

Chronic Kidney Disease in Children Cohort Study (CKiD)

F21: CORONAVIRUS QUESTIONNAIRE FOR Regular and Post Kidney Replacement Therapy Study (KRT) Visits QUESTION BY QUESTION SPECIFICATIONS

General Instructions:

The Coronavirus Questionnaire for Regular and Post Kidney Replacement Therapy (previously referred to as Post RRT i.e., Renal Replacement Therapy) Study Visits Form (F21) allows the study to ascertain the impact of the coronavirus pandemic (COVID-19), and incidence and treatment of COVID-19 cases among CKiD participants and/or families.

1. Use the correct form version.
2. Ignore any markings related to data entry. These indicators mark the beginning and end of all sub forms; they have been added for data entry purposes only and will not affect how the form is completed.

Follow the skip patterns as they appear on the form.

SECTION A: GENERAL INFORMATION

- A1. Record the participant's I.D. number or affix label in space provided.
- A2. Record the visit number
- A3. The form version is pre-printed. Use the form version dated **09/15/21**.
- A4. Record the date of the visit - the month, day and year. Example: 03/01/2007.
- A5. The interviewer (study coordinator) should record the CKiD visit number (e.g., 01a or 01b) the participant is attending. If there is any confusion as to what type of study visit the participant is attending, the interviewer should bring this to the attention of their clinical coordinating center project director for clarification before completing the form.

Record the interviewer's initials. Example: K _ I _ D _

- A6. Document the type of visit. If regular study visit, then circle "0". If post-dialysis visit, then circle "1" and if post-transplant visit, then circle "2".
- A7. Document if the study visit is an irregular (accelerated) study visit. Circle 'Yes' (Code 1) or 'No' (Code 2). Children who are scheduled to have kidney replacement therapy will have their next study visit accelerated from 12 months to within 3 months. The rationale for scheduling irregular study visits is to attempt to capture the clinically relevant changes in exposure at low levels of GFR, but before the onset of kidney replacement. For children requiring an irregular visit, the irregular visit will be their last CKiD study visit.

SECTION B: COVID-19 ILLNESS INFORMATION

- B1a. Record whether or not the participant has received a laboratory confirmed diagnosis of COVID-19 in the past year by circling “Yes” (Code 1), “No” (Code 2), or “Don’t know” (Code -8). If participant selects “yes”, **skip to B1c**.
- B1b. Record whether or not a doctor or other health care provider told the participant that they had a suspected case of COVID-19 in the past year by circling “Yes” (Code 1), “No” (Code 2), or “Don’t know” (Code -8). If participant selects “no”, **skip to C1**.
- B1c. Record the date of the participant’s confirmed diagnosis or suspected case of COVID-19 – the month, day, and year.
- B1d. Record whether or not the participant had contact with someone who had a confirmed diagnosis of COVID-19 by circling “Yes” (Code 1), or “No” (Code 2). If participant selects “no”, **skip to B2**.
- B1e. Record whether or not the participant had contact within the past 14 days with someone who had a suspected or confirmed diagnosis of COVID-19 in the past year by circling “Yes” (Code 1), “No” (Code 2), or “Don’t know” (Code -8).
- B1f. Record whether or not the participant lived in the same household as someone who had a confirmed diagnosis of COVID-19 by circling “Yes” (Code 1), or “No” (Code 2).
- B2a. Record whether or not the participant is currently sick with COVID-19 by circling “Yes” (Code 1), or “No” (Code 2). If participant selects “no”, **skip to B2c**.
- B2b. Record the number of days since the symptom onset and **skip to C1**.
- B2c. Record the total length of illness (if recovered). If the participant has not recovered, then circle “Not recovered/Not applicable”

SECTION C: COVID-19 IMPACT

- C1. On a scale of 1 (not at all) to 4 (5-7 days), ask the participant to indicate how often they felt each of the following in the past 7 days:
- a. nervous, anxious or on edge
 - b. depressed
 - c. lonely
 - d. hopeful about the future
 - e. physical reactions, such as sweating, trouble breathing, nausea or a pounding heart, when thinking about your experience with the novel coronavirus (COVID-19) pandemic
- C2. On a scale of 1 (strongly disagree) to 5 (strongly agree), ask the participant to rate their agreement with the statement “I am very worried about getting the coronavirus.”

