

COGNITIVE/DEVELOPMENT DATA CODING SHEET (NRCO3d)

Participant Age: \geq 6 years of age

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 8 / 0 1 / 0 7

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 6 years of age?

Yes..... 1

No..... (END)

B2. Number of Sessions: _____

PROMPT: THE PSYCHOLOGICAL ASSESSMENTS WILL BE COUNTERBALANCED ACROSS PARTICIPANTS AND TIME POINTS. PLEASE REFER TO SECTION 13 (CORE COGNITIVE/DEVELOPMENTAL/BEHAVIORAL MEASURES) OF THE MANUAL OF PROCEDURES FOR FURTHER DETAIL.

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

Block A/ Block B..... 1

Block B/ Block A..... 2

Initials of Licensed Psychologist _____



COGNITIVE/DEVELOPMENT DATA CODING SHEET (NRC03d)

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
C2. SECONDARY CODE	
Not related to physical limitations (.0).....	0
Primarily related to physical limitations (.1).....	1
Primarily related to cognitive deficit (.2).....	2

WASI

D0. WASI

a. Was the WASI completed at the study visit?

Yes..... 1

No..... 2 (Skip to I0)

SECTION D: VOCABULARY

D1. Raw Score:	_____
D2. T-Score:	_____
D3. Reliability Code:	____ . ____

SECTION E: BLOCK DESIGN

E1. Raw Score:	_____
E2. T-Score:	_____
E3. Reliability Code:	____ . ____

COGNITIVE/DEVELOPMENT DATA CODING SHEET (NRC03d)

SECTION F: SIMILARITIES

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

SECTION G: MATRIX REASONING

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

SECTION H: IQ MEASUREMENTS

- H1. Verbal IQ: _____
- a. Percentile Score: _____ . _____ %
- H2. Performance IQ: _____
- a. Percentile Score: _____ . _____ %
- H3. Full Scale - 4 IQ: _____
- a. Percentile Score: _____ . _____ %
- H4. Full Scale - 2 IQ: _____
- a. Percentile Score: _____ . _____ %

WIAT-II-A

10. WIAT-II-A
- a. Was the WIAT-II-A completed at the study visit?
- Yes..... 1
- No..... 2 (Skip to M0)

SECTION I: WORD READING

- I1. Age Equivalent Raw Score: _____
- I2. Age Equivalent Standard Score: _____
- I3. Reliability Code: _____ . _____

COGNITIVE/DEVELOPMENT DATA CODING SHEET (NRCO3d)

SECTION J: NUMERICAL OPERATIONS

- J1. Age Equivalent Raw Score: _____
- J2. Age Equivalent Standard Score: _____
- J3. Reliability Code: _____ . _____

SECTION K: SPELLING

- K1. Age Equivalent Raw Score: _____
- K2. Age Equivalent Standard Score: _____
- K3. Reliability Code: _____ . _____

SECTION L: TOTAL ACHIEVEMENT

- L1. Age Equivalent Standard Score: _____

CPT-II

M0. CPT-II

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

Yes..... 1

No..... 2 (END)

SECTION M: ERRORS OF OMISSION

- M1. Raw Score: _____ . _____
- M2. T- Score: _____ (round score)

SECTION N: ERRORS OF COMMISSION

- N1. Raw Score: _____ . _____
- N2. T-Score: _____ (round score)

SECTION O: HIT REACTION TIME

- O1. Raw score: _____ . _____
- O2. T-Score: _____ (round score)

COGNITIVE/DEVELOPMENT DATA CODING SHEET (NRCO3d)

SECTION P: VARIABILITY

P1. Raw score: _____ . _____

P2. T-Score: _____ (round score)

SECTION Q: DETECTABILITY

Q1. Raw Score: _____ . _____

Q2. T-Score: _____ (round score)

SECTION R: RESPONSE STYLE

R1. Raw Score: _____ . _____

R2. T-Score: _____ (round score)

SECTION S: OVERALL RELIABILITY

S1. Reliability Code: _____ . _____

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.