

Patient ID

Centre name

CRC's name

Other

Personal Information

Date of enrolment

D	D	.	M	M	.	Y	Y	Y	Y
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Date of birth

D	D	.	M	M	.	Y	Y	Y	Y
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Gender

Descent

Height

				<input type="checkbox"/>	cm	<input type="checkbox"/>	m
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History of smoking

Y	N	U
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Date of first diagnosis of CKD

D	D	.	M	M	.	Y	Y	Y	Y
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Primary Cause of CKD

- Diabetes mellitus
- Hypertension
- Glomerulonephritis
- Inherited disease (e.g. polycystic kidney disease)
- Malformations / birth defects
- Autoimmune disorder (e.g. lupus)
- Obstructions (kidney stones, tumours, enlarged prostate gland)
- Infections
- Toxic chemicals
- Injury or trauma
- Reflux nephropathy
- Drug- or medication-induced kidney problems
- Other
- Unknown

Date and signature

Patient ID
[]

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[]

CRC's name
[]

Other
[]

General Information

Date of visit [D] [D] . [M] [M] . [Y] [Y] [Y] [Y]

Patient Details at Checkup

Is the patient currently on dialysis? [Y] [N] [U]

Body weight [] kg lb

Waist circumference [] cm

Is the patient pregnant? [Y] [N] [U]

CKD-related hospitalisation since last visit? [Y] [N] [U]

Primary diagnosis for hospitalisation []

Secondary diagnosis for hospitalisation []

Comorbidities

Chronic metabolic acidosis (serum bicarbonate level below 22 mmol/L) [Y] [N] [U]

AIDS (with clinical symptoms besides being HIV positive) [Y] [N] [U]

Osteoporosis (only if patient is treated for osteoporosis) [Y] [N] [U]

Denture (if yes, is it fitted or not?) []

Periodontal disease [Y] [N] [U]

Connective tissue disease (e.g. rheumatoid arthritis) [Y] [N] [U]

Cerebrovascular disease (stroke with mild or no residual or TIA) [Y] [N] [U]

Dementia [Y] [N] [U]

Hemiplegia (severe weakness of arm/leg on one side of the body) [Y] [N] [U]

Myocardial infarction (clinical event, not ECG changes only) [Y] [N] [U]

Congestive heart failure (inability of the heart for sufficient pump action) [Y] [N] [U]

Peripheral vascular disease (includes aortic aneurysm \geq 6 cm) [Y] [N] [U]

Chronic pulmonary disease [Y] [N] [U]

Peptic ulcer disease [Y] [N] [U]

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Mild liver disease (without portal hypertension, includes chronic hepatitis)

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U
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Moderate or severe liver disease

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U
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Diabetes without end-organ damage (excludes diet-controlled alone)

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U
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Diabetes with end-organ damage

(retinopathy, neuropathy, nephropathy, or brittle diabetes)

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U
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Nephrotic syndrome

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U
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Moderate to severe renal disease (CKD stage 3 to 5)

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U
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Tumour without metastasis (check "no" if more than 5 y since diagnosis)

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U
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Metastatic solid tumour

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U
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Leukaemia (acute or chronic)

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U
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Lymphoma

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U
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Inflammation

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U
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Muscle-wasting disease

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U
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Dialysis

Type of dialysis (none, HD, HDF, PD)

Dialysis frequency per week

When did dialysis start?

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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What type of dialyser is used?

