COVID-19 INCIDENCE AND TREATMENT TRACKING FORM (C19)

CKiD Chronic Kidney Disease in Children Cohort Study

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER ONLY IF LABEL IS NOT AVAILABLE

|__| - |__|__| - |__|__|__|

A2. CKiD VISIT #: ___ ___ ___

A3. FORM VERSION: 0 3 / 1 5 / 2 1

A4. DATE OF THIS REPORT: ___ ___/ ___ ___/ ___ ___ ___ ___
M M D D Y Y Y Y

A5. FORM COMPLETED BY (INITIALS)
___ ___ ___

A6. Protocol type:
Regular Study Visit……. 0○
Post-Dialysis Visit……..... 1○ **(Skip to B1)**
Post-Transplant Visit……..... 2○ **(Skip to B1)**

A7. Is this study visit an irregular (accelerated) visit?
Yes……..…….. 1○
No……..…….. 2○

A8. Did the participant receive a laboratory confirmed diagnosis of COVID and/or contact with a confirmed case of COVID-19?
Yes……..…….. 1○
No……..…….. 2○ **(END FORM)**

A9. Source of Information
Participant/Family……..... 1○
Site/Chart Review…… 2○
Both……... 3○

SECTION B: COVID-19 ILLNESS INFORMATION

B1. a. Did the participant receive a laboratory confirmed diagnosis of COVID-19?
Yes……..……..…..…. 1○ **(Skip to B1c)**
No……..……..…..…... 2○

b. Did the participant's doctor or healthcare provider tell them that they had a suspected case of COVID-19?
Yes……..……..…..…. 1○
No……..……..…..…... 2○ **(Skip to Section C)**

c. What was the date of the confirmed diagnosis or the date that you were told you had a suspected case of COVID-19? (If specific date is unknown, please provide month and year)

Date: ___ ___/ ___ ___/ ___ ___ ___ ___ Don't know……..…… -8○
M M D D Y Y Y Y

d. Did the participant have contact with a confirmed case of COVID-19?
Yes……..……..…..…. 1○
No……..……..…..…... 2○ **(Skip to B2)**

e. Was the contact within 14 days of the participant's suspected or confirmed COVID-19 illness?
Yes……..……..…..…. 1○
No……..……..…..…... 2○
Don't know……..……..…... -8○

f. At the time of the participant's suspected or confirmed COVID-19 illness, did the participant and an individual with a confirmed case of COVID-19 live in the same household?

Yes……..……..…..…. 1 ○

No…….....……..…..... 2 ○

B2. a. Is the participant currently sick with COVID-19?

Yes……..……..…..…. 1○

No…….....……..…..... 2○ **(Skip to B2c)**

b. Number of days since symptom onset

_____ **(Skip to B3a)** Don't know…… -8○ **(Skip to B3a)**

c. Total length of illness (if recovered)

___ ___ 1 = day(s) ○ 3 = month(s) ○
2 = week(s) ○ -8 = don't know ○

B3a. Symptoms present during COVID-19 illness (Select all that apply)

		Yes	No	Don't know
a.	Cough	1○	2○	-8○
b.	Rhinitis	1○	2○	-8○
c.	Fever	1○	2○	-8○
d.	Diarrhea	1○	2○	-8○
e.	Shortness of breath	1○	2○	-8○
f.	High temperature (greater than 38.0°C/100.4°F)	1○	2○	-8○
g.	Myalgias (muscle aches)	1○	2○	-8○
h.	Fatigue or malaise	1○	2○	-8○
i.	Loss of taste or loss of smell	1○	2○	-8○
j.	Headache	1○	2○	-8○
k.	Pink eye	1○	2○	-8○
l.	Sore throat	1○	2○	-8○
m.	Runny nose	1○	2○	-8○
n.	Chills	1○	2○	-8○
o.	Loss of appetite	1○	2○	-8○
p.	Discomfort tightness or pressure in chest	1○	2○	-8○
q.	Vomiting	1○	2○	-8○
r.	Nausea	1○	2○	-8○
s.	Joint aches	1○	2○	-8○
t.	Seizure	1○	2○	-8○
u.	Dizziness	1○	2○	-8○
v.	Altered consciousness or feeling like it was difficult to stay awake	1○	2○	-8○
w.	Abdominal pain	1○	2○	-8○
l.	Other	1○	2○	**(Skip to B3b)**

1. Please specify: _____

B3b. Presence of inflammatory syndrome in participant (Select all that apply)

	Yes	No	Don't know	
a. Diagnosis of multisystem inflammatory syndrome (MIS-C)	1	2	-8	
b. Kawasaki disease	1	2	-8	
c. Toxic shock syndrome	1	2	-8	
l. Other Please specify: _____	1	2		**(Skip to B4)**

B4. Which of the following medications was the participant taking or prescribed prior to the COVID-19 illness?

