

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 **(END FORM)**

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

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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)
2 = week(s)

3 = month(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: _____

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

| | <u>Yes</u> | <u>No</u> | 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 | 1 | 2 | (Skip to B4) |
| Please specify: _____ | | | |

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

| | <u>Yes</u> | <u>No</u> | 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: _____

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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)**

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

| | <u>Yes</u> | <u>No</u> | 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)

| | <u>Yes</u> | <u>No</u> | 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