Chronic Kidney Disease in Children (CKiD)

SECTION A: GENERAL INFORMATION

A1.   PARTICIPANT ID: AFFIX ID LABEL OR ENTER NUMBER IF ID LABEL IS NOT AVAILABLE

|__| - |__|__| - |__|__|__|

A2.   CKiD VISIT #:   ___ ___ ___

A3.   FORM VERSION: _1_ _0_ / _0_ _1_ / _1_ _4_

A4.   DATE OF VISIT: ___ ___/ ___ ___/ ___ ___ ___ ___
                                              M   M   D   D   Y   Y   Y   Y

A5.   INTERVIEWER'S INITIALS: ___ ___ ___

A6.   Is this study visit an irregular visit?   Yes..................... 1
                                                                         No....................... 2

INTERVIEWER INSTRUCTIONS:

USE THIS FORM DURING ADMINISTRATION OF THE INTERVIEW TO INDICATE WHERE TO COLLECT FURTHER INFORMATION FROM SELF-REPORTED CONDITIONS. MULTIPLE EPISODES OF AN EVENT MUST BE CLEARLY DELINEATED ON THE MAT.

MEDICAL ABSTRACTION TRACKING (MAT)

a. Self-Reported Condition (Event)	b. Form & Question Number	c. Age of Child at FIRST Event	d. Date of FIRST Diagnosis/ Procedure	e. Name of Provider and Address of the Institution	f. Source of Information	g. Age of Child at MOST RECENT Event	h. Date of MOST RECENT Diagnosis/ Procedure	i. Name of Provider and Address of the Institution	j. Source of Information
		____ ____ 1 = years 2 = months 3 = weeks 4 = days	___ ___/ ___ ___/___ ___ (month, day, year)		____ 1 = parent 2 = chart review 3 = both	____ ____ 1 = years 2 = months 3 = weeks	___ ___/ ___ ___/___ ___ (month, day, year)		____ 1 = parent 2 = chart review 3 = both
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