

COVID-19 HISTORY QUESTIONNAIRE

ID NUMBER: FORM CODE: COQ Event:
0a) Date of Collection:
<u>Instructions</u> : This form should be completed by the coordinator while interviewing the participant during the in-person visit(s).
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? 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. No₀→ Go to 20 Yes, definitely₁ Maybe₂
1a) When do you know or think you had COVID-19 this first time? (mm/yyyy)
1b) Were you hospitalized for this first episode of COVID-19?
 No₀ Yes, I was hospitalized, but it was not related to COVID-19 symptoms₁ Yes, I was hospitalized due to health problems related to COVID-19₂
 2) For this first episode, did a healthcare provider tell you that you had COVID-19? No₀ Yes, definitely₁ Yes, probably or suspected₂
 3) For this first episode, did you have symptoms of COVID-19? No₀ Yes₁
 4) For this first episode, did you have close contact with someone who had COVID-19? No₀ Yes₁ Unsure₂

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to 9

Event:

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

No₀→	Go
Yes ₁	

6) What was the result?

- Negative₀ Positive₁
- Unsure

7) Type of COVID-19 test:

7a) Nasopharyngeal swab

__ No₀ __ Yes₁

7b) Blood test

No₀

7c) Saliva test

_ No₀ _ Yes₁

7d) Other test

_ Yes₁

7d1) If other test, please specify: _____

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

A Rapid test

A PCR test₂

Unsure₃

9) Do you believe you have had COVID-19 more than once?

No₀→ Go to 17
Yes, definitely ₁
Maybe ₂

9a) Since the beginning of the pandemic in the US (January 2020), how many times do you think you have been infected with COVID-19? (please estimate even if you are not sure)

2 infections

3 infections₂

] More than 3 infections₃

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Event:

- 9b) Since the beginning of the pandemic in the US (January 2020), how many times have you been hospitalized for COVID-19? (please estimate even if you are not sure)
 - 🗌 0 times<mark>0</mark>
 - 1 time4
 - 2 times
 - 3 times
 - More than 3 times₃
- 9c) When do you know or think you had COVID-19 the second time? (mm/yyyy)



- 9d) Were you hospitalized for the second episode of COVID-19?
 - No₀
 - Yes, I was hospitalized, but it was not related to COVID-19 symptoms₁
 - Yes, I was hospitalized due to health problems related to COVID-192
- 10) For the second episode, did a healthcare provider tell you that you had COVID-19?
 - No₀
 - Yes, definitely₁
 - Yes, probably or suspected₂
- 11) For the second episode, did you have symptoms of COVID-19?
 - No₀
 -] Yes<mark>1</mark>
- 12) For the second episode, did you have close contact with someone who had COVID-19?
 - _ No₀
 - Yes₁
 -] Unsure₂
- 13) For the second episode, were you tested for COVID-19?
 - No₀→ Go to 17
 Yes₁
- 14) What was the result?
 - Negative₀
 - Positive₁
 - Unsure₂
- 15) Type of COVID-19 test:
 - 15a) Nasopharyngeal swab
 - No₀
 - 15b) Blood test

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Event:

15c) Saliva test

__ No₀

Yes₁

15d) Other test

No ₀
Yes ₁

15d1) If other test, please specify: _____

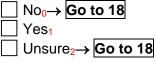
16) To your knowledge, was this COVID-19 test:

A Rapid test

A PCR test₂

Unsure₃

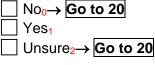
17) Have you ever been tested specifically for COVID-19 immunity?



17a) What was the result?

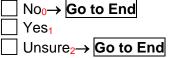
Negative ₀
Positive ₁
Unsure ₂

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



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

20) Have you received a vaccine for COVID-19?



20a) Which vaccine did you receive?

Moderna₁→ Go to 20b

Pfizer-BioNTech₂→ Go to 20b

AstraZeneca₃→ Go to 20b

___ Johnson & Johnson/Janssen₄→ Go to 20b

_ Other₅

Unsure₆→ Go to 20b

20a1) If other, please specify: _____



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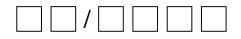
FORM CODE: COQ VERSION: 2.0 10/31/2023

Event:

20b) How many doses did you receive?

One₁

20b1) When was the first dose? (mm/yyyy)

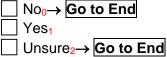


 \rightarrow IF 'One' to item 20b above, go to item 21 after item 20b1

 \rightarrow IF 'Two' to item 20b above, go to item 20b2 after item 20b1

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

21) Have you received a vaccine booster for COVID-19?



21a) How many vaccine boosters have you received?

One ₁
Two ₂
Three ₃
Four ₄
Five or more5

21a1) Which vaccine booster did you receive first?

 $Moderna_1 → Go to 21a2$ Pfizer-BioNTech₂→ Go to 21a2AstraZeneca₃→ Go to 21a2Johnson & Johnson/Janssen₄→ Go to 21a2Other₅Unsure₆→ Go to 21a2 $}$

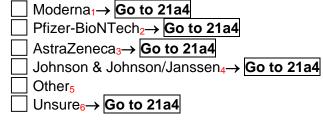
21a1a) If other, please specify: _

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



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

21a3) Which vaccine booster did you receive second?



21a3a) If other, please specify: _____

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	21a4) When was the second booster? (mm/yyyy)	
→ <mark>IF 'Two' t</mark>	o item 21a above, Go to End after item 21a4	
	21a5) Which vaccine booster did you receive third? Moderna ₁ \rightarrow Go to 21a6 Pfizer-BioNTech ₂ \rightarrow Go to 21a6 AstraZeneca ₃ \rightarrow Go to 21a6 Johnson & Johnson/Janssen ₄ \rightarrow Go to 21a6 Other ₅ Unsure ₆ \rightarrow Go to 21a6 21a5a) If other, please specify:	
	21a6) When was the third booster? (mm/yyyy)	
→ <mark>IF 'Three'</mark>	to item 21a above, Go to End after item 21a6	
	21a7) Which vaccine booster did you receive fourth? Moderna ₁ \rightarrow Go to 21a8 Pfizer-BioNTech ₂ \rightarrow Go to 21a8 AstraZeneca ₃ \rightarrow Go to 21a8 Johnson & Johnson/Janssen ₄ \rightarrow Go to 21a8 Other ₅ Unsure ₆ \rightarrow Go to 21a8 21a7a) If other, please specify:	
	21a8) When was the fourth booster? (mm/yyyy)	
\rightarrow IF 'Four' t	o item 21a above, Go to End after item 21a8	
	21a9) Which vaccine booster did you receive fifth? Moderna ₁ \rightarrow Go to 21a10 Pfizer-BioNTech ₂ \rightarrow Go to 21a10 AstraZeneca ₃ \rightarrow Go to 21a10 Johnson & Johnson/Janssen ₄ \rightarrow Go to 21a10 Other ₅ Unsure ₆ \rightarrow Go to 21a10 21a9a) If other, please specify:	
	21a10) When was the fifth booster? (mm/yyyy)	
END OF FOR	RM	

COVID-19 History Questionnaire, COQ