Serum/Plasma Parameters

Creatinine

mg/dL µmol/L

BUN (blood urea nitrogen)

mg/dL mmol/L

Sodium

mmol/L

Potassium

mEq/L mmol/L

Total protein

g/dL g/L

Bicarbonate

mEq/L mmol/L

Uric acid

mg/dL µmol/L

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Calcium mg/dL mEq/L mmol/L

Phosphate mg/dL mmol/L

Hemoglobin g/dL g/L mmol/L

CRP mg/L

Total cholesterol mg/L mmol/L

LDL cholesterol mg/dL mmol/L

HDL cholesterol mg/dL mmol/L

Triglycerides mg/dL mmol/L

ALT (alanine aminotransferase) U/L

Urea mg/dL mmol/L

Fasting blood glucose mg/dL mmol/L

HbA1c %

pH

Albumin g/dL

Urinary Parameters

Urine volume (in 24h) mL L

Urea nitrogen (in 24h urine) g/24h mmol/24h

Creatinine (in 24h urine) mg/24h mmol/24h

Urea (in 24h urine) mg/24h mg/min g/24h mol/24h

Albumin (in 24h urine) mg/24h mg/mmol mg

Urea nitrogen (in spot urine) mg/dL mmol/L

Protein (in spot urine) mg/dL

Creatinine (in spot urine) mg/dL

Albumin (in spot urine) mg/dL mg/mg urine-creatinine

Proteinuria Y N U

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Blood Pressure

Systolic blood pressure

 mm Hg

Diastolic blood pressure

 mm Hg

Where/how was it measured?

Centre At home Continuously over 24 h

Medication

Sulphonylurea compounds

Y	N	U
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Thiazolidinediones / Glitazones

Y	N	U
---	---	---

Alphaglucoosidaseinhibitor

Y	N	U
---	---	---

Biguanide

Y	N	U
---	---	---

Dipeptidyl peptidase IV inhibitors

Y	N	U
---	---	---

Meglitinides

Y	N	U
---	---	---

Insulin

Y	N	U
---	---	---

SGLT2 inhibitor (sodium glucose transport protein inhibitor)

Y	N	U
---	---	---

Beta blockers

Y	N	U
---	---	---

ACEI (angiotensin converting enzyme inhibitors)

Y	N	U
---	---	---

Alpha receptor blockers

Y	N	U
---	---	---

Calcium antagonists

Y	N	U
---	---	---

ARB (angiotensin II receptor blockers)

Y	N	U
---	---	---

Loop diuretics

Y	N	U
---	---	---

Potassium sparing diuretics

Y	N	U
---	---	---

Thiazides

Y	N	U
---	---	---

Carbonic anhydrase inhibitors

Y	N	U
---	---	---

DRI (dopamine reuptake inhibitor)

Y	N	U
---	---	---

Phosphate binders

Y	N	U
---	---	---

Allopurinol

Y	N	U
---	---	---

Erythropoitein

Y	N	U
---	---	---

TCM (traditional Chinese medicine)

Y	N	U
---	---	---

Other drugs

Y=Yes N=No U=Unknown

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Dietary Management

Ketoanalogues (please specify)

Ketoanalogues dosage

tablets/day

Number of ketoanalogue pills prescribed

Date of last ketoanalogue pill prescription

How many ketoanalogue pills does the patient still possess?

If keto supplementation has been discontinued, please select the main reason:

- Further decline of eGFR
- Lack of compliance
- Shift to RRT

PEW (protein energy wasting) suspected?

 Y N U

Type of protein restriction

- None
- VLPD (0.3 - 0.5 g/kg bw/d)
- LPD (0.6 - 0.8 g/kg bw/d)
- HPD (greater than 1.0 g/kg bw/d)

Vegetarian?

 Y N U

Followed up by a dietician?

 Y N U

Using a nutritional diary?

 Y N U

How do you judge the patient's dietary compliance? (1=perfect; 5=not compliant)

Daily amount of consumed calories

g/kg bw/day g/day

Daily recommended calories (without ketoanalogues)

g/kg bw/day g/day

Daily amount of consumed protein

g/kg bw/day g/day

Daily recommended protein (without ketoanalogues)

g/kg bw/day g/day

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Please use this form if PEW (protein energy wasting) is suspected

Date of screening

D	D	M	M	Y	Y	Y	Y
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Table 1: Initial screening

- 1. Is BMI below 20.5? Y N
- 2. Has the patient lost weight within the last 3 months? Y N
- 3. Has the patient had a reduced dietary intake in the last week? Y N
- 4. Is the patient severely ill? (e.g. in intensive therapy) Y N

If the answer is 'Yes' to any question, please perform the screening in Table 2.