- C3. On a scale of 1 (strongly disagree) to 5 (strongly agree), ask the participant to rate their agreement with the statement “I am very worried about my family/friends getting the coronavirus.”
- C4. On a scale of 1 (strongly disagree) to 5 (strongly agree), ask the participant to rate their agreement with the statement “I am very worried about giving someone else the coronavirus”.
- C5. On a scale of 1 (strongly disagree) to 5 (strongly agree), ask the participant to rate their agreement with the statement “I have a hard time sleeping because of the coronavirus.”
- C6. On a scale of 1 (strongly disagree) to 5 (strongly agree), ask the participant to rate their agreement with the statement “I have had difficulties concentrating because of the coronavirus.”
- C7. On a scale of 1 (strongly disagree) to 5 (strongly agree), ask the participant to rate their agreement with the statement “Thinking about the coronavirus makes me very anxious.”
- C8. On a scale of 1 (strongly disagree) to 5 (strongly agree), ask the participant to rate their agreement with the statement “I am feeling overwhelmed by the coronavirus.”

SECTION D: COVID-19 IMPACT

- D1. Record whether or not the participant’s daily routine has changed since March 1, 2020 by circling “No, I have had no changes” (Code 0), “Yes, I have had mild changes” (Code 1), “Yes, I have had moderate changes” (Code 2) or “Yes, I have had severe changes” (Code 3).
- D2. Record whether or not the participant’s household income has changed since March 1, 2020 by circling “No, there have been no changes” (Code 0), “Yes, there have been small changes” (Code 1), “Yes, there have been moderate changes” (Code 2) or “Yes, there have been severe changes” (Code 3).
- D3. Record whether or not the participant’s access to food has changed since March 1, 2020 by circling “No, access has not changed” (Code 0), “Yes, I have had enough food but difficulty getting to stores” (Code 1), “Yes, I have occasionally been without food or good quality food” (Code 2) or “Yes, I have frequently been without enough food” (Code 3).
- D4a. Record whether or not the participant’s has been eating more food than usual since March 1, 2020 by circling “No, I have had no changes or eating slightly less than usual” (Code 0), “Yes, I have been eating slightly more” (Code 1), “Yes, I have been eating more frequently” (Code 2) or “Yes, I have been eating much more frequently” (Code 3).

- D4b. Record whether or not the participant's has been eating more processed food than usual since March 1, 2020 by circling "No, I have had no changes or eating slightly less than usual" (Code 0), "Yes, I have been eating slightly more" (Code 1), "Yes, I have been eating more processed food than usual" (Code 2) or "Yes, I have been eating a significantly less healthy diet" (Code 3).
- D5. Record whether or not the participant's normal physical activity has changed since March 1, 2020 by circling "No, I do not normally exercise" (Code 0), "Yes, I have been exercising with the same frequency and intensity as I usually do" (Code 1), "Yes, I have been exercising regularly, but with less intensity than usual" (Code 2), "Yes, I have not been exercising regularly as usual, but the intensity is the same as usual" (Code 3), or "Yes, I have been not exercising at all and I am very sedentary" (Code 4).
- D6. Record whether or not the participant's access to medical health care changed since March 1, 2020 by circling "No, I have not tried to access care or I haven't needed care" (Code 0), "No there have been no changes to medical health care" (Code 1), "Yes, I have mild changes" (Code 2), "Yes, I have moderate changes" (Code 3) or "Yes, I have had severe changes" (Code 4).
- D7. Record whether or not the participant's access to extended family and trusted friends changed since March 1, 2020 by circling "No there have been no changes" (Code 0), "Yes, I have mild changes" (Code 1), "Yes, I have moderate changes" (Code 2) or "Yes, I have had severe changes" (Code 3).
- D7. Record the participant's overall perception of the impact of the COVID-19 pandemic on their day-to-day life by circling "It has not impacted my life at all" (Code 0), "It has not impacted my life a little" (Code 1), "It has not moderately impacted my life" (Code 2), "It has not extremely impacted my life (Code 3)" or "Refused to answer" (Code -7).

SECTION E: SOCIALIZATION QUESTIONS

- E1. Ask the participant to rate their agreement with the statement "I can count on people in my neighborhood to help me if I'm sick" by circling "Agree" (Code 1) or "Disagree" (Code 0).
- E2. Ask the participant to rate their agreement with the statement "My neighbors would go to the store for me if I'm sick" by circling "Agree" (Code 1) or "Disagree" (Code 0).
- E3. Since social distancing measure have been put in place, record the participant's response to the following questions regarding their neighbors by circling "Yes (Code 1), "No" (Code 2) or "Not applicable" (Code -1).
- a. Checked in on you to see if you needed anything?
 - b. Helped each other with things like grocery shopping or running errands to minimize their risk for COVID-19?
 - c. Worked together to take care of each other?

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