

## CKiD Follow Up Site Questionnaire

Follow-up Visit #: \_\_\_ \_\_\_ \_\_\_

Initials of person completing form: \_\_\_\_\_

Date Form Completed: \_\_\_/\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)

Form Version: 04 / 15 / 10

**Please record the most recent laboratory and physical exam data for the participant below. Only data that is  $\leq 6$  months from the date of the follow-up visit should be used. If there is no data available for a question from that time frame then you should list that specific data as not available.**

**Section A: Laboratory Results**

A1. Are renal panel results available?

Yes.....

1 (skip to A2)

No, Specify reason below.....

2

i. Reason: \_\_\_\_\_

**(Skip to A3)**

A2. Date renal panel was drawn:

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

M M D D Y Y Y Y

a. Sodium (NA) |\_\_|\_|\_|\_| (mmol/L)

b. Potassium (K) |\_\_| . |\_\_| (mmol/L)

c. Chloride (CL) |\_\_|\_|\_|\_| (mmol/L)

d. Carbon Dioxide (CO<sub>2</sub>) |\_\_|\_|\_| (mmol/L)

e. Urea Nitrogen (BUN) |\_\_|\_|\_|\_| (mg/dL)

f. Glucose (GLU) |\_\_|\_|\_|\_| (mg/dL)

g. Calcium (CA) |\_\_|\_|\_| . |\_\_| (mg/dL)

h. Phosphate (PO<sub>4</sub>) |\_\_|\_|\_| . |\_\_| (mg/dL)

i. Albumin (ALB) |\_\_| . |\_\_| (g/dL)

j. Serum Creatinine |\_\_| . |\_\_| (mg/dL)

1. Which assay was used to measure serum creatinine?

Enzymatic..... 1

Modified Jaffe Reaction..... 2

Other..... 3

Don't Know..... -8

2. What laboratory was used to measure serum creatinine  
(ie. Quest, Labcorp, local site lab – give institution name, etc.)?\_\_\_\_\_  
Don't Know..... -8

## CKiD Follow Up Site Questionnaire

A3. Are CBC Blood results available?

Yes.....

1 (Skip to A4)

No, Specify reason below.....

2

i. Reason \_\_\_\_\_

(Skip to A5)

A4. Date CBC was drawn:

 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 M M D D Y Y Y Y
**CBC Results**

- a. Leukocyte Count (white blood cells) |\_\_|\_|\_|\_|\_|\_| (cu mm)
- b. Erythrocyte Count (red blood cells) |\_\_| . |\_\_|\_|\_| (M/cu mm) or (x106uL)
- c. Platelet Count (PLTs) |\_\_|\_|\_|\_|\_| (K/cu mm) or (x103uL)
- d. Hemoglobin |\_\_|\_|\_| . |\_\_|\_| (g/dL)
- e. Packed Cell Volume (Hematocrit) |\_\_|\_|\_| . |\_\_|\_| (%)
- f. Mean Corpuscular Hemoglobin (MCH) |\_\_|\_|\_| . |\_\_|\_| (pg/cell)
- g. Mean Corpuscular Hemoglobin Concentration (MCHC) |\_\_|\_|\_| . |\_\_|\_| (g/dL)
- h. Mean Corpuscular Volume (MCV) |\_\_|\_|\_|\_| . |\_\_|\_| (fL)
- i. Red Blood Cell Distribution Width (RDW) |\_\_|\_|\_| . |\_\_|\_| (%)

A5. Are Cystatin C results available?

Yes.....

1 (Skip to A6)

No, Specify reason below.....

2

i. Reason: \_\_\_\_\_

(Skip to A7)

A6. Date Cystatin C was drawn:

 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 M M D D Y Y Y Y
a. **Cystatin C Result**..... |\_\_|\_|\_|\_| . |\_\_|\_| (mg/L)

1. Which assay was used to measure Cystatin C?

Turbidometry (DAKO)..... 1

Nephelometry (Dade Behring)..... 2

Other..... 3

Don't Know..... -8

2. What laboratory was used to measure Cystatin C  
(ie. Quest, Labcorp, local site lab – give institution name, etc.)?\_\_\_\_\_  
Don't Know..... -8

## CKiD Follow Up Site Questionnaire

A7. Are Iron studies results available?

Yes..... 1 (Skip to A8)

No, Specify reason below..... 2

i. Reason: \_\_\_\_\_ (Skip to Section B)

A8. Date iron sample was drawn:

__	__	/	__	__	/	__	__	__	__
M	M		D	D		Y	Y	Y	Y

**Iron Results**

- a. % Saturation |\_|\_|\_| (%)
- b. Transferrin |\_|\_|\_|\_| (mg/dL)
- c. Ferritin |\_|\_|\_|\_| (ng/dL)

**Section B: Physical Exam**

B1. a. Clinical Blood Pressure (If patient is on hemodialysis record pre-dialysis BP)

__	__	__	/	__	__	__
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b. Date clinical BP was measured:

__	__	/	__	__	/	__	__	__	__
M	M		D	D		Y	Y	Y	Y

Results Not Available..... -8 (Skip to B2)

c. What method was used to obtain blood pressure?

Manual..... 1

Automatic..... 2

Don't Know..... -8

B2. Child Weight (If weight is measured in pounds (lbs), please convert to kilograms (kg) 1lb = [1 / 2.2 ]kg Example: 150lbs = 150/2.2 = 68.18 = 68.2 kg.)

a. \_\_\_\_\_ . \_\_\_\_ (kg)

b. Date of weight measurement:

__	__	/	__	__	/	__	__	__	__
M	M		D	D		Y	Y	Y	Y

Results Not Available..... -8

B3. Child Length/Height (If height is measured in inches, please convert to centimeters (cm) 1in = 2.54cm Example 4 ft 5 in = 53in x 2.54 = 134.6 cm.)

a. \_\_\_\_\_ . \_\_\_\_ (cm)

b. Date of height measurement:

__	__	/	__	__	/	__	__	__	__
M	M		D	D		Y	Y	Y	Y

Results Not Available..... -8

## CKiD Follow Up Site Questionnaire

### Section C: Outcomes for Transplant Patients

- C1. Has the participant undergone a kidney transplant?  
 Yes..... 1  
 No ..... 2 **(Skip to D1)**
- C2. Date of kidney transplant: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 M M D D Y Y Y Y
- C3. What is the current clinical status of the patient's kidney transplant?  
 If he/she has had more than one kidney transplant please answer based on their most Recent transplant.  
 Functioning graft..... 1  
 Graft Failure..... 2 **(Skip to D1)**

### Section D: Outcomes for Dialysis Patients

- D1. Has the patient initiated dialysis in the last year?  
 Yes..... 1  
 No ..... 2 **(End Form Here)**
- D2. Is (*name of child*) currently on dialysis?  
 Yes..... 1  
 No ..... 2 **(End Form Here)**
- D3. Is the patient currently undergoing Hemodialysis?  
 Yes..... 1  
 No ..... 2 **(Skip to D4)**
- D3a. Date of Initiation: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 M M D D Y Y Y Y
- D4. Is the patient currently undergoing Peritoneal Dialysis?  
 Yes..... 1  
 No ..... 2 **(End Form Here)**
- D4a. Date of Initiation: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 M M D D Y Y Y Y
- D4b. Type of PD:  
 Continuous Ambulatory Peritoneal Dialysis..... 1  
 Automated/Continuous Cycling Peritoneal Dialysis..... 2