

## FOLLOW-UP COVID-19 HISTORY QUESTIONNAIRE

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: COF  
VERSION: 1.0 10/21/2022

Event: \_\_\_\_\_

0a) Date of Collection:   /   /

0b) Staff Code:

**Instructions:** This form should be completed by the coordinator while interviewing the participant during the 18-month follow-up phone call and 3-year follow-up clinic visit.

**Notes:**

- For the 18-month follow-up phone call, all questions should be answered thinking back to the baseline visit as the last SOURCE contact.
- For the 3-year follow-up clinic visit, all questions should be answered thinking back to the 18-month follow-up phone call as the last SOURCE contact.

To help us better understand the health of all study participants during the COVID-19 pandemic, we would like to ask you additional questions about your possible exposure to this virus and the COVID-19 vaccine. The questionnaire will take as little as 5 minutes, or as much as 30 minutes, depending on whether you have been diagnosed with COVID-19.

1) Have you had COVID-19 or the illness caused by the novel coronavirus since your last SOURCE (clinic visit or telephone contact)? If you believe you have had COVID-19 more than once, please tell us about the first time you think you may have had COVID-19.

- No<sub>0</sub> → **Go to 20**
- Yes, definitely<sub>1</sub>
- Maybe<sub>2</sub>

1a) When do you know or think you had COVID-19 this first time? (mm/yyyy)

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1b) Were you hospitalized for this first episode of COVID-19?

- No<sub>0</sub>
- Yes, I was hospitalized, but it was not related to COVID-19 symptoms<sub>1</sub>
- Yes, I was hospitalized due to health problems related to COVID-19<sub>2</sub>

2) For this first episode, did a healthcare provider tell you that you had COVID-19?

- No<sub>0</sub>
- Yes, definitely<sub>1</sub>
- Yes, probably or suspected<sub>2</sub>

3) For this first episode, did you have symptoms of COVID-19?

- No<sub>0</sub>
- Yes<sub>1</sub>

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4) For this first episode, did you have close contact with someone who had COVID-19?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Unsure<sub>2</sub>

5) For this first episode, were you tested for COVID-19?

- No<sub>0</sub> → **Go to 9**
- Yes<sub>1</sub>

6) What was the result?

- Negative<sub>0</sub>
- Positive<sub>1</sub>
- Unsure<sub>2</sub>

7) Type of COVID-19 test:

7a) Nasopharyngeal swab

- No<sub>0</sub>
- Yes<sub>1</sub>

7b) Blood test

- No<sub>0</sub>
- Yes<sub>1</sub>

7c) Saliva test

- No<sub>0</sub>
- Yes<sub>1</sub>

7d) Other test

- No<sub>0</sub>
- Yes<sub>1</sub>

7d1) If other test, please specify: \_\_\_\_\_

8) To your knowledge, was this COVID-19 test:

- A Rapid test<sub>1</sub>
- A PCR test<sub>2</sub>
- Unsure<sub>3</sub>

9) Do you believe you have had COVID-19 more than once since your last SOURCE (*clinic visit or telephone contact*)?

- No<sub>0</sub> → **Go to 17**
- Yes, definitely<sub>1</sub>
- Maybe<sub>2</sub>

9a) Since your last SOURCE (*clinic visit or telephone contact*), how many times do you think you have been infected with COVID-19? (*please estimate even if you are not sure*)

- 2 infections<sub>1</sub>
- 3 infections<sub>2</sub>
- More than 3 infections<sub>3</sub>

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9b) Since your last SOURCE (*clinic visit or telephone contact*), how many times have you been hospitalized for COVID-19? (*please estimate even if you are not sure*)

- 2 times<sub>1</sub>
- 3 times<sub>2</sub>
- More than 3 times<sub>3</sub>

9c) When do you know or think you had COVID-19 the second time? (mm/yyyy)

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9d) Were you hospitalized for the second episode of COVID-19?

- No<sub>0</sub>
- Yes, I was hospitalized, but it was not related to COVID-19 symptoms<sub>1</sub>
- Yes, I was hospitalized due to health problems related to COVID-19<sub>2</sub>

10) For the second episode, did a healthcare provider tell you that you had COVID-19?

- No<sub>0</sub>
- Yes, definitely<sub>1</sub>
- Yes, probably or suspected<sub>2</sub>

11) For the second episode, did you have symptoms of COVID-19?

- No<sub>0</sub>
- Yes<sub>1</sub>

12) For the second episode, did you have close contact with someone who had COVID-19?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Unsure<sub>2</sub>

13) For the second episode, were you tested for COVID-19?

- No<sub>0</sub> → **Go to 17**
- Yes<sub>1</sub>

14) What was the result?

- Negative<sub>0</sub>
- Positive<sub>1</sub>
- Unsure<sub>2</sub>

15) Type of COVID-19 test:

15a) Nasopharyngeal swab

- No<sub>0</sub>
- Yes<sub>1</sub>

15b) Blood test

- No<sub>0</sub>
- Yes<sub>1</sub>

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15c) Saliva test

- No<sub>0</sub>  
 Yes<sub>1</sub>

15d) Other test

- No<sub>0</sub>  
 Yes<sub>1</sub>

15d1) If other test, please specify: \_\_\_\_\_

16) To your knowledge, was this COVID-19 test:

- A Rapid test<sub>1</sub>  
 A PCR test<sub>2</sub>  
 Unsure<sub>3</sub>

17) Have you ever been tested specifically for COVID-19 immunity?

