CONFIDENTIAL REPORT
USRDS PEDIATRIC STUDY, 1990

Reason for not completing a pre-labeled form: ____
1. Patient was born before 12/31/70 on mm dd yy
2. Patient died before 1/30/90 on mm dd yy
3. Patient was not treated (includes post-transplant follow-up) for ≥30 days in 1990.

1. Abstractor: ___ 2. Completed: mm dd yy

3. Patient's Ethnicity: ____
1.Hispanic 2.Non-Hispanic 9.Unknown

PLACE LABEL HERE

PATIENT AND FACILITY IDENTIFICATION:

☞ *Verify the information printed on the label. Enter the corrections below; complete an item only if different from the label, or if no label is available for this patient.*

4. Patient's Name:
Last:
First:
MI:

5. Patient's Date of Birth: mm dd yy

6. Patient's Race: ____
1.American Indian/Alaskan Native 4.White
2.Asian/Pacific Islander 8.Other
3.Black 9.Unable to determine

7. Patient's Sex: ____
1.Male 2.Female

8. Patient's SSN:

9. Patient Medicare Claim Number/BIC:

10. Provider Number:

PATIENT HISTORY

☞ *Complete all of the remaining items on this form unless an instruction tells you to leave an item blank.*

11. Date of first treatment for ESRD: mm dd yy

12. Primary disease causing ESRD:
a. ICD9CM code:
b. Single most appropriate disease group category for this patient: ____
1. Diabetes 4. Cystic Kidney Disease
2. Hypertension 5. Other Urologic Disease
3 Glomerulonephritis 6. Other Causes

13. Other diagnoses at time of renal failure:
a. c.
b. d.

14. Had this patient ever received growth hormone therapy as of 12/31/90?
1.Yes Started: mm yy Discontinued: mm yy
☞ *(Enter zeroes in DATE DISCONTINUED if still receiving growth hormone at year end)*
2.No 9.No information available

15. Had this patient ever received EPO as of 12/31/90? ____
1.Yes Started: mm yy Discontinued: mm yy
☞ *(Enter zeroes in DATE DISCONTINUED if still receiving EPO at year end)*
2.No 9.No information available

16. Did this patient receive steroids at any time while at your facility in 1990?
1.Yes, daily schedule
2.Yes, alternate day schedule
Enter typical dose in mg. (rounded) as of last date on steroids in 1990 (± 30 days):
Enter number of months during 1990 on steroids at this facility:
3.No 9.No information available

17. Did this patient attend any type of school while at your facility in 1990? ____
1.Yes, mostly full time 4.No, and has not completed high school
2.Yes, mostly part time 5.No, but has completed high school
3.Yes, mostly homebound 9.No information available

☞ *Complete item 18 for female patients born before 12/31/80 only.*

18. Had menarche occured as of 12/31/90? ____
1. Yes
Enter approximate date of first menstrual period: mm dd yy
2. No 9. No information available

19. Dates that the patient was continuously* at your facility/unit during 1990:

☞ **Continuously means the patient was not absent for more than 30 days in a row. Check box, if the patient was treated at your facility for two or more continuous periods in 1990 separated by a period(s) of absence 30 days or longer. Complete a separate form for each separate period.*

a. From: *(Enter date here and in item 20a)* mm dd 90
b. To: *(Enter date here and in item 20e)* mm dd 90

If transferred during 1990, enter either the provider number and/or the name and address of the facility from/to which this patient transferred during 1990:

	c. FACILITY TRANSFERRED FROM	d. FACILITY TRANSFERRED TO*
Provider Number		
Name		
City, State		

☞ ** If patient transferred to another facility, skip to item 20.*

e. Enter one of the following status codes that best describes this patient as of 12/31/90: ____
1- Patient recovered renal function.
Enter date of last ESRD treatment: mm dd yy
2- Patient died.
Enter date of death: mm dd yy
3- Patient was still receiving treatment (includes being followed post-transplant) at your facility as of 12/31/90.
4- Lost to follow up.

PHYSICAL MEASUREMENTS — FOR ALL PEDIATRIC PATIENTS BORN AFTER 12/31/70

☞ *On line a, enter the modality as of 1/1/90, or as of the date reported in item 19a, if later than 1/1/90; and enter patient measurements ±30 days from that date . Lines b, c, and d are to be used for patients who change modality during 1990. For each dialysis modality change lasting ≥ 30 days and all transplants, enter the requested patient measurements obtained within 30 days (±) of the modality change. (NOTE: Do not report dialysis modalities which were in use fewer than 30 days, but do report all transplants.) On line e, enter the modality as of 12/31/90, or as of the date reported in item 19b, if earlier than 12/31/90; and enter patient measurements ±30 days from that date.*

FOR MODALITY CHANGES

	(20) MODALITY DATE	(21) CODE	(22) CM. / IN.	(23) HEIGHT POSITION	(24) DATE	(25) KG. / LB.	(26) WEIGHT ADJUSTED	(27) DATE	(28) HEAD CIRCUMF.* CM. / IN.	(29) DATE	(30) TANNER STAGE	(31) DATE	(32) SERUM CREATININE	(33) DATE	(34) HEMATOCRIT (ROUNDED) PERCENT	(35) DATE
a)	mm dd		☐cm ☐in		mm dd	☐kg ☐lb		mm dd	☐cm ☐in	mm dd		mm dd	.	mm dd		mm dd
b)	mm dd		☐cm ☐in		mm dd	☐kg ☐lb		mm dd	☐cm ☐in	mm dd			.	mm dd		mm dd
c)	mm dd		☐cm ☐in		mm dd	☐kg ☐lb		mm dd	☐cm ☐in	mm dd			.	mm dd		mm dd
d)	mm dd		☐cm ☐in		mm dd	☐kg ☐lb		mm dd	☐cm ☐in	mm dd			.	mm dd		mm dd
e)	mm dd		☐cm ☐in		mm dd	☐kg ☐lb		mm dd	☐cm ☐in	mm dd		mm dd	.	mm dd		mm dd

Modality Codes:
1-Hemodialysis
2-CAPD
3-CCPD (treatments 6-7 days/wk.)
4-IPD (treatments ≤ 5 days/wk.)
5-1st Transplant
6-Subsequent Transplant
9 - Unable to determine

Position for Height Measurement:
☞ *(Code only if patient was born after 12/31/86.)*
1 - Standing
2 - Lying
9 - Unable to determine

Weight:
☞ *For hemodialysis patients, use mid-week, post-treatment weight from a week (± 30 days from date in item 20) in which 3 treatments were provided.*

Adjusted Weight Codes:
☞ *Only applies to peritoneal dialysis patients; indication of whether adjustment was made for weight obtained "full".*
1 - Yes
2 - No
9 - Unable to determine

***Head circumference:**
☞ *Complete this item only if patient was born after 12/31/87; leave blank if older.*

Serum Creatinine and Hematocrit
☞ *Enter serum creatinine in mg/dl to the nearest 0.1 mg/dl and hematocrit percentage (rounded and if transfused, before transfusion).*