If the answer is 'No' to all questions, the screening is finished.

Table 2: Final screening (please rate the impaired nutritional status and severity of disease and add both scores)

Impaired nutritional status		Severity of disease (≈ increase in requirements)	
• Normal nutritional status	Absent Score 0	• Normal nutritional requirements	Absent Score 0
• Weight loss more than 5% in 3 months and/or • Food intake below 50 - 75% of normal requirement in preceding week	Mild Score 1	• Hip fracture and/or • Chronic patients, in particular with acute complications: cirrhosis, COPD and/or • Chronic hemodialysis, diabetes, oncology	Mild Score 1
• Weight loss more than 5% in 2 months and/or • BMI 18.5 - 20.5 + impaired general condition and/or • Food intake 25 - 50% of normal requirement in preceding week	Moderate Score 2	• Major abdominal surgery and/or • Stroke and/or • Severe pneumonia, hematologic malignancy	Moderate Score 2
• Weight loss more than 5% in 1 month (more than 15% in 3 months) and/or • BMI below 18.5 + impaired general condition and/or • Food intake 0 - 25% of normal requirement in preceding week	Severe Score 3	• Head injury and/or • Bone marrow transplantation and/or • Intensive care patients (APACHE > 10)	Severe Score 3
	Score <input type="text"/>		Score <input type="text"/>
		= Total score: <input type="text"/>	
Age: if 70 years or older, add 1 to total score above		= Age-adjusted score: <input type="text"/>	

Score 3 or higher: The patient is nutritionally at risk and a nutritional care plan is initiated

Score below 3: Weekly re-screening of the patient. If the patient e.g. is scheduled for a major operation, a preventive nutritional care plan is considered to avoid the associated risk status.

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Quality of Life (please refer to the COOP-Charts for details)

All questions refer to the past 4 weeks.

Hardest physical activity possible for at least 2 minutes

- Very heavy (1)
- Heavy (2)
- Moderate (3)
- Light (4)
- Very light (5)

Emotional problems

- Not at all (1)
- Slightly (2)
- Moderately (3)
- Quite a bit (4)
- Extremely (5)

Difficulty with usual activities

- No difficulty at all (1)
- A little bit of difficulty (2)
- Some difficulty (3)
- Much difficulty (4)
- Could not do (5)

Limitations of social activities

- No (1)
- Yes, slightly (2)
- Yes, moderately (3)
- Yes, a lot (4)
- Yes, extremely (5)

Pain

- No pain (1)
- Very mild pain (2)
- Mild pain (3)
- Moderate pain (4)
- Severe pain (5)

Change in health compared to 4 weeks ago

- Much better (1)
- A little better (2)
- About the same (3)
- A little worse (4)
- Much worse (5)

Overall health

- Excellent (1)
- Very good (2)
- Good (3)
- Fair (4)
- Poor (5)

Social support

- Yes, as much as patient wanted (1)
- Yes, quite a bit (2)
- Yes, some (3)
- Yes, a little (4)
- No, not at all (5)

Quality of life

- Very well (1)
- Pretty good (2)
- Good & bad parts about equal (3)
- Pretty bad (4)
- Very bad (5)

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Loss to follow-up form - CKDOD registry

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General Information

Date of recording

D	D	.	M	M	.	Y	Y	Y	Y
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Reason for loss to follow-up

- Patient received kidney transplantation
- Patient moved
- Transferred to a colleague
- Patient died
- Complications
- No information

If the patient died, please specify cause

- Cardiac disease
- Cerebrovascular disease
- Infection
- Malignancy
- Renal failure
- Other
- Unknown

Date of death

D	D	.	M	M	.	Y	Y	Y	Y
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If patient was lost to follow-up due to complications, please specify

Date and signature