	Yes	No	Don't know	
a. Angiotensin-converting-enzyme Inhibitor (ACEi)	1	2	-8	
b. Angiotensin II receptor blockers (ARB)	1	2	-8	
c. Chloroquine or Hydroxychloriquine	1	2	-8	
d. Steroids (IV/PO)	1	2	-8	
e. Infliximabe/ Remicade	1	2	-8	
f. Cyclophosphamide (IV)	1	2	-8	
g. Cyclophosphamide (PO)	1	2	-8	
h. Azathioprine	1	2	-8	
i. Mycophenolate mofetil (MMF)	1	2	-8	
j. Methotrexate	1	2	-8	
k. Cyclosporin A	1	2	-8	
l. Tacrolimus	1	2	-8	
m. Everolimus	1	2	-8	
n. Sirolimus	1	2	-8	
o. Rituximab in last 6 months	1	2	-8	
p. Basiliximab in last 6 months	1	2	-8	
q. Alemtuzumab in last 6 months	1	2	-8	
r. Other:	1	2		**(Skip to B5)**

1. Please specify: _____

The next set of questions ask about the participant's laboratory results measured upon diagnosis, during treatment and at recovery.

B5. White blood cell count (cells/uL)

a.	Upon COVID-19 diagnosis:	_____	Don't know……-8○
b.	Peak value:	_____	Don't know……-8○
c.	Upon recovery:	_____	Don't know……-8○
			Not applicable…..-1○

B6. C-reactive protein level (mg/L)

a.	Upon COVID-19 diagnosis:	_____	Don't know……-8○
b.	Peak value:	_____	Don't know……-8○
c.	Upon recovery:	_____	Don't know……-8○
			Not applicable…..-1○

B7. Serum creatinine (umol/L or mg/dL)

a.	Upon COVID-19 diagnosis:	_____	Don't know……-8○
b.	Peak value:	_____	Don't know……-8○
c.	Most recent value:	_____	Don't know……-8○
d.	Upon recovery:	_____	Don't know……-8○
			Not applicable…..-1○

The next set of questions ask about acute kidney infection (AKI) and kidney replacement therapy during the COVID-19 illness.

B8. Did the participant receive a diagnosis of AKI as part of the COVID-19 disease episode?

Yes……1○
No……2○

B9. Did the participant receive renal replacement therapy (including CRRT in intensive care) as part of treatment of the COVID-19 disease episode?

Yes……1○
No……2○

The next set of questions ask about the treatment the participant received during the COVID-19 illness.

B10. Was respiratory support (options listed in B11) needed as part of the treatment of the COVID-19 illness?

Yes……1○
No……2○ **(Skip to B12)**
Don't know……-8○ **(Skip to B12)**

B11. Level of respiratory support needed by participant at peak of COVID-19 illness (Select all that apply)

		Yes	No	Don't know
a.	Supplemental oxygen	1	2	-8
b.	High flow nasal cannula	1	2	-8
c.	CPAP (Continuous Positive Airway Pressure)	1	2	-8
d.	BiPAP (Bilevel Positive Airway Pressure)	1	2	-8
e.	Conventional invasive ventilation	1	2	-8
f.	Oscillatory invasive ventilation	1	2	-8
g.	ECMO (Extracorporeal Membrane Oxygen)	1	2	-8
h.	Other	1	2	**(Skip to B12)**

1. Please specify: _____

B12. Specific therapies administered to participant to treat COVID-19 during the illness (Select all that apply)

		Yes	No	Don't know
a.	Remdesivir	1	2	-8
b.	ACEi	1	2	-8
c.	ARB	1	2	-8
d.	Chloroquine or hydroxychloroquine	1	2	-8
e.	Convalescent plasma	1	2	-8
f.	Azithromycin	1	2	-8
g.	Lopinavir/Ritonavir (Kaletra)	1	2	-8
h.	Ribavirin (Rebetol, Ribasphere, RibaPak, Copegus, Virazole, Moderiba)	1	2	-8
i.	Vitamin C	1	2	-8
j.	Zinc	1	2	-8
k.	Decadron	1	2	-8
l.	Other	1	2	**(End Form)**

1. Please specify: _____

END FORM