

# CORONAVIRUS QUESTIONNAIRE for Regular & Post KRT Study Visits (F21)

## Chronic Kidney Disease in Children (CKiD)

### SECTION A: GENERAL INFORMATION

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

|\_| - |\_|\_| - |\_|\_|\_|

A2. CKiD VISIT #:

\_\_\_ \_ \_

A3. FORM VERSION:

  0     9   /   1     5   /   2     1  

A4. DATE OF VISIT:

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
M M D D Y Y Y Y

A5. INTERVIEWER'S 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

### SECTION B: COVID-19 ILLNESS INFORMATION

B1. a. Did you receive a laboratory confirmed diagnosis of COVID-19 in the past year?

Yes..... 1 **(Skip to B1c)**  
No..... 2

b. Did your doctor or healthcare provider tell you that you had a suspected case of COVID-19 in the past year?

Yes..... 1  
No..... 2 **(Skip to C1)**

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 you 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 suspected or confirmed COVID-19 illness?

Yes..... 1  
No..... 2  
Don't know..... -8

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

Yes..... 1  
No..... 2

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- B2. a. Are you currently sick with COVID-19?  
 Yes..... 1  
 No..... 2 **(Skip to B2c)**
- b. Number of days since symptom onset  
 \_\_\_\_\_ **(Skip to C1)** Don't know..... -8 **(Skip to C1)**
- c. Total length of illness (if recovered)  
 \_\_\_\_ \_\_\_\_ 1 = day(s) 3 = month(s)  
 2 = week(s) -8 = don't know

## SECTION C: COVID-19 IMPACT

C1. Due to COVID-19, in the past week, how often...

	Not at all	1-2 days	3-4 days	5-7 days
a. Have you felt nervous, anxious, or on edge?	1	2	3	4
b. Have you felt depressed?	1	2	3	4
c. Have you felt lonely?	1	2	3	4
d. Have you felt hopeful about the future?	1	2	3	4
e. Have you had physical reactions, such as sweating, trouble breathing, nausea or a pounding heart, when thinking about your experience with the novel coronavirus (COVID-19) pandemic?	1	2	3	4

**Please indicate if you agree or disagree with the following statements.**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly agree
C2. I am very worried about getting the coronavirus.	1	2	3	4	5
C3. I am very worried about my family/friends getting the coronavirus.	1	2	3	4	5
C4. I am very worried about giving someone else the coronavirus.	1	2	3	4	5
C5. I have a hard time sleeping because of the coronavirus.	1	2	3	4	5
C6. I have had difficulties concentrating because of the coronavirus.	1	2	3	4	5
C7. Thinking about the coronavirus makes me very anxious.	1	2	3	4	5
C8. I am feeling overwhelmed by the coronavirus.	1	2	3	4	5

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## SECTION D: COVID-19 IMPACT

The novel coronavirus (COVID-19) pandemic has impacted people in different ways. The following series of questions ask you to rate whether and how much the COVID-19 pandemic has changed various aspects of your life since around March 1, 2020.

- D1. Have your daily routines changed since March 1, 2020? Daily routines are activities like your work, school, social and religious activities or other ways you normally spend your time.
- No, I have had no changes to my routines..... 0
  - Yes, I have had mild changes to a few of my routines..... 1
  - Yes, I have had moderate changes across several of my routines..... 2
  - Yes, I have had severe changes across most or all of my routines..... 3
- D2. Has your household income changed since March 1, 2020?
- No, there have been no changes to my household incomes..... 0
  - Yes, there have been small changes, but I am able to meet all my needs and pay bills..... 1
  - Yes, there have been moderate changes and I made cuts, but I am able to meet basic needs and pay bills..... 2
  - Yes, there have been severe changes and I am unable to meet basic needs or pay bills..... 3
- D3. Has your access to food changed since March 1, 2020?
- No, my access to food has not changed..... 0
  - Yes, I have had enough food, but difficulty getting to the store or finding items..... 1
  - Yes, I have occasionally been without food or good quality foods..... 2
  - Yes, I have frequently been without enough food..... 3
- D4a. Have you been eating more food than usual since March 1, 2020?
- No, there have been no changes, or I have been eating slightly less than usual..... 0
  - Yes, I have been eating slightly more than usual..... 1
  - Yes, I have been eating more frequently ..... 2
  - Yes, I have been eating much more frequently..... 3
- D4b. Have you been eating more processed food than usual since March 1, 2020?
- No, there have been no changes, or I have been eating slightly less than usual..... 0
  - Yes, I have been eating slightly more than usual..... 1
  - Yes, I have been eating more processed foods than usual..... 2
  - Yes, I have been eating a significantly less healthy diet..... 3
- D5. Has your normal physical activity changed since March 1, 2020?
- No, I do not normally exercise..... 0
  - No, I have been exercising with the same frequency and intensity as I usually do..... 1
  - Yes, I have been exercising regularly, but with less intensity than usual..... 2
  - Yes, I have not been exercising regularly as usual, but the intensity is the same as usual.... 3
  - Yes, I have been not exercising at all and I am very sedentary..... 4

