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: ___ ___/ ___ ___/ ___ ___ ___ ___

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<td>(MEQ/L) or (mmol/L)</td>
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A2a. Sodium (NA) | _____ | _____ | (MEQ/L) or (mmol/L)

A2b. Potassium (K) | _____ . | _____ |

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 (Skip to A5)

A3i. Reason________________________ (Skip to A5)

A4. Date CBC was drawn: ___ ___/ ___ ___/ ___ ___ ___ ___

Use this table if the results below are reported in units of $10^3$ uL

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A4a. Leukocyte Count (white blood cells) _______ _______ _______ _______ (cu mm)
A4b. Erythrocyte Count (red blood cells) _______ _______ _______ _______ (M/cu mm) or (x10^6 uL)
A4c. Platelet Count (PLTs) _______ _______ _______ _______ (K/cu mm) or (x10^3 uL)
A4d. Hemoglobin _______ _______ _______ (g/dL)
A4e. Packed Cell Volume (Hematocrit) _______ _______ _______ _______ (%) (nd)
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) _______ _______ _______ (%)
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) _______/_____/______
    M M D D Y Y Y Y

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
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