

COGNITIVE/DEVELOPMENT DATA CODING SHEET (NRC03b)

Participant Age: ≥ 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: 1 2 / 0 1 / 1 0

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 ≥ 30 months and < 4 years?

Yes..... 1

No..... (END)

B2. Number of Sessions: _____

When completing each section, refer to the Reliability Recording Worksheet. On the Reliability Recording Worksheet, document the “Reliability Code” and then transcribe the reliability code to the coding sheet.

**Section D: Wechsler Preschool and Primary Scale of Intelligence, Third Edition (WPPSI-III)
(2:6-3:11)**

D0. WPPSI-III

a. Was the WPPSI-III completed at the study visit?

Yes..... 1

No..... 2 (END)

Initials of Licensed Psychologist _____



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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: _____ . _____

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 _____