

REACH DATA COLLECTION FORM (RDC)

Chronic Kidney Disease in Children Cohort Study (CKiD)

SECTION A: GENERAL INFORMATION

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

|_| - |_|_| - |_|_|_|

A2. FORM VERSION: 0 3 / 1 5 / 2 1

A3. DATE OF COMPLETION: / /
M M D D Y Y Y Y

A4. FORM COMPLETED BY (INITIALS):

SECTION B: Dialysis and Kidney Transplantation Information

B1. Did this patient start dialysis?

Yes..... 1
No..... 2 **(Skip to B4)**

B2. Date of dialysis initiation: / /
M M D D Y Y Y Y

B3. Type of dialysis

In-center hemodialysis..... 1
Home hemodialysis..... 2
Peritoneal dialysis..... 3

B4. Was the patient put on the waitlist for a kidney transplant?

Yes..... 1
No..... 2 **(Skip to B8)**

B5. Date of initial waitlist registration: / /
M M D D Y Y Y Y

B6. Was the patient made 'active' on the waitlist?

Yes..... 1
No..... 2 **(Skip to B8)**

B7. Date of waitlist activation: / /
M M D D Y Y Y Y

B8. Did this patient receive a kidney transplant?

Yes..... 1
No..... 2 **(Skip to C1)**

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SECTION D: 6 months before RRT (dialysis or preemptive transplantation)

- D1. Is there data available 6 months before RRT?
Yes..... 1
No..... 2 **(Skip to E1)**
- D2. Serum creatinine 6 months before RRT: ____ . ____ ____ (mg/dL)
- D3. Date of serum creatinine 6 months before RRT: ____ / ____ / ____
M M D D Y Y Y Y
- D4. Height at time of serum creatinine 6 months before RRT: ____ . ____ (cm)
- D5. Systolic blood pressure 6 months before RRT: ____
- D6. Diastolic blood pressure 6 months before RRT: ____
- D7. Date of blood pressure measurement
6 months before RRT: ____ / ____ / ____
M M D D Y Y Y Y
- D8. Urine creatinine 6 months before RRT:
____ . ____ (mg/dL) Not available..... -8
- D9. Urine albumin 6 months before RRT:
____ . ____ (µg/mL) **(Skip to D13)** Not available..... -8
- D10. Urine protein 6 months before RRT *(if no urine albumin)*:
____ . ____ (mg/dL) **(Skip to D13)** Not available..... -8
- D11. Urine albumin or protein : creatinine ratio 6 months before RRT *(if values not reported separately)*
____ Not available..... -8 **(Skip to D12)**
- a. Ratio Type: Urine albumin : creatinine ratio..... 1 **(Skip to D13)**
Urine protein : creatinine ratio..... 2 **(Skip to D13)**
- D12. Protein on urine dipstick 6 months before RRT *(if no urine albumin or urine protein)*
Negative..... 1
Trace..... 2
1+ (30mg/dL) 3
2+ (100mg/dL) 4
3+ (300mg/dL) or greater..... 5
- D13. Date of urine 6 months before RRT: ____ / ____ / ____
M M D D Y Y Y Y

REACH DATA COLLECTION FORM (RDC)

SECTION E: 12 months (1 year) before RRT (dialysis or preemptive transplantation)

- E1. Is there data available 12 months before RRT?
Yes..... 1
No..... 2 **(Skip to F1)**
- E2. Serum creatinine 12 months before RRT: ____ . ____ ____ (mg/dL)
- E3. Date of serum creatinine 12 months before RRT: ____ / ____ / ____
M M D D Y Y Y Y
- E4. Height at time of serum creatinine 12 months before RRT: ____ . ____ (cm)
- E5. Systolic blood pressure 12 months before RRT: ____
- E6. Diastolic blood pressure 12 months before RRT: ____
- E7. Date of blood pressure measurement
12 months before RRT: ____ / ____ / ____
M M D D Y Y Y Y
- E8. Urine creatinine 12 months before RRT:
____ . ____ (mg/dL) Not available..... -8
- E9. Urine albumin 12 months before RRT:
____ . ____ (µg/mL) **(Skip to E13)** Not available..... -8
- E10. Urine protein 12 months before RRT *(if no urine albumin)*:
____ . ____ (mg/dL) **(Skip to E13)** Not available..... -8
- E11. Urine albumin or protein : creatinine ratio 12 months before RRT *(if values not reported separately)*
____ Not available..... -8 **(Skip to E12)**
- a. Ratio Type: Urine albumin : creatinine ratio..... 1 **(Skip to E13)**
Urine protein : creatinine ratio..... 2 **(Skip to E13)**
- E12. Protein on urine dipstick 12 months before RRT *(if no urine albumin or urine protein)*
Negative..... 1
Trace..... 2
1+ (30mg/dL)..... 3
2+ (100mg/dL)..... 4
3+ (300mg/dL) or greater..... 5
- E13. Date of urine 12 months before RRT: ____ / ____ / ____
M M D D Y Y Y Y

