

Follow-Up Site Questionnaire (PFU02)

Participant ID: ___ - ___ - _____

Protocol type: Phone/in-person interview..... 1 → Enter **PIP #** here: _____

Online survey.....2 → Enter **Web #** here: _____

Initials of person completing form: _____

Date Form Completed: ___/___/_____ (MM/DD/YYYY)

Form Version: 03 / 01 / 14

Please record the most recent laboratory and physical exam data for the participant below. Only data that are less than 6 months from the date that this form was completed should be used. If there are no data available for a question from that time frame then you should list that specific data as not available.

Section A: Laboratory Results

A1. Are serum renal panel results available?

Yes.....

1 (Skip to A2)

No, Specify reason below.....

2

A1i.Reason: _____

(Skip to A3)

A2. Date serum renal panel was drawn:

___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

A2a. Sodium (NA)

||_|_|

(MEQ/L) or (mmol/L)

A2b. Potassium (K)

|| . |_|

(MEQ/L) or (mmol/L)

A2c. Chloride (CL)

||_|_|

(MEQ/L) or (mmol/L)

A2d. Carbon Dioxide (CO₂)

||_|

(MEQ/L) or (mmol/L)

BUN mmol/L to mg/dL mmol/L ÷ **0.357** = mg/dL Ex: 6.7 mmol/L = 6.7 ÷ 0.357 = 19 mg/dL

Glucose mmol/L to mg/dL mmol/L ÷ **0.0555** = mg/dL Ex: 5.3 mmol/L = 5.3 ÷ 0.0555 = 96 mg/dL

Calcium mmol/L to mg/dL mmol/L ÷ **0.25** = mg/dL Ex: 2.33 mmol/L = 2.33 ÷ 0.25 = 9.3 mg/dL

Phosphate mmol/L to mg/dL mmol/L ÷ **0.323** = mg/dL Ex: 1.19 mmol/L = 1.19 ÷ 0.323 = 3.6 mg/dL

A2e. Urea Nitrogen (BUN)

||_|_|

(mg/dL)

A2f. Glucose (GLU)

||_|_|

(mg/dL)

A2g. Calcium (CA)

||_| . |_|

(mg/dL)

A2h. Phosphate (PO₄)

||_| . |_|

(mg/dL)

A2i. Albumin (ALB)

|| . |_|

(g/dL)

SCr umol/L to mg/dL umol/L ÷ **88.4** = mg/dL Ex: 72 umol/L = 72 ÷ 88.4 = 0.9 mg/dL

A2j. Serum Creatinine

|| . |_|

(mg/dL)

A2j1. Which assay was used to measure serum creatinine?

Enzymatic..... 1

Other..... 3

Don't Know..... -8

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A2j2. What laboratory was used to measure serum creatinine
(ie. Quest, Labcorp, local site lab – give institution name, etc.)?

 Don't Know..... -8

CBC Results

A3. Are CBC Blood results available?

Yes..... 1 (Skip to A4)

No, Specify reason below..... 2

A3i. Reason _____ (Skip to A5)

A4. Date CBC was drawn:

___/___/___
M M D D Y Y Y Y

Use this table if the results below are reported in units of 10³ uL

4.5 x 10 ³ uL	= 4500 cu mm	9.0 x 10 ³ uL	= 9000 cu mm
5.0 x 10 ³ uL	= 5000 cu mm	9.5 x 10 ³ uL	= 9500 cu mm
5.5 x 10 ³ uL	= 5500 cu mm	10.0 x 10 ³ uL	= 10000 cu mm
6.0 x 10 ³ uL	= 6000 cu mm	10.5 x 10 ³ uL	= 10500 cu mm
6.5 x 10 ³ uL	= 6500 cu mm	11.0 x 10 ³ uL	= 11000 cu mm
7.0 x 10 ³ uL	= 7000 cu mm	11.5 x 10 ³ uL	= 11500 cu mm
7.5 x 10 ³ uL	= 7500 cu mm	12.0 x 10 ³ uL	= 12000 cu mm
8.0 x 10 ³ uL	= 8000 cu mm	12.5 x 10 ³ uL	= 12500 cu mm
8.5 x 10 ³ uL	= 8500 cu mm	13.0 x 10 ³ uL	= 13000 cu mm

