

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 0
- 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: