



L-PVDOMICS STUDY

Screening for COVID-19 Prior to Enrollment Form #499

Instructions: At least one Form 499 must be completed and entered when a participant is enrolled as Level 1 (L1) and will have in-person visit(s). This also applies to participants who may have already enrolled as a Level 2 (L2) during the COVID-19 pandemic shut-down, was eligible initially for L1 and now the clinical center is allowed to resume research visits.

Do not complete a Form 499 if a participant is eligible only for Level 2 or Level 3 (L3) or the participant does not wish to enroll as L1.

FOR LEVEL 1: This F499 form can be entered more than once. Note that F499 must be within 72 hours of enrolling. You will not be able to save a Form 500 or 501 for Level 1 until Form 499 is saved in the database. If date of screening is greater than 72 hours of enrolling, the participant must be re-screened and a new F499 must be entered.

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1. Identification Number

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2. Alphacode

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3. Date of COVID-19 screening (mm/dd/yyyy)

COVID-19 Questions – Review MOP Chapter 231/232.

Use Form 500 to enroll a new L1 participant.

Use Form 501 to transfer a L2-to-L1 participant.

Please ask participant the following questions:

4. Have you ever **tested positive** for COVID-19?

0=No, tested but negative-(proceed to Q4a)

1=Yes, tested positive for COVID-19 (proceed to Q4a)

8= Not applicable, never tested (proceed to Q5)

a. Date COVID-19 test results were available? (mm/dd/yyyy) / /

5. Have you **experienced** any of the following symptoms within the past 3 days that are beyond your usual state: fever, shortness of breath, cough, fatigue, diarrhea or acute loss of taste and/or smell? That is, your symptoms may already exist but have worsened and/or new symptoms have developed within the past 3 days.

0=No, eligible for Level 1 (proceed to Q6)

1=Yes, there has been a change or new symptoms developed.

Coordinator symptom guide: *CDC signs/symptoms may include, but are not limited to: Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or new confusion.*

6. Have you **traveled** to an area (such as a 'city', 'county', or 'state') that is currently experiencing a higher level of COVID-19 cases or there has been a surge or outbreak defined by federal, state or local guidelines within the last 14 days (0=No, 1=Yes).....
(answer '0=No' if just traveling into medical facility for clinic/research visit) _____
7. Did you **care for or have close contact** with someone diagnosed with COVID-19 within the last 28 days? (0=No, 1=Yes)..... _____
8. Has a medical professional or someone close to you ask you to **self-quarantine** within 28 days? Or have you (the participant) begun self-quarantine within the last 28 days based on any exposure you may have encountered? (0=No, 1=Yes) _____
199. Name of person who contacted participant for COVID screening.....
(For the person completing the COVID-19 screening, use the first 6 letters of the last name and first letter of first name.) _____
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 _____