

**CKiD Chronic Kidney Disease in Children Cohort Study
 ELIGIBILITY FORM (EL)**

Interviewer Initials _____

Form Version: 08 / 01 / 2017

1. Date Form Completed: _____ [mm/dd/yyyy]
- 2a. Date of Birth: _____ [mm/dd/yyyy]
- 2b. Gender: 1) Male 2) Female
3. Most Recent Serum Creatinine Measurement (*If Serum Creatinine is unavailable, "NA" should be checked*): NA
 a. Date: _____ [mm/dd/yyyy] b. Serum Creatinine Measurement: ____ . ____ [mg/dl]
4. Most Recent Height Measurement:
 a. Date: _____ [mm/dd/yyyy]
(Date must be closest to most recent Serum Creatinine measurement date)
 b. Height Measurement: _____ 1=in 2=cm
(round height to the nearest inch or centimeter)

INCLUSION CRITERIA

- 5a. Age (in years) as of written consent date is ____.
- 5b. Is this between ≥ 6 months and < 17 years? 1) Yes 2) No
6. Is written consent date less than **5 years** from the date of onset/diagnosis?
 i.e., (Written consent date – Date of Diagnosis) less than 5 years 1) Yes 2) No
7. Does child have a **non-glomerular** diagnosis? (see the list of non-glomerular diagnoses below) 1) Yes 2) No

8. **If YES to question 7, Primary diagnosis of Chronic Kidney Disease (please check one):**

Non-Glomerular CKD diagnosis **Please document Date of CKD Onset/Diagnosis**
 For congenital diagnosis (marked with *), the Date of CKD Onset should be the same as the Date of Birth.

- | | |
|---|------------------------------------|
| <input type="checkbox"/> 65) Branchio-oto-Renal Disease/Syndrome * | _____ / _____ / _____ [mm/dd/yyyy] |
| <input type="checkbox"/> 54) Cystinosis * | _____ / _____ / _____ [mm/dd/yyyy] |
| <input type="checkbox"/> 57) Medullary cystic disease/juvenile nephronophthisis * | _____ / _____ / _____ [mm/dd/yyyy] |
| <input type="checkbox"/> 66) Methylmalonic Acidemia * | _____ / _____ / _____ [mm/dd/yyyy] |
| <input type="checkbox"/> 61) Oxalosis * | _____ / _____ / _____ [mm/dd/yyyy] |
| <input type="checkbox"/> 53) Polycystic kidney disease (Autosomal recessive) * | _____ / _____ / _____ [mm/dd/yyyy] |
| <input type="checkbox"/> 51) Aplastic/hypoplastic/dysplastic kidneys * | _____ / _____ / _____ [mm/dd/yyyy] |
| <input type="checkbox"/> 62) Congenital Urologic Disease (Bilateral Hydronephrosis) * | _____ / _____ / _____ [mm/dd/yyyy] |
| <input type="checkbox"/> 50) Obstructive uropathy (Posterior urethral valve (PUV))* | _____ / _____ / _____ [mm/dd/yyyy] |
| <input type="checkbox"/> 64) Perinatal Asphyxia * | _____ / _____ / _____ [mm/dd/yyyy] |
| <input type="checkbox"/> 60) Polycystic kidney disease (Autosomal dominant) * | _____ / _____ / _____ [mm/dd/yyyy] |
| <input type="checkbox"/> 55) Pyelonephritis/Interstitial nephritis | _____ / _____ / _____ [mm/dd/yyyy] |
| <input type="checkbox"/> 52) Reflux nephropathy * | _____ / _____ / _____ [mm/dd/yyyy] |
| <input type="checkbox"/> 56) Renal infarct | _____ / _____ / _____ [mm/dd/yyyy] |
| <input type="checkbox"/> 58) Syndrome of agenesis of abdominal musculature
(Eagle Barrett, prune belly syndrome) * | _____ / _____ / _____ [mm/dd/yyyy] |
| <input type="checkbox"/> 63) Vactrel or Vater Syndrome * | _____ / _____ / _____ [mm/dd/yyyy] |
| <input type="checkbox"/> 59) Wilms' tumor | _____ / _____ / _____ [mm/dd/yyyy] |
| <input type="checkbox"/> 80) Non-Glomerular Other: _____ | _____ / _____ / _____ [mm/dd/yyyy] |

Skip to question #10 on page 2

KID#: 3 - ____ - ____ Screening Date: ____/____/____
 Participant Initials: ____ Has participant had CKD for less than 5 years? Yes No
 Only enroll participants whose onset of disease is less than 5 years