- A4a. Leukocyte Count (white blood cells) |_|_|_|_|_|_|_| (cu mm)
- A4b. Erythrocyte Count (red blood cells) |_|_| . |_|_| (M/cu mm) or (x10⁶uL)
- A4c. Platelet Count (PLTs) |_|_|_|_| (K/cu mm) or (x10³uL)
- A4d. Hemoglobin |_|_|_| . |_| (g/dL)
- A4e. Packed Cell Volume (Hematocrit) |_|_|_| . |_| (%)
- A4f. Mean Corpuscular Hemoglobin (MCH) |_|_|_| . |_| (pg/cell)
- A4g. Mean Corpuscular Hemoglobin Concentration (MCHC) |_|_|_| . |_| (g/dL)
- A4h. Mean Corpuscular Volume (MCV) |_|_|_|_| . |_| (fL)
- A4i. Red Blood Cell Distribution Width (RDW) |_|_|_| . |_| (%)

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Date Form Completed: ___/___/_____
(MM/DD/YYYY)

Follow-Up Site Questionnaire (PFU02)

Iron Results

A5. Are Iron studies results available?

- Yes..... 1 (Skip to A6)
- No, Specify reason below..... 2
- A5a.Reason: _____ (Skip to Section B)

A6. Date Iron sample was drawn:

___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

A6a. % Transferrin Saturation (TSAT) |___|_|_| (%)

A6b. Serum Iron |___|_|_|_| (ug/dL)

Section B: Physical Exam

B1. a. Clinical Blood Pressure (Systolic/Diastolic)

___ ___ ___ / ___ ___ ___

b. Date clinical BP was measured:

___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Results Not Available..... -8 (Skip to B2)

c. What method was used to obtain blood pressure?

- Manual..... 1
- Automatic..... 2
- Don't Know..... -8

B2. Child Weight (If weight is measured in pounds (lbs), please convert to kilograms (kg) 1lb = [1 / 2.2]kg Example: 150lbs = 150/2.2 = 68.18 = 68.2 kg.)

a. ___ ___ ___ . ___ (kg)

b. Date of weight measurement:

___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Results Not Available..... -8

B3. Child Length/Height (If height is measured in inches, please convert to centimeters (cm) 1in = 2.54cm Example 4 ft 5 in = 53in x 2.54 = 134.6 cm.)

a. ___ ___ ___ . ___ (cm)

b. Date of height measurement:

___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Results Not Available..... -8

Follow-Up Site Questionnaire (PFU02)

Section C: Outcomes for Transplant Patients

- C1. Has the participant ever undergone a kidney transplant?
Yes..... 1
No 2 **(Skip to D1)**
- C2. How many transplants has (*name of child*) had?
One..... 1
Two..... 2
Three or more..... 3
- C3. Date of most recent kidney transplant: ___ ___ / ___ ___ / ___ ___ ___ ___
 M M D D Y Y Y Y
- C4. What is the current clinical status of the (*name of child*)'s kidney transplant?
If he/she has had more than one kidney transplant please answer based on their most recent transplant.
Functioning graft..... 1
Graft Failure..... 2

Section D: Outcomes for Dialysis Patients

- D1. Has the participant ever been on dialysis?
Yes..... 1
No 2 **(END FORM HERE)**
- D2. What type of dialysis did the participant use **initially** (i.e., the first dialysis treatment initiated)?
Hemodialysis..... 1
Peritoneal dialysis..... 2
- D2a. Date **first** Dialysis was started: ___ ___ / ___ ___ / ___ ___ ___ ___
 M M D D Y Y Y Y
- D3. Is the **start date of the initial dialysis** treatment the **same** as the **start date of the most recent dialysis** treatment (i.e., the first dialysis start date same as the most recent dialysis start date)?
Yes..... 1 **(Skip to D5)**
No 2
Don't know..... -8 **(Skip to D5)**
- D4. What type of dialysis did the participant use **most recently**?
Hemodialysis..... 1
Peritoneal dialysis..... 2
- D4a. Date **Most Recent** Dialysis was started: ___ ___ / ___ ___ / ___ ___ ___ ___
 M M D D Y Y Y Y
- D5. Is (*name of child*) currently on dialysis?
Yes..... 1
No 2