

**SMOKING, ALCOHOL, DRUG USE AND PHYSICAL ACTIVITY (F02)**

**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 STUDY VISIT #:

0 1 a

A3. FORM VERSION:

0 1 / 0 1 / 0 5

A4. DATE OF VISIT:

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

A5. **TIME MODULE BEGAN:**

|\_|\_| : |\_|\_| AM..... 1  
PM..... 2

***This form is to be completed by children, 12 years old or older, who are enrolled in CKiD.***

**INTRODUCTION TO PARTICIPANT:**

Thank you for participating in this study.

This questionnaire should take about 5 to 10 minutes. Please read each question carefully. Take as much time as you need to answer each question and be as accurate as possible. As with all study information, your answers will be kept private. No one will know who filled out the questionnaire, because there is only a code number at the top, not your name. Even your parents and your doctor will not see your answers. Please answer all questions honestly. Your answers are for research purposes only and may help doctors find better ways to treat children with kidney problems. If you have trouble reading or understanding a question, please ask the nurse/coordinator for assistance and she/he will be happy to help.

Questions begin on the next page. For each question, **FILL IN THE ANSWER** or **CIRCLE THE NUMBER** that best matches the answer. When you have completed the form, please return it to the nurse/coordinator.

**SMOKING, ALCOHOL, DRUG USE AND PHYSICAL ACTIVITY (F02)**

**SECTION B: CIGARETTE USE**

The following are some personal questions about your cigarette use. Please circle the number that best matches your answer.

B1. Have you ever smoked a whole cigarette, cigar, cigarillo or little cigar?

Yes..... 1

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

a. How old were you when you smoked a whole cigarette, cigar, cigarillo or little cigar for the first time?

\_\_\_ \_\_\_ years of age

B2. Do you currently smoke cigarettes, cigars, cigarillos or little cigars?

Yes..... 1 **(Skip to B3)**

No..... 2

a. How old were you when you stopped smoking?

\_\_\_ \_\_\_ years of age

b. While smoking, what was the average number of cigarettes, cigars, cigarillos or little cigars you smoked per week?

\_\_\_ \_\_\_ \_\_\_ number of cigarettes, cigars, cigarillos or little cigars

**(Skip to C1)**

B3. What is the average number of cigarettes, cigars, cigarillos or little cigars you smoke per week?

\_\_\_ \_\_\_ \_\_\_ number of cigarettes, cigars, cigarillos or little cigars

**SECTION C: ALCOHOL USE**

Please answer some more personal questions; these are about drinking alcohol. Remember your answers are confidential. In these questions drinking alcohol does not include a few sips of wine for religious purposes. Drinking alcohol includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For example, drinking alcohol includes drinking one bottle/can of beer, a glass of wine or a shot of rum.

C1. Have you ever had a drink of alcohol?

Yes..... 1

No..... 2 **(Skip to D1)**

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**SMOKING, ALCOHOL, DRUG USE AND PHYSICAL ACTIVITY (F02)**

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C2. During your life, on how many occasions have you had at least one drink of alcohol?

\_\_\_ \_\_\_ \_\_\_ times

C3. During the last 12 months, on how many occasions did you have at least one drink of alcohol?

\_\_\_ \_\_\_ \_\_\_ times

C4. On a typical occasion during the past 12 months, how many alcoholic drinks did you have?

\_\_\_ \_\_\_ drinks

**SECTION D: DRUG USE**

**The following are personal questions about your use of street drugs to get high. Street drugs include marijuana, inhalants (i.e., glue, paint or aerosol spray cans) and ecstasy. Remember your answers will be kept private.**

D1. During your life, have you ever used "street drugs"?

Yes..... 1

No..... 2 **(Skip to E1)**

D2. During your life, how many times have you used marijuana? Marijuana is also called grass, pot, weed, or chronic.

\_\_\_ \_\_\_ \_\_\_ times

D3. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

\_\_\_ \_\_\_ \_\_\_ times

D4. During your life, how many times have you used ecstasy (also called MDMA)?

\_\_\_ \_\_\_ \_\_\_ times

**SMOKING, ALCOHOL, DRUG USE AND PHYSICAL ACTIVITY (F02)**

**SECTION E: PHYSICAL ACTIVITY**

The next questions ask about your physical activity.

E1. On how many of the past 7 days did you exercise or participate in physical activity for **at least 20 minutes that made you sweat and breathe hard**, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

\_\_\_\_ \_\_\_\_ days

E2. On how many of the past 7 days did you participate in physical activity for **at least 30 minutes that did not** make you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

\_\_\_\_ \_\_\_\_ days

E3. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

\_\_\_\_ \_\_\_\_ days

E4. On an average school day, how many hours do you watch TV?

- I do not watch TV on an average school day..... 1
- Less than 1 hour per day..... 2
- 1 hour per day..... 3
- 2 hours per day..... 4
- 3 hours per day..... 5
- 4 hours per day..... 6
- 5 or more hours per day..... 7

E5. On an average school day, how many hours do you play videogames and/or use the computer?

- I do not play video games and/or use a computer an average school day..... 1
- Less than 1 hour per day..... 2
- 1 hour per day..... 3
- 2 hours per day..... 4
- 3 hours per day..... 5
- 4 hours per day..... 6
- 5 or more hours per day..... 7

**SMOKING, ALCOHOL, DRUG USE AND PHYSICAL ACTIVITY (F02)**

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E6. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

\_\_\_\_ \_\_\_\_ days (If "0", Skip to E8)

E7. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- Less than 10 minutes per day..... 1
- 10 to 20 minutes per day..... 2
- 21 to 30 minutes per day..... 3
- 31 to 40 minutes per day..... 4
- 41 to 50 minutes per day..... 5
- 51 to 60 minutes per day..... 6
- More than 60 minutes per day..... 7

E8. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)

\_\_\_\_ \_\_\_\_ teams

F1. **TIME MODULE ENDED:** |\_|\_| : |\_|\_| AM..... 1  
PM..... 2

**THANK YOU FOR YOUR TIME AND EFFORT.**