

COLLABORATIVE COHORT OF COHORTS FOR COVID-19 RESEARCH (C4R)

DRIED BLOOD SPOT FORM

Participant ID:

FORM CODE: DBS
VERSION: 1.0 03/18/2021

Occurrence # _____

0a) Date of Entry / /

0b) Staff Code

0c) C4R DBS ID

Instructions: This form is completed for each participant who is contacted and asked to participate in the Dried Blood Spot protocol for C4R. It is completed by field center staff.

DRIED BLOOD SPOT RECRUITMENT AND CONSENT

1) Date: / / (mm/dd/yyyy)

1a) Recruitment Interviewer/Technician Code:

1b) Was the recruitment script administered?

No₀

Yes₁

1c) Was consent given for dried blood spot?

No₀ → **Exclusion criterion met, GO TO END**

Yes₁

1d) Is there significant interviewer concern regarding ability to consent (e.g., advanced dementia)?

No₀

Yes₁ → **Exclusion criterion met, GO TO END**

2) Date dried blood spot kit mailed to participant: / / (mm/dd/yyyy)

COVID-19 VACCINE

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

No₀

Yes₁ → **Go to Q4**

Unsure₂

ID NUMBER:									
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3a) Please choose the option that best describes your intentions about receiving a coronavirus (COVID-19) vaccine? (choose only one option)

- I intend to get it as soon as possible₁
- I intend to wait to see how it affects others in the community before I get it₂
- I do not intend on getting it soon, but might sometime in the future₃
- I do not intend to ever get the vaccine₄

Note: After completing 3a, go to END

4) Which vaccine did you receive?

- Moderna₁
- Pfizer₂
- AstraZeneca₃
- Johnson & Johnson₄
- Don't know₅
- Other₆

4a) If other vaccine, please specify: _____

5) How many vaccine doses did you receive?

- One₁
- Two₂

5a) When was the first dose: / (mm/yyyy)

5b) If second dose, when was the second dose: / (mm/yyyy)

END OF FORM