

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: COQ
VERSION: 2.0 10/31/2023

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

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

- No₀ → **Go to 9**
- Yes₁

6) What was the result?

- Negative₀
- Positive₁
- Unsure₂

7) Type of COVID-19 test:

7a) Nasopharyngeal swab

- No₀
- Yes₁

7b) Blood test

- No₀
- Yes₁

7c) Saliva test

- No₀
- Yes₁

7d) Other test

- No₀
- Yes₁

7d1) If other test, please specify: _____

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

- A Rapid test₁
- A PCR test₂
- Unsure₃

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

- No₀ → **Go to 17**
- Yes, definitely₁
- Maybe₂

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 infections₁
- 3 infections₂
- More than 3 infections₃

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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 times₀
- 1 time₄
- 2 times₁
- 3 times₂
- More than 3 times₃

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?

- 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
- Yes₁

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
- Yes₁

15b) Blood test

- No₀
- Yes₁

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15c) Saliva test

- No₀
- Yes₁

15d) Other test

- No₀
- Yes₁

15d1) If other test, please specify: _____

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

- A Rapid test₁
- A PCR test₂
- Unsure₃

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

- No₀ → **Go to 18**
- Yes₁
- Unsure₂ → **Go to 18**

17a) What was the result?

- Negative₀
- Positive₁
- Unsure₂

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

- No₀ → **Go to 20**
- Yes₁
- Unsure₂ → **Go to 20**

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	days
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20) Have you received a vaccine for COVID-19?

- No₀ → **Go to End**
- Yes₁
- Unsure₂ → **Go to End**

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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20b) How many doses did you receive?

- One₁
- Two₂

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

/

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

→ **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?

- No₀ → **Go to End**
- Yes₁
- Unsure₂ → **Go to End**

21a) How many vaccine boosters have you received?

- One₁
- Two₂
- Three₃
- Four₄
- Five or more₅

21a1) Which vaccine booster did you receive first?

- Moderna₁ → **Go to 21a2**
- Pfizer-BioNTech₂ → **Go to 21a2**
- AstraZeneca₃ → **Go to 21a2**
- Johnson & Johnson/Janssen₄ → **Go to 21a2**
- Other₅
- Unsure₆ → **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**

21a3) Which vaccine booster did you receive second?

- Moderna₁ → **Go to 21a4**
- Pfizer-BioNTech₂ → **Go to 21a4**
- AstraZeneca₃ → **Go to 21a4**
- Johnson & Johnson/Janssen₄ → **Go to 21a4**
- Other₅
- Unsure₆ → **Go to 21a4**

21a3a) If other, please specify: _____

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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?

- Moderna₁ → **Go to 21a6**
- Pfizer-BioNTech₂ → **Go to 21a6**
- AstraZeneca₃ → **Go to 21a6**
- Johnson & Johnson/Janssen₄ → **Go to 21a6**
- Other₅
- Unsure₆ → **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?

- Moderna₁ → **Go to 21a8**
- Pfizer-BioNTech₂ → **Go to 21a8**
- AstraZeneca₃ → **Go to 21a8**
- Johnson & Johnson/Janssen₄ → **Go to 21a8**
- Other₅
- Unsure₆ → **Go to 21a8**

21a7a) If other, please specify: _____

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

/

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

21a9) Which vaccine booster did you receive fifth?

- Moderna₁ → **Go to 21a10**
- Pfizer-BioNTech₂ → **Go to 21a10**
- AstraZeneca₃ → **Go to 21a10**
- Johnson & Johnson/Janssen₄ → **Go to 21a10**
- Other₅
- Unsure₆ → **Go to 21a10**

21a9a) If other, please specify: _____

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

/

END OF FORM