9. Does child have **two** or more of the following not secondary to a current or resolving AKI? 1) Yes 2) No

These conditions must have occurred after initial 6 months of life with the exception of kidney imaging and biopsy. (If yes, please check all that apply)

a. **Significant proteinuria**

- 1. urine creatinine ____ mg/dL 2. urine protein ____ mg/dL 3. Date of result: ____/____/____
- Age < 2 years old: urine protein to creatinine ratio >0.5
- Age ≥ 2 years old: urine protein to creatinine ratio >0.2

b. **Hematuria (for at least 3 months)**

- 1. Date of result: ____/____/____ 2. Date of result: ____/____/____
- Dipstick ≥ 1+ blood
- Microscopic ≥ 5 (rbc/hpf)

c. **Evidence of renal tubular disorders**

- 1. Check type of renal tubular disorder 2. Date of result: ____/____/____
- a. Hyperkalemia (high levels of potassium in the blood) c. Metabolic acidosis e. Tubular proteinuria
- b. Renal glycosuria (glucose in the urine) d. Renal tubular acidosis (RTA) f. Other, specify: _____

d. **Abnormalities detected by kidney biopsy or imaging**

e. **Abnormal kidney function** (eGFR=0.413*Ht/SCr, refer to table on page 3)

- Age < 2 years old: serum creatinine >0.4 mg/dL
- Age ≥ 2 years old: eGFR <90 ml/min/1.73m²

f. **Hypertension** (defined by one of the following):

- Diagnosis of hypertension noted by Physician
- Current treatment with anti-hypertensive meds for treatment of hypertension
- BP > 95th percentile on at least 2 occasions: 1st BP ____/____ Date of BP measurement: ____/____/____
 2nd BP ____/____ Date of BP measurement: ____/____/____

To determine if BP is > 95 percentile, use the following website:
<https://www.bcm.edu/bodycomplab/Flashapps/BPVAgeChartpage.html>

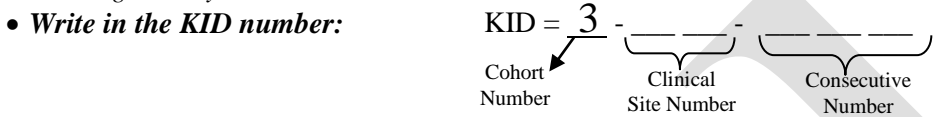
EXCLUSION CRITERIA

- 10. Does the parent or child have plans to move out of the area? (i.e., to an area that makes this clinic no longer a convenient site for study participation) 1) Yes 2) No
- 11. Is the child currently enrolled in a randomized clinical trial in which the specific treatment the child is receiving is unknown? 1) Yes 2) No
- 12. Has the child ever received an organ/bone marrow/stem cell transplant? 1) Yes 2) No
- 13. Has the child been treated with dialysis within the last three months? 1) Yes 2) No
- 14. In the last twelve months, did the child have a diagnosis or treatment of one of the following medical conditions other than kidney disease: cancer/leukemia, HIV? 1) Yes 2) No
- 15. Has the child ever had congenital or structural heart disease? 1) Yes 2) No
- 16. Does the child have any genetic syndromes involving the central nervous system (e.g., Down syndrome)? 1) Yes 2) No
- 17. Does the child have severe or profound developmental delay (mental retardation)? 1) Yes 2) No
- 18. For female individuals, is she pregnant or has she been pregnant within the past year? 1) Yes 2) No NA
(For male individuals, "NA" should be checked.)
- 19. Is the child expected to receive renal replacement therapy in the next 6 months? 1) Yes 2) No
- 20. Has the child ever had an allergic reaction to Iodine or Iohexol? 1) Yes 2) No
(If yes, child should not participate in the optional iGFR test.)
- 21. Is the child fluent in English or Spanish? 1) Yes 2) No
- 22. Which language does the child speak most frequently? 1) English 2) Spanish 3) Both
- 23. Which language does the parent speak most frequently? 1) English 2) Spanish 3) Both

INFORMED CONSENT

- 24a. Has consent form been signed by parent or legal guardian? 1) Yes 2) No
- 24b. Date parent or legal guardian signed consent form: [mm/dd/yyyy] ___/___/_____
- 25a. Is documented assent required at your institution for this child? (If No or Not Applicable, skip to Question 26.) 1) Yes 2) No NA
- 25b. Date of child assent: [mm/dd/yyyy] ___/___/_____
26. Has consent to collect and store sample for genetic testing been obtained? 1) Yes 2) No
27. Has consent to collect and store biological specimen(s) been obtained? 1) Yes 2) No
28. Has consent to participate in iohexol GFR test been obtained? 1) Yes 2) No
29. Has consent to data linking been obtained? 1) Yes 2) No

- If all Yes/No responses are in non-shaded areas, then child is eligible for CKiD.
- If Consent is NOT given, then complete the REFUSAL FORM.
- Create CKiD study identification number "KID" and email ELIGIBILITY FORM to the CCC to be entered into "Nephron" web-based data management system.



Eligible Serum Creatinine (SCr) Ranges by Height (inches) for children 2 years old and older

The table* below shows the ranges of SCr that correspond to an eGFR $\leq 90 \text{ ml/min/1.73m}^2$ for children of different heights who are ≥ 2 years old.

