

**CENSUS BLOCK GROUP INFORMATION (CBG)**

**Chronic Kidney Disease in Children (CKiD)**

**SECTION A: GENERAL INFORMATION**

**COMPLETE A FORM FOR EACH DIFFERENT ADDRESS  
WHERE THE CHILD HAS RESIDED.**

- A1. KID  -  -
- A2. FORM VERSION:  1   1  /  0   1  /  1   0b
- A3. COORDINATOR'S INITIALS:
- A4. Date form completed:   /   /
- A5. Visit number\*:
- A6. Canadian site: Yes..... 1 **(END Form)**  
No..... 2

**\*For children that have disenrolled, contact your CCC for instructions.**

**SECTION B: CENSUS INFORMATION**

- B1. a. State:
- b. State Code:   **(use the coding sheet to identify the STATE Code)**
- B2. a. County Name:
- b. County Code:    **(use the coding sheet to identify the COUNTY Code)**
- B3. Is the address a P.O. Box or Highway? Yes..... 1 **(End Form)**  
No..... 2
- B4. Census Tract:
- B5. Block Group: