

Chronic Kidney Disease in Children (CKiD)

REFUSAL FORM (REF)

Form Version: 01 / 01 / 2 0 0 5

1. Date Form Completed: ___ / ___ / ___ [mm/dd/yyyy]

2. Year of birth: ___ [yyyy]

3. Gender: 1) Male 2) Female

4. Which of the following best describes the ethnicity of the child? (More than one race may be selected.)

1) American Indian/Alaskan Native

2) Asian/Asian American

3) African American/Black

4) Caucasian/ White

5) Native Hawaiian/other Pacific Islander

6) Other; specify Race: _____

5. Is the child of Hispanic or Latino/a origin? 1) Yes

2) No

6. Reason for Refusal: (More than one answer may be selected.)

1) No reason given (**Stop Here**)

2) Parent is not interested

3) Child is not interested

4) Parent and/or child is unable to make scheduled appointment/too busy/time constraints

5) Child feeling too ill to participate

6) Parent and/or child concerned about data privacy/protection of personal medical information

7) Parent and/or child declined because too many IVs for GFR and blood draws are required

8) Parent and/or child did not want child's blood to be stored in CKiD national repository

9) Parent and/or child does not consider CKiD study beneficial

10) Parent and/or child concerned about research processes in CKiD study

11) Parent and/or child prefers (additional) compensation

12) Other Reason; specify other reason: _____