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PHYSICAL EXAMINATION (PE)

Chronic Kidney Disease in Children (CKiD)

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: AFFIX ID LABEL OR ENTER NUMBER IF ID LABEL IS NOT AVAILABLE
|__| - |__|__| - |__|__|__|

A2. CKiD VISIT #: ___ ___ ___

A3. FORM VERSION: 1 0 / 0 1 / 1 4

A4. DATE OF VISIT: ___ ___/ ___ ___/ ___ ___ ___ ___
M M D D Y Y Y Y

A5. EXAMINER'S INITIALS: ___ ___ ___

A6. Is this study visit an irregular (accelerated) visit?
Yes..... 1
No..... 2

A7. Is this a V1a or V1b study visit?
Yes..... 1
No..... 2 **(Skip to B1)**

A8. Has consent form been signed by young adult participant, parent or legal guardian?
Yes..... 1
No..... 2 **(STOP*)**

***WRITTEN CONSENT MUST BE OBTAINED before performing any study related procedures or tasks.**

A9. Date parent or legal guardian signed consent form: ___ ___/ ___ ___/ ___ ___ ___ ___
M M D D Y Y Y Y

A10. Is documented assent required at your institution?
Yes..... 1
No..... 2 **(Skip to A12)**
N/A..... -1 **(Skip to A12)**

A11. Date of child assent: ___ ___/ ___ ___/ ___ ___ ___ ___
M M D D Y Y Y Y

A12. Has consent for genetic testing been obtained?
Yes..... 1
No..... 2

A13. Has consent to store biological specimen(s) been obtained?
Yes..... 1
No..... 2

SECTIONS B – G can be completed by a Nurse or other Health Care Provider with CKiD Training

SECTION B: VITAL SIGNS

B1. a. Temperature:___ ___ ___ . ___

1 = °C Typical range: **36.1 – 38.3**

2 = °F Typical range: **94.5 – 100.6**

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b. How was the temperature measured? **(Please circle the type of measurement.)**

Oral..... 1
Axillary..... 2
Tympanic..... 3

DO NOT CALCULATE HEART RATE. ONLY ENTER NUMBER OF BEATS PER MINUTE

B2. Pulse Measurement

a. Number of Heart Beats per minute: ___ ___ ___

B3. Local Clinical Blood Pressure (i.e. Dinamap): ___ ___ ___ / ___ ___ ___

B4. Respiratory Rate

a. Respirations per minute: ___ ___

SECTION C: WEIGHT

C1. Child Weight **(If weight is measured in pounds (lbs), please convert to kilograms (kg).)**
1 lb = (1/2.2) kg **Example: 150 lbs** = 150/2.2 = 68.18 = **68.2 kg**

a. First Measurement: ___ ___ ___ . ___ **(kg)**

b. Second Measurement: ___ ___ ___ . ___ **(kg)**

i. Do the first and second measurements differ by more than 0.2 Kg?

Yes…..... 1
No…..... 2 **(Complete Specimen Collection Form)**

ii. Third Measurement: ___ ___ ___ . ___ **(kg)**

SECTION D: HEIGHT, LEG LENGTH, and WAIST and HIP CIRCUMFERENCES

D1. Child Length/Height

a. Device used to obtain length/height **(Please circle the device used.)**

Measuring table with firm block and moveable footboard…. 1
Wall mounted stadiometer..... 2

b. First Measurement: ___ ___ ___ . ___ (cm)

c. Second Measurement: ___ ___ ___ . ___ (cm)

i. Do the first and second measurements differ by more than 0.3 cm?

Yes..... 1
No..... 2 **(Skip to D2)**

ii. Third Measurement: ___ ___ ___ . ___ (cm)

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D2. Is this a V3,V5,V7… study visit? Yes…… 1
No…… 2 **(Skip to D3)**

Child Right Leg Length (ASIS (Anterior Superior Iliac Spine) to medial malleolus):

Anatomical location of the ASIS (Anterior Superior Iliac Spine):

D2. a. First measurement: ___ ___ ___ . ___ (cm)
b. Second Measurement: ___ ___ ___ . ___ (cm)
c. Third Measurement: ___ ___ ___ . ___ (cm)

D3. Child Waist Circumference

a. First Measurement: ___ ___ ___ . ___ (cm)

b. Second Measurement: ___ ___ ___ . ___ (cm)

i. Do the first and second measurements differ by more than 0.1 cm?
Yes..... 1
No..... 2 **(Skip to D4)**

ii. Third Measurement: ___ ___ ___ . ___ (cm)

