

FOLLOW-UP SMOKING, ALCOHOL AND DRUG USE (F12)

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: 1 0 / 0 1 / 1 4

A4. DATE OF VISIT: ___ ___ / ___ ___ / ___ ___ ___ ___
 M M D D Y Y Y Y

A5. INTERVIEWER'S INITIALS: ___ ___ ___

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.

SECTION B: SMOKING

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

B1. In the past year, have you smoked tobacco (e.g., a whole cigarette, cigar, cigarillo or little cigar)?

Yes..... 1

No..... 2 **(Skip to B4)**

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B2. Do you currently smoke tobacco?

- 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 B4)

B3. In the past year, what is the average number of cigarettes, cigars, cigarillos or little cigars you smoke per week?

___ ___ ___ number of cigarettes, cigars, cigarillos or little cigars

B4. In the past year, have you smoked tobacco or non-tobacco (e.g., shisha, an herbal material) using a hookah?

- Yes..... 1
No..... 2 **(Skip to B6)**

B5. During the **past 30 days**, how many times have you smoked tobacco or non-tobacco using a hookah?

___ ___ ___ number of times smoked tobacco or non-tobacco using a hookah

The next 2 questions ask about electronic vapor products, such as blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

B6. In the past year, have you used an electronic vapor product?

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

B7. During the **past 30 days**, on how many days did you use an electronic vapor product?

___ ___ days

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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. In the past year, have you had a drink of alcohol?
Yes..... 1
No..... 2 **(Skip to D1)**
- 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
- C4. During the **past 30 days**, on how many days did you have at least one drink of alcohol?
___ ___ days

SECTION D: DRUG USE

The following are personal questions about your use of “street drugs” or non-prescribed drugs to get high. These include marijuana, synthetic marijuana, inhalants, ecstasy and prescription drugs not prescribed to you. Remember your answers will be kept private. In the questions below, examples of opioids are OxyContin, Percocet, Vicodin, Codeine; examples of stimulants are Adderall, Ritalin, or Dexedrine; and examples of sedatives are Xanax, Valium, or Ambien.

- D1. In the past year, have you used “street drugs”?
Yes..... 1
No..... 2 **(END FORM)**
- D2. In the past year, how many times have you used marijuana? Marijuana is also called grass, pot, weed, or chronic.
___ ___ ___ times
- D3. During the **past 30 days**, how many times have you used marijuana?
___ ___ ___ times

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D4. During the **past 30 days**, how many times have you used synthetic marijuana? Synthetic marijuana is also called K2, Spice, or fake weed.

___ ___ ___ times

D5. In the past year, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

___ ___ ___ times

D6. In the past year, how many times have you used ecstasy (also called MDMA, X, rolls or Molly)?

___ ___ ___ times

D7. In the past year, have you taken a prescription drug (such as opioids, stimulants, or sedatives) without a doctor's prescription (i.e., a drug that was not prescribed to you)?

Yes..... 1

No..... 2 **(END)**

a. How many times have you taken a prescription opioid that was not prescribed to you?

___ ___ ___ times

b. How many times have you taken a prescription stimulant or amphetamine that was not prescribed to you?

___ ___ ___ times

c. How many times have you taken a prescription sedative or benzodiazepine that was not prescribed to you?

___ ___ ___ times

THANK YOU FOR YOUR TIME AND EFFORT.