

## Post CKiD Follow Up Site Questionnaire (PFU02)

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

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

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

Form Version: 06 / 01 / 11

**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 serum renal panel results available?

Yes.....

1 (skip to A2)

No, Specify reason below.....

2

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

(Skip to A3)

A2. Date serum renal panel was drawn:

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

M M D D Y Y Y Y

- a. Sodium (NA) |\_\_|\_\_|\_\_| (MEQ/L) or (mmol/L)
- b. Potassium (K) |\_\_|. |\_\_| (MEQ/L) or (mmol/L)
- c. Chloride (CL) |\_\_|\_\_|\_\_| (MEQ/L) or (mmol/L)
- d. Carbon Dioxide (CO<sub>2</sub>) |\_\_|\_\_| (MEQ/L) or (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

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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

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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. % Transferrin Saturation (TSAT) |\_\_|\_\_| (%)
- b. Transferrin |\_\_|\_\_|\_\_| (mg/dL)
- c. Ferritin |\_\_|\_\_|\_\_| (ng/dL)
- d. Serum Iron |\_\_|\_\_|\_\_| (ug/dL)

**Section B: Physical Exam**

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

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

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

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### 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