4 years, were any problems noted in the areas listed below? Indicate yes, no or don't know for each of the following.

		Yes	No	Don't Know
a.	Eating**....................................**	1	2	-8
b.	Excessive crying**....................**	1	2	-8
c.	Failure to thrive**......................**	1	2	-8
d.	Motor skills**...........................**	1	2	-8
e.	Separating from parents**........**	1	2	-8
f.	Sleeping too little**...................**	1	2	-8
g.	Sleeping too much**................**	1	2	-8
h.	Temper tantrums**...................**	1	2	-8

TO BE COMPLETED BY CLINICAL SITE:

DATE: ___ ___/ ___ ___/ ___ ___ ___ ___   **INITIALS:**   ___ ___ ___
            M M / D D / Y Y Y Y

ADMINISTRATION: **1 = Interviewer Assisted**
(Circle "1", "2" or "3")   **2 = Self-Administered**
                        3 = Both

CKiD
Chronic Kidney Disease
in Children