Height		SCr	Height		SCr	Height		SCr	Height		SCr
(cm)	(in)	(mg/dL)	(cm)	(in)	(mg/dL)	(cm)	(in)	(mg/dL)	(cm)	(in)	(mg/dL)
50	19.7	≥ 0.23	85	33.5	≥ 0.39	120	47.2	≥ 0.55	155	61.0	≥ 0.71
51	20.1	≥ 0.23	86	33.9	≥ 0.39	121	47.6	≥ 0.56	156	61.4	≥ 0.72
52	20.5	≥ 0.24	87	34.3	≥ 0.40	122	48.0	≥ 0.56	157	61.8	≥ 0.72
53	20.9	≥ 0.24	88	34.6	≥ 0.40	123	48.4	≥ 0.56	158	62.2	≥ 0.73
54	21.3	≥ 0.25	89	35.0	≥ 0.41	124	48.8	≥ 0.57	159	62.6	≥ 0.73
55	21.7	≥ 0.25	90	35.4	≥ 0.41	125	49.2	≥ 0.57	160	63.0	≥ 0.73
56	22.0	≥ 0.26	91	35.8	≥ 0.42	126	49.6	≥ 0.58	161	63.4	≥ 0.74
57	22.4	≥ 0.26	92	36.2	≥ 0.42	127	50.0	≥ 0.58	162	63.8	≥ 0.74
58	22.8	≥ 0.27	93	36.6	≥ 0.43	128	50.4	≥ 0.59	163	64.2	≥ 0.75
59	23.2	≥ 0.27	94	37.0	≥ 0.43	129	50.8	≥ 0.59	164	64.6	≥ 0.75
60	23.6	≥ 0.28	95	37.4	≥ 0.44	130	51.2	≥ 0.60	165	65.0	≥ 0.76
61	24.0	≥ 0.28	96	37.8	≥ 0.44	131	51.6	≥ 0.60	166	65.4	≥ 0.76
62	24.4	≥ 0.28	97	38.2	≥ 0.45	132	52.0	≥ 0.61	167	65.7	≥ 0.77
63	24.8	≥ 0.29	98	38.6	≥ 0.45	133	52.4	≥ 0.61	168	66.1	≥ 0.77
64	25.2	≥ 0.29	99	39.0	≥ 0.45	134	52.8	≥ 0.61	169	66.5	≥ 0.78
65	25.6	≥ 0.30	100	39.4	≥ 0.46	135	53.1	≥ 0.62	170	66.9	≥ 0.78
66	26.0	≥ 0.30	101	39.8	≥ 0.46	136	53.5	≥ 0.62	171	67.3	≥ 0.78
67	26.4	≥ 0.31	102	40.2	≥ 0.47	137	53.9	≥ 0.63	172	67.7	≥ 0.79
68	26.8	≥ 0.31	103	40.6	≥ 0.47	138	54.3	≥ 0.63	173	68.1	≥ 0.79
69	27.2	≥ 0.32	104	40.9	≥ 0.48	139	54.7	≥ 0.64	174	68.5	≥ 0.80
70	27.6	≥ 0.32	105	41.3	≥ 0.48	140	55.1	≥ 0.64	175	68.9	≥ 0.80
71	28.0	≥ 0.33	106	41.7	≥ 0.49	141	55.5	≥ 0.65	176	69.3	≥ 0.81
72	28.3	≥ 0.33	107	42.1	≥ 0.49	142	55.9	≥ 0.65	177	69.7	≥ 0.81
73	28.7	≥ 0.33	108	42.5	≥ 0.50	143	56.3	≥ 0.66	178	70.1	≥ 0.82
74	29.1	≥ 0.34	109	42.9	≥ 0.50	144	56.7	≥ 0.66	179	70.5	≥ 0.82
75	29.5	≥ 0.34	110	43.3	≥ 0.50	145	57.1	≥ 0.67	180	70.9	≥ 0.83
76	29.9	≥ 0.35	111	43.7	≥ 0.51	146	57.5	≥ 0.67	181	71.3	≥ 0.83
77	30.3	≥ 0.35	112	44.1	≥ 0.51	147	57.9	≥ 0.67	182	71.7	≥ 0.84
78	30.7	≥ 0.36	113	44.5	≥ 0.52	148	58.3	≥ 0.68	183	72.0	≥ 0.84
79	31.1	≥ 0.36	114	44.9	≥ 0.52	149	58.7	≥ 0.68	184	72.4	≥ 0.84
80	31.5	≥ 0.37	115	45.3	≥ 0.53	150	59.1	≥ 0.69	185	72.8	≥ 0.85
81	31.9	≥ 0.37	116	45.7	≥ 0.53	151	59.4	≥ 0.69	186	73.2	≥ 0.85
82	32.3	≥ 0.38	117	46.1	≥ 0.54	152	59.8	≥ 0.70	187	73.6	≥ 0.86
83	32.7	≥ 0.38	118	46.5	≥ 0.54	153	60.2	≥ 0.70	188	74.0	≥ 0.86
84	33.1	≥ 0.39	119	46.9	≥ 0.55	154	60.6	≥ 0.71	189	74.4	≥ 0.87

*In the table, the SCr measurements are based on the updated Schwartz formula to estimate GFR in children with CKD. [Schwartz, Muñoz, Schneider et al. Journal of the American Society of Nephrology, 2009]