### **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:	<u>0</u> <u>1</u> / <u>0</u> <u>1</u> / <u>0</u> <u>6a</u>	
A4.	DATE OF VISIT:	$\frac{1}{M}$ $\frac{1}{M}$ $\frac{1}{D}$ $\frac{1}{D}$ $\frac{1}{Y}$ $\frac{1}{Y}$ $\frac{1}{Y}$ $\frac{1}{Y}$	
A5.	INTERVIEWER'S INITIALS:		
A6.	TIME MODULE STARTED:	: : AM 1	
A7.	Is this study visit an irregular (accelerated) visit?	Yes 1 No 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 betters 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.



### **SECTION B: CIGARETTE USE**

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

B1.	In th	e past year, have you smoked a whole cigarette, cigar, cigarillo or little cigar?
		Yes 1
		No
B2.	Do y	ou 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.		e past year, what is the average number of cigarettes, cigars, cigarillos or cigars you smoke per week?
		number of cigarettes, cigars, cigarillos or little cigars
		SECTION C: ALCOHOL USE
Remodoes inclu whis	embe not in des d key. F	swer some more personal questions; these are about drinking alcohol. In your answers are confidential. In these questions drinking alcohol include a few sips of wine for religious purposes. Drinking alcohol ir linking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or for example, drinking alcohol includes drinking one bottle/can of beer, a ine or a shot of rum.
C1.	In th	e past year, have you had a drink of alcohol?
		Yes 1
		No

C2.	In the past year, on how many occasions have you had at least one drink of alcohol?				
	times				
C3.	In the past year, on a typical occasion, 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.	In the past year, have you used "street drugs"?				
	Yes 1				
	No				
D2.	In the past year, how many times have you used marijuana? Marijuana is also called grass, pot, weed, or chronic.				
	times				
D3.	In the past year, how many times have you sniffed glue, breathed the contents of aeroso spray cans, or inhaled any paints or sprays to get high?				
	times				
D4.	In the past year, how many times have you used ecstasy (also called MDMA)?				
	times				

### **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 <b>at least 30 minutes</b> that <b>did not</b> make you sweat and breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower or mopping floors?  days			
E3.	On how many of the past 7 days were you physically a minutes per day? (Add up all the time you spend in a increases your heart rate and makes you breathe hard days	ny kind of physical activity that		
E4.	In the past year, 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.	In the past year, on an average school day, how many and/or use the computer?	hours do you play videogames		
	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		

E6. In the past year, in an average week when you are in school, on how many date to physical education (PE) classes?		
	days (If "0", Skip to E8)	
E7.	In the past year, during an average physical education you spend actually exercising or playing sports?	n (PE) class, how many minutes do
	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.	In the past year, on how many sports teams did you p school or community groups.) teams	play? (Include any teams run by your
F1.		l 1 2

THANK YOU FOR YOUR TIME AND EFFORT.