D4. Child Hip Circumference

a. First Measurement: ___ ___ ___ . ___ (cm)

b. Second Measurement: ___ ___ ___ . ___ (cm)

i. Do the first and second measurements differ by more than 0.1 cm?
Yes..... 1
No..... 2 **(Skip to D5)**

ii. Third Measurement: ___ ___ ___ . ___ (cm)

D5. Parental Height

a. Was the biological mother's height taken at a previous study visit?
Yes..... 1 **(Skip to sub-question e)**
No..... 2
Don't know..... -8

b. Is the biological mother present during the study visit?
Yes..... 1
No ..... 3 **(Skip to sub-question e)**

c. Mother's First Measurement: ___ ___ ___ . ___ (cm)

d. Mother's Second Measurement: ___ ___ ___ . ___ (cm)

i. Do the first and second measurements differ by more than 0.3 cm?
Yes..... 1
No..... 2 **(Skip to sub-question e)**

ii. Mother's Third Measurement: ___ ___ ___ . ___ (cm)

e. Was the biological father's height taken at a previous study visit?
Yes..... 1 **(Skip to E1)**
No 2
Don't know..... -8

f. Is the biological father present during the study visit?
Yes..... 1
No ..... 3 **(Skip to E1)**

g. Father's First Measurement: ___ ___ ___ . ___ (cm)

h. Father's Second Measurement: ___ ___ ___ . ___ (cm)

i. Do the first and second measurements differ by more than 0.3 cm?
Yes..... 1
No..... 2 **(Skip to E1)**

ii. Father's Third Measurement: ___ ___ ___ . ___ (cm)

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SECTION E: BLOOD PRESSURE USING MABIS-MEDIC-KIT ANEROID

E1. Mid Arm Circumference

a. First Measurement: ___ ___ . ___(cm)

b. Second Measurement: ___ ___ . ___(cm)

i. Do the first and second measurements differ by more than 0.2 cm?

Yes..... 1

No..... 2 **(Skip to E2)**

ii. Third Measurement: ___ ___ . ___(cm)

USE THE MID-ARM CIRCUMFERENCE MEASUREMENTS TO SELECT THE APPROPRIATE BP CUFF.

E2. a. Cuff size used **(Please circle the cuff size used.)**

Infant (9.0 to 14.0 cm)..... 1

Child (>14.0 to 21.0 cm)..... 2

Adult (>21.0 cm to 29.0 cm) 3

Large Adult (>29.0 cm to 40.0 cm) 4

Thigh (>40.0 to 52.0cm) 5

- **The cuff tubing should be attached to the Mabis Medic-Kit Aneroid sphygmomanometer.**
- **While palpating the radial pulse (at the wrist), observe sphygmomanometer and inflate the cuff rapidly to 60 mmHg and then slowly inflate in increments of 10 mmHg until the pulse is no longer felt.**
- **If the pulse is still felt, the cuff pressure should be increased until the pulse disappears. Either the first or the second of these procedures will identify the Observed Pulse Obliteration Pressure.**

b. Observed Pulse Obliteration Value ___ ___ ___

ADD 30 mm Hg TO THE OBSERVED PULSE OBLITERATION VALUE TO CALCULATE THE PEAK INFLATION LEVEL

c. Peak Inflation Pressure: ___ ___ ___

d. First Blood Pressure Reading: ___ ___ ___ / ___ ___ ___ ☐ 1) K4 ☐ 2) K5

WAIT AT LEAST 30 SECONDS BETWEEN MEASUREMENTS.
AFTER FIRST AND SECOND BLOOD PRESSURE READING, RAISE CHILD'S ARM FOR 15 SECONDS (MAKE SURE THE CHILD IS NOT SUPPORTING THE ARM AT ALL.)

In some patients, the disappearance of sound, i.e. the fifth Korotkoff sound (K5), never occurs and beats can be heard during the entire deflation period. In these circumstances, the fourth Korotkoff sound (K4) should be used to determine the diastolic blood pressure. The fourth Korotkoff sound at the point during deflation where the quality of the sound changes dramatically (e.g. the quality of the beats become muffled.)

e. Second Blood Pressure Reading: ___ ___ ___ / ___ ___ ___ ☐ 1) K4 ☐ 2) K5

f. Third Blood Pressure Reading: ___ ___ ___ / ___ ___ ___ ☐ 1) K4 ☐ 2) K5

g. Initials of Blood Pressure Reader: ___ ___ ___

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SECTION F: HEAD CIRCUMFERENCE

F1. Is the child less than 3 years old?

