SOURCE
SPIROMICS Study of Early COPD Progression

COVID-19 HISTORY QUESTIONNAIRE

ID NUMBER:									

FORM CODE: COQ
VERSION: 1.0 05/27/2021

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.
- ☐ No$_0$→ **Go to 20**
- ☐ Yes, definitely$_1$
- ☐ Maybe$_2$

2) For this first episode, did a healthcare provider tell you that you had COVID-19?
- ☐ No$_0$
- ☐ Yes, definitely$_1$
- ☐ Yes, probably or suspected$_2$

3) For this first episode, did you have symptoms of COVID-19?
- ☐ No$_0$
- ☐ Yes$_1$

4) For this first episode, did you have close contact with someone who had COVID-19?
- ☐ No$_0$
- ☐ Yes$_1$
- ☐ Unsure$_2$

5) For this first episode, were you tested for COVID-19?
- ☐ No$_0$→ **Go to 9**
- ☐ Yes$_1$

6) What was the result?
- ☐ Negative$_0$
- ☐ Positive$_1$
- ☐ Unsure$_2$

7) Type of COVID-19 test:

7a) Nasopharyngeal swab
- ☐ No$_0$
- ☐ Yes$_1$

7b) Blood test
- ☐ No$_0$
- ☐ Yes$_1$

7c) Saliva test
- ☐ No$_0$
- ☐ Yes$_1$

7d) Other test
- ☐ No$_0$
- ☐ Yes$_1$

7d1) If other test, please specify: _____

8) To your knowledge, was this COVID-19 test:
- ☐ A Rapid test$_1$
- ☐ A PCR test$_2$
- ☐ Unsure$_3$

9) Do you believe you have had COVID-19 more than once?
- ☐ No$_0$→ **Go to 17**
- ☐ Yes, definitely$_1$
- ☐ Maybe$_2$

10) For this second episode, did a healthcare provider tell you that you had COVID-19?
- ☐ No$_0$
- ☐ Yes, definitely$_1$
- ☐ Yes, probably or suspected$_2$

11) For this second episode, did you have symptoms of COVID-19?
- ☐ No$_0$
- ☐ Yes$_1$

12) For this second episode, did you have close contact with someone who had COVID-19?
- ☐ No$_0$
- ☐ Yes$_1$
- ☐ Unsure$_2$

13) For this second episode, were you tested for COVID-19?
- ☐ No$_0$→ **Go to 17**
- ☐ Yes$_1$

14) What was the result?
- ☐ Negative$_0$
- ☐ Positive$_1$
- ☐ Unsure$_2$

15) Type of COVID-19 test:

15a) Nasopharyngeal swab
- ☐ No$_0$
- ☐ Yes$_1$

15b) Blood test
- ☐ No$_0$
- ☐ Yes$_1$

15c) Saliva test
- ☐ No$_0$
- ☐ Yes$_1$

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$_1$
- ☐ A PCR test$_2$
- ☐ Unsure$_3$

17) Have you ever been tested specifically for COVID-19 immunity?
- ☐ No$_0$→ **Go to 18**
- ☐ Yes$_1$
- ☐ Unsure$_2$→ **Go to 18**

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)?
- ☐ No$_0$→ **Go to 20**
- ☐ Yes$_1$
- ☐ Unsure$_2$→ **Go to 20**

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

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

- ☐ No$_0$ → **Go to End**
- ☐ Yes$_1$
- ☐ Unsure$_2$ → **Go to End**

20a) Which vaccine did you receive?

- ☐ Moderna$_1$
- ☐ Pfizer-BioNTech$_2$
- ☐ AstraZeneca$_3$
- ☐ Johnson & Johnson/Janssen$_4$
- ☐ Other$_5$
- ☐ Unsure$_6$

20a1) If other, please specify: _____

20b) How many doses did you receive?

- ☐ One$_1$
- ☐ Two$_2$

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

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

END OF FORM