

COGNITIVE/DEVELOPMENT DATA CODING SHEET (NRCO3b)

Participant Age: \geq 30 months and $<$ 4 years

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 / 0 1 / 0 6

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

A5. Is this study visit an accelerated visit? Yes..... 1
No..... 2

SECTION B

B1. Is the child \geq 30 months and $<$ 4 years?

Yes..... 1

No..... (END)

B2. Number of Sessions: _____

PROMPT: SECTION C IS FOR REFERENCE ONLY. DO NOT RECORD DATA.

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

Initials of Licensed Psychologist _____

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C2. SECONDARY CODE

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

WPPSI-III (2:6-3:11)

SECTION D: RECEPTIVE VOCABULARY

- D1. Raw Score: _____
- D2. Scaled Score: _____
- D3. Reliability Code: _____ . _____

SECTION E: BLOCK DESIGN

- E1. Raw Score: _____
- E2. Scaled Score: _____
- E3. Reliability Code: _____ . _____

SECTION F: INFORMATION

- F1. Raw Score: _____
- F2. Scaled Score: _____
- F3. Reliability Code: _____ . _____

SECTION G: OBJECT ASSEMBLY

- G1. Raw Score: _____
- G2. Scaled Score: _____
- G3. Reliability Code: _____ . _____

Initials of Licensed Psychologist _____

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SECTION H: IQ MEASUREMENTS

- H1. Verbal IQ: _____
a. Percentile Score: _____ . _____ %
- H2. Performance IQ: _____
a. Percentile Score: _____ . _____ %
- H3. Full Scale IQ: _____
a. Percentile Score: _____ . _____ %

TO BE COMPLETED BY THE PERSON COMPLETING THE FORM:

Date form completed: ____ / ____ / ____ Initials: ____
 M M D D Y Y Y Y

PROMPT: ACCESS THE CKiD WEBSITE <http://www.statepi.jhsph.edu/ckid/> AND CLICK ON 'PSYCHOLOGIST'S CORNER'. RECORD THE APPROPRIATE DATA ONTO THE INTERACTIVE FORM TO GENERATE STANDARD "FEEDBACK" LETTERS.

Initials of Licensed Psychologist _____