

If site identifies an eligible child but written consent/assent has not been obtained, complete **ONLY KID# and interviewer's initials**, fax to CCC and staple fax coversheet to form. Once written consent/assent is obtained, complete the entire form, fax to CCC and keep copy of completed form stapled to fax coversheet.

KID#: _____ - _____ - _____

Participant Initials: _____

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

Interviewer Initials _____

Form Version: 01 / 01 / 2007

1. Date Form Completed: _____ / _____ / _____ [mm/dd/yyyy]
2. Date of Birth: _____ / _____ / _____ [mm/dd/yyyy]
3. Gender: 1) Male 2) Female
4. Most Recent Height Measurement:
 - a. Date: _____ / _____ / _____ [mm/dd/yyyy]
(Date must be within the last **6 months OR** closest to **most recent Serum Creatinine** measurement date)
 - b. Height Measurement: _____ 1=in
_____ 2=cm
(round height to the nearest inch or centimeter)
5. Most Recent (**Within the last 6 months**) Serum Creatinine Measurement:
 - a. Date: _____ / _____ / _____ [mm/dd/yyyy]
(Date must be within the last 6 months)
 - b. Serum Creatinine Measurement: _____ . _____ [mg/dl]
6. Second Height Measurement:
 - a. Date: _____ / _____ / _____ [mm/dd/yyyy]
(Date must be within the last **18 months OR** closet to **second Serum Creatinine** measurement date)
 - b. Height Measurement: _____ 1=in
_____ 2=cm
(round height to the nearest inch or centimeter)
7. Second (**Within the last 18 months**) Serum Creatinine Measurement:
 - a. Date: _____ / _____ / _____ [mm/dd/yyyy]
(Date must be within the last 18 months)
 - b. Serum Creatinine Measurement: _____ . _____ [mg/dl]

INCLUSION CRITERIA

8. Do the Serum Creatinine measurements from 5b and 7b fall in the **Low to High** range values in the tables on pages 3, 4 and 5? 1) Yes 2) No
- 9a. Age (in years) as of **most recent SCr measurement*** is _____. 9b. Is this between ≥ 1 and ≤ 16 ? 1) Yes 2) No
*Refer to date in Question 5.

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. Has the child ever had an allergic reaction to Iodine or Iohexol? (If yes, contact the Central Biochemistry Laboratory for further clarification and instruction.) 1) Yes 2) No
20. Is the child fluent in English or Spanish? 1) Yes 2) No

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21. Which language does the child speak most frequently? 1) English 2) Spanish 3) Both
22. Which language does the parent speak most frequently? 1) English 2) Spanish 3) Both

INFORMED CONSENT

- 23a. Has consent form been signed by parent or legal guardian? 1) Yes 2) No
- 23b. Date parent or legal guardian signed consent form: [mm/dd/yyyy] _____ / _____ / _____
- 24a. Is documented assent required at your institution? 1) Yes 2) No
(If No or Not Applicable, skip to Question 25.)
- 24b. Date of child assent: [mm/dd/yyyy] _____ / _____ / _____
25. Has consent for genetic testing been obtained? 1) Yes 2) No
26. Has consent to store biological specimen(s) 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 fax ELIGIBILITY FORM to the CCC to be entered into "Nephron" web-based data management system.
- Write the KID number in the space below and complete questions 27 – 29.



27. **Primary diagnosis of Chronic Kidney Disease (please check one):**
- | | |
|---|---|
| <input type="checkbox"/> 1) Aplastic/hypoplastic/dysplastic kidneys
<input type="checkbox"/> 2) Chronic glomerulonephritis
<input type="checkbox"/> 3) Congenital nephrotic syndrome
<input type="checkbox"/> 4) Cystinosis
<input type="checkbox"/> 5) Denys-Drash syndrome
<input type="checkbox"/> 6) Diabetic nephropathy
<input type="checkbox"/> 7) Familial nephritis (Alport's)
<input type="checkbox"/> 8) Focal segmental glomerulosclerosis
<input type="checkbox"/> 9) Hemolytic uremic syndrome
<input type="checkbox"/> 10) Henoch Schonlein nephritis
<input type="checkbox"/> 11) Idiopathic crescentic glomerulonephritis
<input type="checkbox"/> 12) IgA Nephropathy (Berger's)
<input type="checkbox"/> 13) Medullary cystic disease/juvenile nephronophthisis
<input type="checkbox"/> 14) Membranoproliferative glomerulonephritis Type I
<input type="checkbox"/> 15) Membranoproliferative glomerulonephritis Type II | <input type="checkbox"/> 16) Membranous nephropathy
<input type="checkbox"/> 17) Obstructive uropathy
<input type="checkbox"/> 18) Oxalosis
<input type="checkbox"/> 19) Polycystic kidney disease (Autosomal dominant)
<input type="checkbox"/> 20) Polycystic kidney disease (Autosomal recessive)
<input type="checkbox"/> 21) Pyelonephritis/Interstitial nephritis
<input type="checkbox"/> 22) Reflux nephropathy
<input type="checkbox"/> 23) Renal infarct
<input type="checkbox"/> 24) Sickle cell nephropathy
<input type="checkbox"/> 25) Syndrome of agenesis of abdominal musculature
<input type="checkbox"/> 26) Systemic immunological disease (including SLE)
<input type="checkbox"/> 27) Wilms' tumor
<input type="checkbox"/> 28) Other, specify primary diagnosis: _____
<input type="checkbox"/> 29) Unknown |
|---|---|

