COGNITIVE-DEVELOPMENTAL DATA CODING SHEET (NRC03a)

Participant Age: > 12 and < 30 months

CKiD Chronic Kidney Disease in Children Cohort Study

SECTION A: GENERAL INFORMATION

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

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

A2. CKiD VISIT #: ___ ___

A3. FORM VERSION: _0_ _1_ / _1_ _5_ / _1_ _3_

A4. TESTING DATE: ___ ___/ ___ ___/ ___ ___ ___ ___
                                      M M D D Y Y Y Y

SECTION B

B1. Is the child ≥ 12 and < 30 months?

Yes**...** 1

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

B2. Number of Sessions: ____ ____

Refer to the Reliability Recording Worksheet when completing EACH SECTION. Document the "Reliability Code" on the Reliability Recording Worksheet and then transcribe the reliability code to the Cognitive-Development Coding Sheet.

Please note: A reliability code should be entered for each scale even if the scale is not administered. If a scale is not administered, record -9 for the scale variables and enter the appropriate reliability code explaining why the scale was not completed.

Initials of Licensed Psychologist ___ ___ ___

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<u>For data entry personnel only</u>: For scales not completed, record -9 for the scale variables, and enter "Not performed" in the notes field. Enter the reliability code for the scale as it is recorded on the form.

SECTION C removed

Section D: Mullen Scales of Early Learning

D0. Mullen

  a. Was the Mullen completed at the study visit?

      Yes **(Skip to D1)**........................   1 **(Skip to D1)**

      No...   2

  b. Please explain why the Mullen was not completed using **Primary Reliability Codes 2-8 and the appropriate Secondary Reliability Code**:

      Reliability Code: ____ **.** ____ **(END)**

SECTION D: GROSS MOTOR

D1. Raw Score: ____ ____

D2. Age Equivalent: ____ ____

D3. T-Score: ____ ____

D4. Reliability Code: ____ **.** ____

SECTION E: VISUAL RECEPTION

E1. Raw Score: ____ ____

E2. Age Equivalent: ____ ____

E3. T-Score: ____ ____

E4. Reliability Code: ____ **.** ____

Initials of Licensed Psychologist ___ ___ ___

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SECTION F: FINE MOTOR

F1. Raw Score: _____ _____

F2. Age Equivalent: _____ _____

F3. T-Score: _____ _____

F4. Reliability Code: _____ . _____

SECTION G: RECEPTIVE LANGUAGE

G1. Raw Score: _____ _____

G2. Age Equivalent: _____ _____

G3. T-Score: _____ _____

G4. Reliability Code: _____ . _____

SECTION H: EXPRESSIVE LANGUAGE

H1. Raw Score: _____ _____

H2. Age Equivalent: _____ _____

H3. T-Score: _____ _____

H4. Reliability Code: _____ . _____

SECTION I: EARLY LEARNING COMPOSITE

I1. Standard Score: _____ _____ _____

TO BE COMPLETED BY THE PERSON COMPLETING THE FORM:

Date form completed: ___ ___/ ___ ___/ ___ ___ ___ ___   **Initials:** ___ ___ ___
                    M   M   D   D   Y   Y   Y   Y

PROMPT:	PLEASE SEND PARENT AND NEPHROLOGIST FEEDBACK REPORTS. SAMPLE REPORTS CAN BE FOUND AT THE BACK OF CHAPTER 13 IN THE CKID MANUAL OF PROCEDURES.

Initials of Licensed Psychologist ___ ___ ___

CKiD
Chronic Kidney Disease
in Children