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

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

Interviewer Initials ___ ___ ___ Form Version: 08 / 01 / 2 0 1 7

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: ___ ___ ___ *(round height to the nearest inch or centimeter)* ☐ **1=in** ☐ **2=cm**

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.	
☐ 65) Branchio-oto-Renal Disease/Syndrome *	___ ___ /___ ___ / ___ ___ ___ ___ [mm/dd/yyyy]
☐ 54) Cystinosis *	___ ___ /___ ___ / ___ ___ ___ ___ [mm/dd/yyyy]
☐ 57) Medullary cystic disease/juvenile nephronophthisis *	___ ___ /___ ___ / ___ ___ ___ ___ [mm/dd/yyyy]
☐ 66) Methylmalonic Acidemia *	___ ___ /___ ___ / ___ ___ ___ ___ [mm/dd/yyyy]
☐ 61) Oxalosis *	___ ___ /___ ___ / ___ ___ ___ ___ [mm/dd/yyyy]
☐ 53) Polycystic kidney disease (Autosomal recessive) *	___ ___ /___ ___ / ___ ___ ___ ___ [mm/dd/yyyy]
☐ 51) Aplastic/hypoplastic/dysplastic kidneys *	___ ___ /___ ___ / ___ ___ ___ ___ [mm/dd/yyyy]
☐ 62) Congenital Urologic Disease (Bilateral Hydronephrosis) *	___ ___ /___ ___ / ___ ___ ___ ___ [mm/dd/yyyy]
☐ 50) Obstructive uropathy (Posterior urethral valve (PUV))*	___ ___ /___ ___ / ___ ___ ___ ___ [mm/dd/yyyy]
☐ 64) Perinatal Asphyxia *	___ ___ /___ ___ / ___ ___ ___ ___ [mm/dd/yyyy]
☐ 60) Polycystic kidney disease (Autosomal dominant) *	___ ___ /___ ___ / ___ ___ ___ ___ [mm/dd/yyyy]
☐ 55) Pyelonephritis/Interstitial nephritis	___ ___ /___ ___ / ___ ___ ___ ___ [mm/dd/yyyy]
☐ 52) Reflux nephropathy *	___ ___ /___ ___ / ___ ___ ___ ___ [mm/dd/yyyy]
☐ 56) Renal infarct	___ ___ /___ ___ / ___ ___ ___ ___ [mm/dd/yyyy]
☐ 58) Syndrome of agenesis of abdominal musculature (Eagle Barrett, prune belly syndrome) *	___ ___ /___ ___ / ___ ___ ___ ___ [mm/dd/yyyy]
☐ 63) Vactrel or Vater Syndrome *	___ ___ /___ ___ / ___ ___ ___ ___ [mm/dd/yyyy]
☐ 59) Wilms' tumor	___ ___ /___ ___ / ___ ___ ___ ___ [mm/dd/yyyy]
☐ 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/1.73m^2

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

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

- 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: __ __/__ __/__ __ __ __

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? *(For male individuals, "NA" should be checked.)* ☐ 1) Yes ☐ 2) No ☐ NA
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? *(If yes, child should not participate in the optional iGFR test.)* ☐ 1) Yes ☐ 2) No
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

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

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.*
- ***Write in the KID number:*** KID = 3 - ___ ___ - ___ ___ ___

Cohort Number; Clinical Site Number; Consecutive Number

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 ≤ 90 ml/min/1.73m²** 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]