28. Which of the following describe the race of the child? (Select "Yes", "No", or "Don't Know" for EVERY race depicted below. You may select yes for more than one race.)

	Yes	No	Don't Know
a. White.....	1	2	-8
b. Black / African American.....	1	2	-8
c. American Indian / Alaskan Native.....	1	2	-8
d. Asian.....	1	2	-8
e. Native Hawaiian / Pacific Islander.....	1	2	-8
f. Other.....	1	2	-8

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29. Is the child of Hispanic or Latino/a Origin?

- Yes, Mexican-American, Chicano..... 1
- Yes, Puerto Rican..... 2
- Yes, Cuban 3
- Yes, other Hispanic/Latino/a..... 4
- No, not of Hispanic or Latino/a origin... 5
- Don't Know..... -8

**Eligible Serum Creatinine (SCr) Ranges*
by Gender, Age and Height (inches)**

The tables below show the ranges of S_{Cr} that correspond to a GFR between 30 and 90 ml/min/1.73m² for children of different genders and heights. The lower serum creatinine limit of the range corresponds to an estimated GFR of 90 ml/min/1.73m² and the higher limit corresponds to an estimated GFR of 30 ml/min/1.73m². Two serum creatinine measurements must be obtained for all children. Both measurements must also fall within the serum creatinine range that corresponds to a GFR between 30 and 90 ml/min/1.73m² in order for the child to be eligible for enrollment in CKiD.

The S_{Cr} measurements are based on the estimated Schwartz GFR measurement ($eGFR=kL/S_{Cr}$).

- In Table A, $k = 0.45$ for males and females between 12 months and 18 months.
- In Table B, $k = 0.55$ for males between 19 months and 13 years old (before 13th birthday); and females 19 months and older.
- In Table C, $k = 0.70$ for males after 13th birthday.

Table A. MALES & FEMALES (12 months to 18 months)**

Height		SCr		Height		SCr		Height		SCr	
(cm)	(in)	Low	High	(cm)	(in)	Low	High	(cm)	(in)	Low	High
45	17.7	0.23	0.67	57	22.4	0.29	0.85	69	27.2	0.35	1.03
46	18.1	0.23	0.69	58	22.8	0.29	0.87	70	27.6	0.35	1.05
47	18.5	0.24	0.70	59	23.2	0.30	0.99	71	28.0	0.36	1.06
48	18.9	0.24	0.72	60	23.6	0.30	0.90	72	28.3	0.36	1.08
49	19.3	0.25	0.73	61	24.0	0.31	0.91	73	28.7	0.37	1.09
50	19.7	0.25	0.75	62	24.4	0.31	0.93	74	29.1	0.37	1.11
51	20.1	0.26	0.76	63	24.8	0.32	0.94	75	29.5	0.38	1.12
52	20.5	0.26	0.78	64	25.2	0.32	0.96	76	29.9	0.38	1.14
53	20.9	0.27	0.79	65	25.6	0.33	0.97	77	30.3	0.39	1.15
54	21.3	0.27	0.81	66	26.0	0.33	0.99	78	30.7	0.39	1.17
55	21.7	0.28	0.82	67	26.4	0.34	1.00	79	31.1	0.40	1.18
56	22.0	0.28	0.84	68	26.8	0.34	1.02	80	31.5	0.40	1.20

*Serum Creatinine Range is based on estimated GFR of 30-90 ml/min/1.73m²

**before 19 months old

IMPORTANT: For children between the age of 12 and 18 months, it is important that clinical sites contact their CCC to discuss the age and height of the child to ensure that the appropriate K value is used to obtain the most recent (within the last 6 months) and second (within the last 18 months) estimated GFR.

