

COGNITIVE-DEVELOPMENTAL DATA CODING SHEET (NRC03c)

Participant Age: ≥ 4 and < 6 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 / 1 5 / 1 3

A4. TESTING DATE:

___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

SECTION B

B1. Is the child ≥ 4 and < 6 years?

Yes..... 1

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

B2. Number of Sessions: ___ ___

PROMPT: THE PSYCHOLOGICAL ASSESSMENTS WILL BE COUNTERBALANCED ACROSS PARTICIPANTS AND TIME POINTS. THE ORDER OF TEST ADMINISTRATION WILL BE INDICATED ON THE FACE SHEET ATTACHED TO TESTING FORMS. ALL TESTS SHOULD BE ADMINISTERED REGARDLESS OF THE ORDER.

PLEASE REFER TO SECTION 13 (COGNITIVE-DEVELOPMENTAL AND BEHAVIORAL MEASURES) OF THE CKiD MANUAL OF PROCEDURES.

B3. Please select the order in which the assessments were administered.

Block A then Block B..... 1

Block B then Block A..... 2

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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-Developmental Data 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.

For data entry personnel only: 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

Initials of Licensed Psychologist ____

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**Section D: Wechsler Preschool and Primary Scale of Intelligence, Third Edition (WPPSI-III)
(4:0-7:3)**

D0. WPPSI-III

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

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

No..... 2

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

Reliability Code: ____ . ____ **(Skip to L0)**

SECTION D: BLOCK DESIGN

D1. Raw Score: ____ ____

D2. Scaled Score: ____ ____

D3. Reliability Code: ____ . ____

SECTION E: INFORMATION

E1. Raw Score: ____ ____

E2. Scaled Score: ____ ____

E3. Reliability Code: ____ . ____

SECTION F: MATRIX REASONING

F1. Raw Score: ____ ____

F2. Scaled Score: ____ ____

F3. Reliability Code: ____ . ____

SECTION G: VOCABULARY

G1. Raw Score: ____ ____

G2. Scaled Score: ____ ____

G3. Reliability Code: ____ . ____

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SECTION H: PICTURE CONCEPTS

- H1. Raw Score: _____
- H2. Scaled Score: _____
- H3. Reliability Code: _____ . _____

SECTION I: WORD REASONING

- I1. Raw Score: _____
- I2. Scaled Score: _____
- I3. Reliability Code: _____ . _____

SECTION J: CODING

- J1. Raw Score: _____
- J2. Scaled Score: _____
- J3. Reliability Code: _____ . _____

SECTION K: IQ MEASUREMENTS

- K1. Verbal IQ: _____
- a. Percentile Score: _____ . _____ %
- K2. Performance IQ: _____
- a. Percentile Score: _____ . _____ %
- K3. Full Scale IQ: _____
- a. Percentile Score: _____ . _____ %

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**Section L: Conner's Continuous Performance Test:
Kiddie Version (K-CPT)
(Ages 4-6)**

L0. K-CPT

a. Was the K-CPT completed at the study visit?

Yes..... 1

No (**Skip to R1**)..... 2 (**Skip to R1**)

SECTION L: ERRORS OF OMISSION

L1. Raw Score: _____ . _____

L2. T- Score: _____ (round score)

SECTION M: ERRORS OF COMMISSION

M1. Raw Score: _____ . _____

M2. T-Score: _____ (round score)

SECTION N: HIT REACTION TIME

N1. Raw score: _____ . _____

N2. T-Score: _____ (round score)

SECTION O: VARIABILITY

O1. Raw score: _____ . _____

O2. T-Score: _____ (round score)

SECTION P: DETECTABILITY

P1. Raw Score: _____ . _____

P2. T-Score: _____ (round score)

SECTION Q: RESPONSE STYLE

Q1. Raw Score: _____ . _____

Q2. T-Score: _____ (round score)

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SECTION R: OVERALL RELIABILITY

R1. Reliability Code: _____ . _____ (END)

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 _____