

## Follow-Up Site Questionnaire (PFU02)

Participant ID: \_\_\_ - \_\_\_ - \_\_\_\_\_

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

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

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

Form Version: 09 / 01 / 12

**Please record the most recent laboratory and physical exam data for the participant below. Only data that are less than 6 months from the date that this form was completed should be used. If there are 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**  
 A1i.Reason: \_\_\_\_\_ **(Skip to A3)**

A2. Date serum renal panel was drawn: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 M M D D Y Y Y Y

A2a. Sodium (NA) |\_\_|\_|\_|\_| (MEQ/L) or (mmol/L)  
 A2b. Potassium (K) |\_\_| . |\_\_| (MEQ/L) or (mmol/L)  
 A2c. Chloride (CL) |\_\_|\_|\_|\_| (MEQ/L) or (mmol/L)  
 A2d. Carbon Dioxide (CO<sub>2</sub>) |\_\_|\_|\_| (MEQ/L) or (mmol/L)

BUN mmol/L to mg/dL      mmol/L ÷ **0.357** = mg/dL      Ex: 6.7 mmol/L = 6.7 ÷ 0.357 = 19 mg/dL

Glucose mmol/L to mg/dL      mmol/L ÷ **0.0555** = mg/dL      Ex: 5.3 mmol/L = 5.3 ÷ 0.0555 = 96 mg/dL

Calcium mmol/L to mg/dL      mmol/L ÷ **0.25** = mg/dL      Ex: 2.33 mmol/L = 2.33 ÷ 0.25 = 9.3 mg/dL

Phosphate mmol/L to mg/dL      mmol/L ÷ **0.323** = mg/dL      Ex: 1.19 mmol/L = 1.19 ÷ 0.323 = 3.6 mg/dL

A2e. Urea Nitrogen (BUN) |\_\_|\_|\_|\_| (mg/dL)  
 A2f. Glucose (GLU) |\_\_|\_|\_|\_| (mg/dL)  
 A2g. Calcium (CA) |\_\_|\_|\_| . |\_\_| (mg/dL)  
 A2h. Phosphate (PO<sub>4</sub>) |\_\_|\_|\_| . |\_\_| (mg/dL)  
 A2i. Albumin (ALB) |\_\_| . |\_\_| (g/dL)

SCr umol/L to mg/dL      umol/L ÷ **88.4** = mg/dL      Ex: 72 umol/L = 72 ÷ 88.4 = 0.9 mg/dL

A2j. Serum Creatinine |\_\_| . |\_\_| (mg/dL)

A2j1. Which assay was used to measure serum creatinine?

Enzymatic..... **1**  
 Other..... **3**  
 Don't Know..... **-8**

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A2j2. What laboratory was used to measure serum creatinine (ie. Quest, Labcorp, local site lab – give institution name, etc.)?  
\_\_\_\_\_

Don't Know..... -8

#### CBC Results

A3. Are CBC Blood results available?

Yes.....

1 (Skip to A4)

No, Specify reason.....

2

A3i. Reason\_\_\_\_\_

(Skip to A5)

A4. Date CBC was drawn:

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
M M D D Y Y Y Y

Use this table if the results below are reported  
in units of 10<sup>3</sup>uL

4.5 x 10 <sup>3</sup> uL	= 4500 cu mm	9.0 x 10 <sup>3</sup> uL	= 9000 cu mm
5.0 x 10 <sup>3</sup> uL	= 5000 cu mm	9.5 x 10 <sup>3</sup> uL	= 9500 cu mm
5.5 x 10 <sup>3</sup> uL	= 5500 cu mm	10.0 x 10 <sup>3</sup> uL	= 10000 cu mm
6.0 x 10 <sup>3</sup> uL	= 6000 cu mm	10.5 x 10 <sup>3</sup> uL	= 10500 cu mm
6.5 x 10 <sup>3</sup> uL	= 6500 cu mm	11.0 x 10 <sup>3</sup> uL	= 11000 cu mm
7.0 x 10 <sup>3</sup> uL	= 7000 cu mm	11.5 x 10 <sup>3</sup> uL	= 11500 cu mm
7.5 x 10 <sup>3</sup> uL	= 7500 cu mm	12.0 x 10 <sup>3</sup> uL	= 12000 cu mm
8.0 x 10 <sup>3</sup> uL	= 8000 cu mm	12.5 x 10 <sup>3</sup> uL	= 12500 cu mm
8.5 x 10 <sup>3</sup> uL	= 8500 cu mm	13.0 x 10 <sup>3</sup> uL	= 13000 cu mm

- A4a. Leukocyte Count (white blood cells)      |\_\_|\_|\_|\_|\_|\_|      (cu mm)
- A4b. Erythrocyte Count (red blood cells)      |\_\_| . |\_\_|\_|      (M/cu mm) or (x10<sup>6</sup>uL)
- A4c. Platelet Count (PLTs)      |\_\_|\_|\_|\_|      (K/cu mm) or (x10<sup>3</sup>uL)
- A4d. Hemoglobin      |\_\_|\_|\_| . |\_\_|      (g/dL)
- A4e. Packed Cell Volume (Hematocrit)      |\_\_|\_|\_| . |\_\_|      (%)
- A4f. Mean Corpuscular Hemoglobin (MCH)      |\_\_|\_|\_| . |\_\_|      (pg/cell)
- A4g. Mean Corpuscular Hemoglobin Concentration (MCHC)      |\_\_|\_|\_| . |\_\_|      (g/dL)
- A4h. Mean Corpuscular Volume (MCV)      |\_\_|\_|\_|\_| . |\_\_|      (fL)
- A4i. Red Blood Cell Distribution Width (RDW)      |\_\_|\_|\_| . |\_\_|      (%)

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#### Iron Results

A5. Are Iron studies results available?

Yes..... 1

No, Specify reason below..... 2

A5a.Reason: \_\_\_\_\_ **(Skip to Section B)**

A6. Date Iron sample was drawn:

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_\_\_  
M M D D Y Y Y Y

A6a. % Transferrin Saturation (TSAT) |\_\_|\_\_| (%)

A6b. Serum Iron |\_\_|\_\_|\_\_| (ug/dL)

#### Section B: Physical Exam

B1. a. Clinical Blood Pressure (Systolic/Diastolic)

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

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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### Follow-Up Site Questionnaire (PFU02)

#### 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 (*name of child*)'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

#### 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 Peritoneal Dialysis:

- Continuous Ambulatory Peritoneal Dialysis..... 1
- Automated/Continuous Cycling Peritoneal Dialysis..... 2