EXAMPLE: 13 month old, male or female whose height is 57 cm will be eligible if the S_{Cr} is between 0.29 and 0.85. [$S_{Cr} = .4$ (eligible); $S_{Cr} = .2$ (ineligible)]

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Participant Initials: _____

Table B. MALES (19 months to before 13th birthday) & FEMALES (19 months and older)

Height		SCr		Height		SCr		Height		SCr	
(cm)	(in)	Low	High	(cm)	(in)	Low	High	(cm)	(in)	Low	High
70	27.6	0.43	1.28	113	44.5	0.69	2.07	156	61.4	0.95	2.86
71	28.0	0.43	1.30	114	44.9	0.70	2.09	157	61.8	0.96	2.87
72	28.3	0.44	1.32	115	45.3	0.70	2.10	158	62.2	0.97	2.89
73	28.7	0.45	1.33	116	45.7	0.71	2.12	159	62.6	0.97	2.91
74	29.1	0.45	1.35	117	46.1	0.72	2.14	160	63.0	0.98	2.93
75	29.5	0.46	1.37	118	46.5	0.72	2.16	161	63.4	0.98	2.95
76	29.9	0.46	1.39	119	46.9	0.73	2.18	162	63.8	0.99	2.97
77	30.3	0.47	1.41	120	47.2	0.73	2.20	163	64.2	1.00	2.98
78	30.7	0.48	1.43	121	47.6	0.74	2.21	164	64.6	1.00	3.00
79	31.1	0.48	1.44	122	48.0	0.75	2.23	165	65.0	1.01	3.02
80	31.5	0.49	1.46	123	48.4	0.75	2.25	166	65.4	1.01	3.04
81	31.9	0.50	1.48	124	48.8	0.76	2.27	167	65.7	1.02	3.06
82	32.3	0.50	1.50	125	49.2	0.76	2.29	168	66.1	1.03	3.08
83	32.7	0.51	1.52	126	49.6	0.77	2.31	169	66.5	1.03	3.09
84	33.1	0.51	1.54	127	50.0	0.78	2.32	170	66.9	1.04	3.11
85	33.5	0.52	1.55	128	50.4	0.78	2.34	171	67.3	1.05	3.13
86	33.9	0.53	1.57	129	50.8	0.79	2.36	172	67.7	1.05	3.15
87	34.3	0.53	1.59	130	51.2	0.79	2.38	173	68.1	1.06	3.17
88	34.6	0.54	1.61	131	51.6	0.80	2.40	174	68.5	1.06	3.19
89	35.0	0.54	1.63	132	52.0	0.81	2.42	175	68.9	1.07	3.20
90	35.4	0.55	1.65	133	52.4	0.81	2.43	176	69.3	1.08	3.22
91	35.8	0.56	1.66	134	52.8	0.82	2.45	177	69.7	1.08	3.24
92	36.2	0.56	1.68	135	53.1	0.83	2.47	178	70.1	1.09	3.26
93	36.6	0.57	1.70	136	53.5	0.83	2.49	179	70.5	1.09	3.28
94	37.0	0.57	1.72	137	53.9	0.84	2.51	180	70.9	1.10	3.30
95	37.4	0.58	1.74	138	54.3	0.84	2.53	181	71.3	1.11	3.31
96	37.8	0.59	1.76	139	54.7	0.85	2.54	182	71.7	1.11	3.33
97	38.2	0.59	1.77	140	55.1	0.86	2.56	183	72.0	1.12	3.35
98	38.6	0.60	1.79	141	55.5	0.86	2.58	184	72.4	1.12	3.37
99	39.0	0.61	1.81	142	55.9	0.87	2.60	185	72.8	1.13	3.39
100	39.4	0.61	1.83	143	56.3	0.87	2.62	186	73.2	1.14	3.41
101	39.8	0.62	1.85	144	56.7	0.88	2.64	187	73.6	1.14	3.42
102	40.2	0.62	1.87	145	57.1	0.89	2.65	188	74.0	1.15	3.44
103	40.6	0.63	1.88	146	57.5	0.89	2.67	189	74.4	1.16	3.46
104	40.9	0.64	1.90	147	57.9	0.90	2.69	190	74.8	1.16	3.48
105	41.3	0.64	1.92	148	58.3	0.90	2.71	191	75.2	1.17	3.50
106	41.7	0.65	1.94	149	58.7	0.91	2.73	192	75.6	1.17	3.52
107	42.1	0.65	1.96	150	59.1	0.92	2.75	193	76.0	1.18	3.53
108	42.5	0.66	1.98	151	59.4	0.92	2.76	194	76.4	1.19	3.55
109	42.9	0.67	1.99	152	59.8	0.93	2.78	195	76.8	1.19	3.57
110	43.3	0.67	2.01	153	60.2	0.94	2.80	196	77.2	1.20	3.59
111	43.7	0.68	2.03	154	60.6	0.94	2.82	197	77.6	1.20	3.61
112	44.1	0.68	2.05	155	61.0	0.95	2.84	198	78.0	1.21	3.63

*Serum Creatinine Range is based on estimated GFR of 30-90 ml/min/1.73m²

EXAMPLE: 11 year old male or 14 year old female whose height is 114 cm will be eligible if the S_{Cr} is between 0.70 and 2.09 [S_{Cr} = 0.9 (eligible); S_{Cr} = 0.6 (ineligible)]

IMPORTANT: For children between the age of 19 and 30 months, it is important that clinical sites contact their CCC to discuss the age and height of the child to ensure that the appropriate K value is used to obtain the most recent (within the last 6 months) and second (within the last 18 months) estimated GFR.

