



# COVID-19 VACCINE QUESTIONNAIRE

ID NUMBER:									
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FORM CODE: CVQ  
VERSION: 1.0 07/29/2021

Event: \_\_\_\_\_

0a) Date of Collection   /   /

0b) Staff Code

0c) Study Event

- Visit 5<sub>1</sub>
- Phone call follow-up<sub>2</sub>
- Bronchoscopy Substudy<sub>3</sub>
- Exacerbation Substudy<sub>4</sub>
- Heart Failure Ancillary Study<sub>5</sub>

**Instructions:** This form should be completed by the coordinator while interviewing the participant over the phone or in person.

**Interviewer: We would like to ask you questions about the COVID-19 vaccine. The interview will take us approximately 5 minutes. This information will be handled in the same way as the other study-related data that we have collected.**

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

- No<sub>0</sub>
- Yes<sub>1</sub> → **Go to Q2**
- Unsure<sub>2</sub>

1a) 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 possible<sub>1</sub>
- I intend to wait to see how it affects others in the community before I get it<sub>2</sub>
- I do not intend on getting it soon, but might sometime in the future<sub>3</sub>
- I do not intend to ever get the vaccine<sub>4</sub>

**Note: After completing 1a → Go to Q4**

2) Which vaccine did you receive?

- Moderna<sub>1</sub>
- Pfizer<sub>2</sub>
- AstraZeneca<sub>3</sub>
- Johnson & Johnson<sub>4</sub>
- Don't know<sub>5</sub>
- Other<sub>6</sub>

2a) If other vaccine, please specify: \_\_\_\_\_

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3) How many vaccine doses have you received?

One<sub>1</sub>

Two<sub>2</sub>

3a) When was the first dose:   /     (mm/yyyy)

3b) If second dose, when was the second dose:   /     (mm/yyyy)

**Note:** The following questions should be completed **only** if a person is completing this form for the **Exacerbation Substudy**.

4) Were you tested for COVID-19 around the time of your exacerbation?

No<sub>0</sub> → **Go to Q5**

Yes<sub>1</sub>

Unsure<sub>2</sub> → **Go to Q5**

4a) What was the result?

Positive<sub>1</sub>

Negative<sub>0</sub>

Unsure<sub>2</sub>

5) Did you have close contact with anyone who had COVID-19 prior to your exacerbation?

No<sub>0</sub>

Yes<sub>1</sub>

Unsure<sub>2</sub>

6) Did a health care provider tell you that you had COVID-19 around the time of your exacerbation?

No<sub>0</sub>

Yes<sub>1</sub>

Unsure<sub>2</sub>

**END OF FORM**