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- D6. Has your access to medical health care changed since March 1, 2020?
- No, I have not tried to access care, or I haven't needed care since March 1, 2020..... 0
  - No, there have been no changes to my medical health care..... 1
  - Yes, I have had mild changes, such as appointments moved to telehealth instead of in-person visits..... 2
  - Yes, I have had moderate changes, such as delays in my appointments or getting prescriptions with some impact on my health..... 3
  - Yes, I have had severe changes; I have been unable to access needed care with impact on my health..... 4
- D7. Have your access to extended family and trusted friends changed since March 1, 2020?
- No, there has been no change..... 0
  - Yes, there has been mild changes. I continued to visit with social distancing, made phone calls or connected through social media..... 1
  - Yes, there has been moderate changes, with loss of contact with some friends and family, but not all..... 2
  - Yes, there has been severe changes; with loss of contact with all of my friends and family... 3
- D8. Overall, considering all the possible ways your life may have been impacted by the COVID-19 pandemic, how much has the pandemic impacted your day-to-day life?
- It has not impacted my life at all..... 0
  - It has impacted my life a little..... 1
  - It has moderately impacted my life..... 2
  - It has extremely impacted my life..... 3
  - Refused to answer..... -7

### **Section E: COVID-19 SOCIALIZATION QUESTIONS**

The next series of questions about your experiences with your neighbors and in your neighborhood since the COVID-19 pandemic (March 1, 2020). Please indicate whether you agree or disagree with the following statements.

- |  | Agree | Disagree |
|--|-------|----------|
| E1. I can count on people in my neighborhood to help me if I'm sick..... | 1     | 0        |
| E2. My neighbors would go to the store for me if I'm sick.....           | 1     | 0        |

The next series of questions ask about social distancing measures and other activities to reduce exposure to COVID-19. Not applicable (NA) means you typically do not participate in these activities.

- |  | Yes | No | NA |
|--|-----|----|----|
| E3. Since social distancing measures have been put in place in your city, have your neighbors                  |     |    |    |
| a. Checked in on you to see if you needed anything?  | 1   | 2  | -1 |
| b. Helped each other with things like grocery shopping or running errands to minimize their risk for COVID-19? | 1   | 2  | -1 |
| c. Worked together to take care of each other?   | 1   | 2  | -1 |

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	Yes	No	NA
E4. What actions have you taken to reduce your risk of exposure to COVID-19 since March 1, 2020?			
a. Washing hands and/or using sanitizer frequently.....	1	2	-1
b. Staying at least 6 feet away from others.....	1	2	-1
c. Avoiding large gatherings.....	1	2	-1
d. Not going out to restaurants or bars.....	1	2	-1
e. Cancelled planned travel.....	1	2	-1
f. Wearing a face mask.....	1	2	-1
g. Not shaking hands or touching people.....	1	2	-1
h. Staying home when I am sick.....	1	2	-1
i. Not going to work or working remotely (when working is possible).....	1	2	-1
j. Not going to school (when attending school is possible).....	1	2	-1
k. Not going to church or faith services (when church holds in-person services).....	1	2	-1
l. Avoiding public transportation.....	1	2	-1
m. Wiping down surfaces with disinfectant.....	1	2	-1
n. Ordering groceries for delivery.....	1	2	-1
o. Following government guidelines or rules to stay at home and limiting contacts with other people.....	1	2	-1
p. Placed under full quarantine by local authorities.....	1	2	-1
E5. Did you receive any recommendations from a healthcare provider about reducing your risk of exposure to COVID-19?			
	Yes	No	
a. My primary care doctor.....	1	2	
b. My nephrologist.....	1	2	
c. Another provider.....	1	2	

**END FORM**