

COGNITIVE/DEVELOPMENT DATA CODING SHEET (NRCO3a)

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 #: 0 1 b

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

A4. TESTING DATE: / /
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SECTION B

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

Yes..... 1

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

B2. Number of Sessions:

SECTION C: RELIABILITY CODES

C1. PRIMARY CODE

- Standard procedure, reliable results..... 1
- Irregular procedure, reliability affect minor (e.g., child too tired)..... 2
- Irregular procedure, unreliable (e.g., child too active, too ill; examiner errors).... 3
- Patient attempted, too impaired to complete..... 4
- Patient attempted, examiner discontinued..... 5
- Patient attempted, refused to finish..... 6
- Patient refused to begin..... 7
- Not attempted, reason unrelated to patient (e.g., examiner forgot)..... 8

C2. SECONDARY CODE

- Not related to physical limitations (.0) 0
- Primarily related to physical limitations (.1) 1
- Primarily related to cognitive deficit (.2) 2

COGNITIVE/DEVELOPMENT DATA CODING SHEET (NRC03a)

Mullen Scales of Early Learning

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: ____ . ____

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: ____ . ____

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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 PSYCHOLOGIST:

Date form completed: ____ / ____ / ____ Initials: ____

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PROMPT: ACCESS THE CKiD WEBSITE <http://www.statepi.ihsp.edu/ckid/> AND SELECT PSYCHOLOGIST CORNER. RECORD THE APPROPRIATE DATA ONTO THE INTERACTIVE FORM TO GENERATE A STANDARD "FEEDBACK" LETTER FOR THE PARTICIPANT'S FAMILY.