



PVDOMICS STUDY and L-PVDOMICS STUDY COVID-19 Vaccination Details Form #900

Instructions: This form captures COVID-19 vaccination information about participants from both the parent PVDOMICS Study and those participating in L-PVDOMICS Study.

Enter this form when a study participant received a COVID-19 vaccination as soon as identified. Like the Form 10, you will be able to query up and update this form whenever new information needs to be added.

Important: Continue to follow COVID-19 vaccination status periodically in order to capture all vaccination and booster information.

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1. Identification Number

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2. Alphacode

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3. Date of initial COVID-19 vaccine review (mm/dd/yyyy)

COVID-19 Vaccination Questions

5. At the time of this review, has the participant received a vaccination for COVID-19?

1=No, participant contacted and vaccination not received, still thinking about it (proceed to Q200)

2=No, participant contacted and refuses vaccine (proceed to Q200)

3=No, not yet but participant is planning on getting vaccinated (proceed to Q200)

4=Yes, received vaccination / booster (proceed to Q5a)

8=Participant refuses to provide vaccination status (proceed to Q200)

9=Unknown: information not recorded in electronic health record, participant was not contacted

Note: for dates in Q5a and Q6a, record date as best as participant can remember. If day is missing, enter '15' in the database.

a. When was first dose given? (mm/dd/yyyy)..... / /

b. What was the name of the manufacturer of the vaccine?.....

1=Pfizer/BioNTech (2 doses)

6=Comirnaty

2=Moderna (2 doses)

7=Coronovac/Sinovac

3=Janssen/Johnson & Johnson

8=Other

4=AstraZeneca (aka Vaxzevria and Covishield)

9=Unknown

5=Sputnik V/Sputnik Light

6. Was a second dose given?

0=No, second dose scheduled but not yet received (skip to Q7)

1=No, participant refused the second vaccine dose (skip to Q7)

2=Yes, second dose received (complete Q6a-b)

8=N/A, only 1 dose expected (skip to Q7)

a. When was second dose given? (mm/dd/yyyy)..... / /

b. What was the name of the manufacturer of the vaccine?.....

1=Pfizer/BioNTech (2 doses)

6=Comirnaty

2=Moderna (2 doses)

7=Coronovac/Sinovac

3=Janssen/Johnson & Johnson

8=Other

4=AstraZeneca (aka Vaxzevria and Covishield)

9=Unknown

5=Sputnik V/Sputnik Light

BOOSTER DOSE

7. At the time of this review, has the participant received a **BOOSTER** dose for COVID-19?

1=No, participant contacted and booster vaccination not received, still thinking about it (proceed to Q200)

2=No, participant contacted and refuses booster vaccine (proceed to Q200)

3=No, not yet but participant is planning on getting booster (proceed to Q200)

4=Yes, received booster vaccination (Complete Q7a-b)

8=Participant refuses to provide vaccine booster status (proceed to Q200)

9=Unknown, information not recorded in electronic health record, participant was not contacted

Note: for dates in Q7a, record date as best as participant can remember. If day missing, enter '15' in the database..

a. When was **booster** dose given? (mm/dd/yyyy)..... ____/____/____

b. What was the name of the manufacturer of the **booster** dose? ____

1=Pfizer/BioNTech

6=Comirnaty

2=Moderna

7=Coronovac/Sinovac

3=Janssen/Johnson & Johnson

8=Other

4=AstraZeneca (aka Vaxzevria and Covishield)

9=Unknown

5=Sputnik V/Sputnik Light

8. Comments: _____

200. Date form completed (mm/dd/yyyy)..... ____/____/____

201. Username of person completing/reviewing completeness of this form..... _____

Clinical Center Use Only

Date form entered (mm/dd/yyyy) ____/____/____

Username of person entering this form _____