REACH DATA COLLECTION FORM (RDC)

SECTION F: 18 months (1.5 years) before RRT (dialysis or preemptive transplantation)

- F1. Is there data available 18 months before RRT?
 Yes..... 1
 No..... 2 **(Skip to G1)**
- F2. Serum creatinine 18 months before RRT: ____ . ____ ____ (mg/dL)
- F3. Date of serum creatinine 18 months before RRT: ____ / ____ / ____
M M D D Y Y Y Y
- F4. Height at time of serum creatinine 18 months before RRT: ____ . ____ (cm)
- F5. Systolic blood pressure 18 months before RRT: ____
- F6. Diastolic blood pressure 18 months before RRT: ____
- F7. Date of blood pressure measurement
 18 months before RRT: ____ / ____ / ____
M M D D Y Y Y Y
- F8. Urine creatinine 18 months before RRT:
 ____ . ____ (mg/dL) Not available..... -8
- F9. Urine albumin 18 months before RRT:
 ____ . ____ (µg/mL) **(Skip to F13)** Not available..... -8
- F10. Urine protein 18 months before RRT *(if no urine albumin)*:
 ____ . ____ (mg/dL) **(Skip to F13)** Not available..... -8
- F11. Urine albumin or protein : creatinine ratio 18 months before RRT *(if values not reported separately)*

 Not available..... -8 **(Skip to F12)**
- a. Ratio Type: Urine albumin : creatinine ratio..... 1 **(Skip to F13)**
 Urine protein : creatinine ratio..... 2 **(Skip to F13)**
- F12. Protein on urine dipstick 18 months before RRT *(if no urine albumin or urine protein)*
 Negative..... 1
 Trace..... 2
 1+ (30mg/dL) 3
 2+ (100mg/dL) 4
 3+ (300mg/dL) or greater..... 5
- F13. Date of urine 18 months before RRT: ____ / ____ / ____
M M D D Y Y Y Y

REACH DATA COLLECTION FORM (RDC)

SECTION G: 24 months (2 years) before RRT (dialysis or preemptive transplantation)

- G1. Is there data available 24 months before RRT?
Yes..... 1
No..... 2 **(Skip to H1)**
- G2. Serum creatinine 24 months before RRT: ____ . ____ ____ (mg/dL)
- G3. Date of serum creatinine 24 months before RRT: ____ / ____ / ____
M M D D Y Y Y Y
- G4. Height at time of serum creatinine 24 months before RRT: ____ . ____ (cm)
- G5. Systolic blood pressure 24 months before RRT: ____
- G6. Diastolic blood pressure 24 months before RRT: ____
- G7. Date of blood pressure measurement
24 months before RRT: ____ / ____ / ____
M M D D Y Y Y Y
- G8. Urine creatinine 24 months before RRT:
____ . ____ (mg/dL) Not available..... -8
- G9. Urine albumin 24 months before RRT:
____ . ____ (µg/mL) **(Skip to G13)** Not available..... -8
- G10. Urine protein 24 months before RRT (if no urine albumin):
____ . ____ (mg/dL) **(Skip to G13)** Not available..... -8
- G11. Urine albumin or protein : creatinine ratio 24 months before RRT (if values not reported separately)
____ Not available..... -8 **(Skip to G12)**
- a. Ratio Type: Urine albumin : creatinine ratio..... 1 **(Skip to G13)**
Urine protein : creatinine ratio..... 2 **(Skip to G13)**
- G12. Protein on urine dipstick 24 months before RRT (if no urine albumin or urine protein)
Negative..... 1
Trace..... 2
1+ (30mg/dL)..... 3
2+ (100mg/dL)..... 4
3+ (300mg/dL) or greater..... 5
- G13. Date of urine 24 months before RRT: ____ / ____ / ____
M M D D Y Y Y Y

REACH DATA COLLECTION FORM (RDC)

SECTION H: 30 months (2.5 years) before RRT (dialysis or preemptive transplantation)