- No<sub>0</sub> → **Go to 18**  
 Yes<sub>1</sub>  
 Unsure<sub>2</sub> → **Go to 18**

17a) What was the result?

- Negative<sub>0</sub>  
 Positive<sub>1</sub>  
 Unsure<sub>2</sub>

18) Have you recovered to your usual state of health from your COVID-19 illness(es)?

- No<sub>0</sub> → **Go to 20**  
 Yes<sub>1</sub>  
 Unsure<sub>2</sub> → **Go to 20**

19) How long did it take for you to recover?

days

20) Have you received an initial vaccine for COVID-19 since your last SOURCE (*clinic visit or telephone contact*)?

- No<sub>0</sub> → **Go to 21**  
 Yes<sub>1</sub>  
 Unsure<sub>2</sub> → **Go to 21**

20a) Which initial vaccine did you receive?

- Moderna<sub>1</sub> → **Go to 20b**  
 Pfizer-BioNTech<sub>2</sub> → **Go to 20b**  
 AstraZeneca<sub>3</sub> → **Go to 20b**  
 Johnson & Johnson/Janssen<sub>4</sub> → **Go to 20b**  
 Other<sub>5</sub>  
 Unsure<sub>6</sub> → **Go to 20b**

20a1) If other, please specify: \_\_\_\_\_

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20b) How many doses did you receive?

- One<sub>1</sub>
- Two<sub>2</sub> → **Go to 20b2**

20b1) Was this your first dose?

- No<sub>0</sub> → **Go to 20b3**
- Yes<sub>1</sub>

20b2) When was the first dose? (mm/yyyy)

/

→ **IF 'One' to item 20b and 'Yes' to item 20b1 above, go to item 21 after item 20b2**

→ **IF 'Two' to item 20b above, go to item 20b3 after item 20b2**

20b3) When was the second dose? (mm/yyyy)

/

21) Have you received a vaccine booster for COVID-19 since your last SOURCE (*clinic visit or telephone contact*)?

- No<sub>0</sub> → **Go to End**
- Yes<sub>1</sub>
- Unsure<sub>2</sub> → **Go to End**

21a) How many vaccine boosters have you received?

- One<sub>1</sub>
- Two<sub>2</sub>
- Three<sub>3</sub>
- Four<sub>4</sub>
- Five or more<sub>5</sub>

21a1) Which vaccine booster did you receive first?

- Moderna<sub>1</sub> → **Go to 21a2**
- Pfizer-BioNTech<sub>2</sub> → **Go to 21a2**
- AstraZeneca<sub>3</sub> → **Go to 21a2**
- Johnson & Johnson/Janssen<sub>4</sub> → **Go to 21a2**
- Other<sub>5</sub>
- Unsure<sub>6</sub> → **Go to 21a2**

21a1a) If other, please specify: \_\_\_\_\_

21a2) When was the first booster? (mm/yyyy)

/

→ **IF 'One' to item 21a above, Go to End after item 21a2**

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21a3) Which vaccine booster did you receive second?

- Moderna<sub>1</sub> → **Go to 21a4**
- Pfizer-BioNTech<sub>2</sub> → **Go to 21a4**
- AstraZeneca<sub>3</sub> → **Go to 21a4**
- Johnson & Johnson/Janssen<sub>4</sub> → **Go to 21a4**
- Other<sub>5</sub>
- Unsure<sub>6</sub> → **Go to 21a4**

21a3a) If other, please specify: \_\_\_\_\_

21a4) When was the second booster? (mm/yyyy)

/

→ **IF 'Two' to item 21a above, Go to End after item 21a4**

21a5) Which vaccine booster did you receive third?

- Moderna<sub>1</sub> → **Go to 21a6**
- Pfizer-BioNTech<sub>2</sub> → **Go to 21a6**
- AstraZeneca<sub>3</sub> → **Go to 21a6**
- Johnson & Johnson/Janssen<sub>4</sub> → **Go to 21a6**
- Other<sub>5</sub>
- Unsure<sub>6</sub> → **Go to 21a6**

21a5a) If other, please specify: \_\_\_\_\_

21a6) When was the third booster? (mm/yyyy)

/

→ **IF 'Three' to item 21a above, Go to End after item 21a6**

21a7) Which vaccine booster did you receive fourth?

- Moderna<sub>1</sub> → **Go to 21a8**
- Pfizer-BioNTech<sub>2</sub> → **Go to 21a8**
- AstraZeneca<sub>3</sub> → **Go to 21a8**
- Johnson & Johnson/Janssen<sub>4</sub> → **Go to 21a8**
- Other<sub>5</sub>
- Unsure<sub>6</sub> → **Go to 21a8**

21a7a) If other, please specify: \_\_\_\_\_

21a8) When was the fourth booster? (mm/yyyy)

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→ **IF 'Four' to item 21a above, Go to End after item 21a8**

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21a9) Which vaccine booster did you receive fifth?

- Moderna<sup>1</sup> → **Go to 21a10**
- Pfizer-BioNTech<sup>2</sup> → **Go to 21a10**
- AstraZeneca<sup>3</sup> → **Go to 21a10**
- Johnson & Johnson/Janssen<sup>4</sup> → **Go to 21a10**
- Other<sup>5</sup>
- Unsure<sup>6</sup> → **Go to 21a10**

21a9a) If other, please specify: \_\_\_\_\_

21a10) When was the fifth booster? (mm/yyyy)

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**END OF FORM**