Yes…….. 1

No……... 2 **(Skip to G1)**

F2. Head Circumference

a. First Measurement: ___ ___ ___(cm)

b. Second Measurement: ___ ___ ___(cm)

i. Do the first and second measurements differ by more than .3 cm?

Yes..... 1

No..... 2 **(Skip to G1)**

ii. Third Measurement: ___ ___ ___(cm)

SECTION G: EDEMA

G1. Edema…..... ___

(Enter highest code. Code 0=none, 1=facial, 2=pretibial, 3=above knee, 4=presacral, 5=ascites, 6=anasarca)

G2. Is this a Visit 1b study visit?

Yes..... 1 **(Skip to Section I)**

No..... 2

SECTION H should be completed by a Pediatrician, Nurse Practitioner, or Physician Assistant

SECTION H: TANNER STAGING

H1. a. Was the participant's previous CKiD tanner assessment "Adult (stage 5)"?

Yes..... 1 **(Skip to Section I)**

No..... 2

b. What is the participant's gender?

Male…..... 1 **(Skip to H4)**

Female…..... 2

USE THE ASSESSMENT OF PUBERTAL STAGE LAMINATED CARD AND PICTURES TO ANSWER THE FOLLOWING QUESTIONS

H2. If female participant, what is the developmental stage of her pubic hair?

Pre-pubertal..... 1

Sparse growth of slightly pigmented hair…..... 2

Darker, coarser, beginning to curl and spread over the symphysis..... 3

Hair has adult characteristics but not adult distribution…….. 4

Adult…..... 5

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H3. If female participant, what is the developmental stage of her breasts?

(Stage 1) Pre-pubertal..... 1 **(Skip to I1)**

(Stage 2) Budding..... 2 **(Skip to I1)**

(Stage 3) Small adult breasts..... 3 **(Skip to I1)**

(Stage 4) Areola and papilla form secondary mound..... 4 **(Skip to I1)**

(Stage 5) Adult breasts..... 5 **(Skip to I1)**

H4. If male participant, what is the developmental stage of his testes and scrotum?

Pre-pubertal…..... 1

Enlargement of testes, scrotal reddening..... 2

Increasing length more than width of penis, further scrotal enlargement 3

Further penile enlargement, darkening of scrotal skin..... 4

Adult…..... 5

H5. If male participant, what is the developmental stage of his pubic hair?

Pre-pubertal…..... 1

Sparse growth of slightly pigmented hair..... 2

Darker, coarser, beginning to curl and spread over the symphysis……. 3

Hair has adult characteristics but not adult distribution…… 4

Adult…..... 5

USE THE ORCHIDOMETER (THE GREEN BEADS) PROVIDED BY CKiD.

H6. If male participant, what is the testicular size per the orchidometer?

Bead 1, 2 or 3..... 1

Bead 4..... 2

Bead 5..... 3

Bead 6..... 4

Bead 8..... 5

Bead 10..... 6

Bead 12..... 7

Bead 15..... 8

Bead 20..... 9

Bead 25..... 10

SECTION I: PROBLEMS

I1. Were there any sections of the physical exam form that were difficult to complete or not completed (i.e., participant was irritable and/or crying during blood pressure measurement and therefore, unable to obtain 1 of the 3 blood pressure measurements)?

Yes……. 1 **(Complete I2 on page 8)**

No……... 2 **(END HERE)**

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I2. Please indicate the section of the physical exam form that was difficult to obtain data or not completed. Please circle yes or no to each section.

	Yes	No	
a. **Section B:** Vital Signs…….....	1	2	(**skip to b**)
i. Please specify:_____			
b. **Section C:** Weight…….....	1	2	(**skip to c**)
i. Please specify:_____			
c. **Section D:** Height…….....	1	2	(**skip to d**)
i. Please specify:_____			
d. **Section D:** Leg Length…….....	1	2	(**skip to e**)
i. Please specify:_____			
e. **Section D:** Waist Circumference …….....	1	2	(**skip to f**)
i. Please specify:_____			
f. **Section D:** Hip Circumference…….....	1	2	(**skip to g**)
i. Please specify:_____			
g. **Section E:** Blood Pressure Measure using Mabis Medic Kit.....	1	2	(**skip to h**)
i. Please specify:_____			
h. **Section F:** Head Circumference for children less than 3 years old	1	2 **(skip to i)**	N/A (**skip to i**)
i. Please specify:_____			
i. **Section G:** Edema…….....	1	2	(**skip to j**)
i. Please specify:_____			
j. **Section H:** Tanner Staging…….....	1	2	(**END HERE**)
i. Please specify:_____			

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