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Participant Initials: ____

Table C. MALES after 13th birthday

Height		SCr	
(cm)	(in)	Low	High
100	39.4	0.78	2.33
101	39.8	0.79	2.35
102	40.2	0.79	2.38
103	40.6	0.80	2.40
104	41.0	0.81	2.42
105	41.3	0.82	2.45
106	41.7	0.82	2.47
107	42.0	0.83	2.49
108	42.5	0.84	2.52
109	43.0	0.85	2.54
110	43.3	0.86	2.56
111	43.7	0.86	2.59
112	44.0	0.87	2.61
113	44.5	0.88	2.63
114	45.0	0.89	2.66
115	45.3	0.89	2.68
116	45.7	0.90	2.70
117	46.0	0.91	2.73
118	46.5	0.92	2.75
119	47.0	0.93	2.77
120	47.2	0.93	2.80
121	47.6	0.94	2.82
122	48.0	0.95	2.84
123	48.4	0.96	2.87
124	49.0	0.97	2.89
125	49.2	0.97	2.91
126	49.6	0.98	2.94
127	50.0	0.99	2.96
128	50.4	1.00	2.98
129	50.8	1.00	3.01
130	51.0	1.01	3.03
131	51.6	1.02	3.05
132	52.0	1.03	3.08
133	52.4	1.03	3.10

Height		SCr	
(cm)	(in)	Low	High
134	52.8	1.04	3.12
135	53.0	1.05	3.15
136	53.5	1.06	3.17
137	54.0	1.07	3.19
138	54.3	1.07	3.22
139	54.7	1.08	3.24
140	55.0	1.09	3.26
141	55.5	1.10	3.29
142	56.0	1.11	3.31
143	56.3	1.11	3.33
144	56.7	1.12	3.36
145	57.0	1.13	3.38
146	57.5	1.14	3.40
147	58.0	1.15	3.43
148	58.3	1.15	3.45
149	58.7	1.16	3.47
150	59.0	1.17	3.50
151	59.4	1.17	3.52
152	60.0	1.19	3.54
153	60.2	1.19	3.57
154	60.6	1.20	3.59
155	61.0	1.21	3.61
156	61.4	1.21	3.64
157	62.0	1.22	3.66
158	62.2	1.23	3.68
159	62.6	1.24	3.71
160	63.0	1.24	3.73
161	63.4	1.25	3.75
162	63.8	1.26	3.78
163	64.0	1.26	3.80
164	64.6	1.28	3.82
165	65.0	1.28	3.85
166	65.4	1.29	3.87

Height		SCr	
(cm)	(in)	Low	High
167	65.7	1.30	3.89
168	66.0	1.30	3.92
169	66.5	1.31	3.94
170	67.0	1.32	3.96
171	67.3	1.33	3.99
172	67.7	1.34	4.01
173	68.0	1.34	4.03
174	68.5	1.35	4.06
175	69.0	1.36	4.08
176	69.3	1.37	4.10
177	69.7	1.38	4.13
178	70.0	1.38	4.15
179	70.5	1.39	4.17
180	70.9	1.40	4.20
181	71.3	1.41	4.22
182	71.7	1.42	4.24
183	72.0	1.42	4.27
184	72.4	1.43	4.29
185	72.8	1.44	4.31
186	73.2	1.45	4.34
187	73.6	1.45	4.36
188	74.0	1.46	4.38
189	74.4	1.47	4.41
190	74.8	1.48	4.43
191	75.2	1.49	4.45
192	75.6	1.49	4.48
193	76.0	1.50	4.50
194	76.4	1.51	4.52
195	76.8	1.52	4.55
196	77.2	1.52	4.57
197	77.6	1.53	4.59
198	78.0	1.54	4.62
199	78.3	1.55	4.64

*Serum Creatinine Range is based on estimated GFR of 30-90 ml/min/1.73m²

EXAMPLE: 15 year old male whose height is 134 cm will be eligible if the S_{Cr} is between 1.04 and 3.12 [S_{Cr} = 1.3 (eligible); S_{Cr} = 1.0 (ineligible)]