- H1. Is there data available 30 months before RRT?
Yes..... 1
No..... 2 **(Skip to I1)**
- H2. Serum creatinine 30 months before RRT: ____ . ____ ____ (mg/dL)
- H3. Date of serum creatinine 30 months before RRT: ____ / ____ / ____
M M D D Y Y Y Y
- H4. Height at time of serum creatinine 30 months before RRT: ____ . ____ (cm)
- H5. Systolic blood pressure 30 months before RRT: ____
- H6. Diastolic blood pressure 30 months before RRT: ____
- H7. Date of blood pressure measurement
30 months before RRT: ____ / ____ / ____
M M D D Y Y Y Y
- H8. Urine creatinine 30 months before RRT:
____ . ____ (mg/dL) Not available..... -8
- H9. Urine albumin 30 months before RRT:
____ . ____ (µg/mL) **(Skip to H13)** Not available..... -8
- H10. Urine protein 30 months before RRT (if no urine albumin):
____ . ____ (mg/dL) **(Skip to H13)** Not available..... -8
- H11. Urine albumin or protein : creatinine ratio 30 months before RRT (if values not reported separately)
____ Not available..... -8 **(Skip to H12)**
- a. Ratio Type: Urine albumin : creatinine ratio..... 1 **(Skip to H13)**
Urine protein : creatinine ratio..... 2 **(Skip to H13)**
- H12. Protein on urine dipstick 30 months before RRT (if no urine albumin or urine protein)
Negative..... 1
Trace..... 2
1+ (30mg/dL)..... 3
2+ (100mg/dL)..... 4
3+ (300mg/dL) or greater..... 5
- H13. Date of urine 30 months before RRT: ____ / ____ / ____
M M D D Y Y Y Y

REACH DATA COLLECTION FORM (RDC)

SECTION I: 36 months (3 years) before RRT (dialysis or preemptive transplantation)

- I1. Is there data available 36 months before RRT?
Yes..... 1
No..... 2 **(Skip to J1)**
- I2. Serum creatinine 36 months before RRT: ____ . ____ ____ (mg/dL)
- I3. Date of serum creatinine 36 months before RRT: ____ / ____ / ____
M M D D Y Y Y Y
- I4. Height at time of serum creatinine 36 months before RRT: ____ . ____ (cm)
- I5. Systolic blood pressure 36 months before RRT: ____
- I6. Diastolic blood pressure 36 months before RRT: ____
- I7. Date of blood pressure measurement
36 months before RRT: ____ / ____ / ____
M M D D Y Y Y Y
- I8. Urine creatinine 36 months before RRT:
____ . ____ (mg/dL) Not available..... -8
- I9. Urine albumin 36 months before RRT:
____ . ____ (µg/mL) **(Skip to I13)** Not available..... -8
- I10. Urine protein 36 months before RRT (if no urine albumin):
____ . ____ (mg/dL) **(Skip to I13)** Not available..... -8
- I11. Urine albumin or protein : creatinine ratio 36 months before RRT (if values not reported separately)
____ Not available..... -8 **(Skip to I12)**
- a. Ratio Type: Urine albumin : creatinine ratio..... 1 **(Skip to I13)**
Urine protein : creatinine ratio..... 2 **(Skip to I13)**
- I12. Protein on urine dipstick 36 months before RRT (if no urine albumin or urine protein)
Negative..... 1
Trace..... 2
1+ (30mg/dL)..... 3
2+ (100mg/dL)..... 4
3+ (300mg/dL) or greater..... 5
- I13. Date of urine 36 months before RRT: ____ / ____ / ____
M M D D Y Y Y Y

REACH DATA COLLECTION FORM (RDC)

Section J: Weight for Participants less than 5 years old at time of RRT

J1. Was patient less than 5 years old at the time of RRT (dialysis or pre-emptive transplant)?

Yes..... 1

No..... 2 **(END FORM)**

J2. Weight **at time of RRT** (if under 5 years old at time of RRT)

___ ___ . ___ (kg) Not available..... -8

J3. Weight **6 months** before RRT (if under 5 years old at time of RRT)

___ ___ . ___ (kg) Not available..... -8

J4. Weight **12 months** before RRT (if under 5 years old at time of RRT)

___ ___ . ___ (kg) Not available..... -8

J5. Weight **18 months** before RRT (if under 5 years old at time of RRT)

___ ___ . ___ (kg) Not available..... -8

J6. Weight **24 months** before RRT (if under 5 years old at time of RRT)

___ ___ . ___ (kg) Not available..... -8

J7. Weight **30 months** before RRT (if under 5 years old at time of RRT)

___ ___ . ___ (kg) Not available..... -8

J8. Weight **36 months** before RRT (if under 5 years old at time of RRT)

___ ___ . ___ (kg) Not available..... -8