INSTRUCTIONS FOR COLLABORATIVE COHORT OF COHORTS FOR COVID-19 RESEARCH (C4R) DRIED BLOOD SPOT COMPLETION FORM DBS, VERSION 1.0 QUESTION BY QUESTION INSTRUCTIONS (QxQ)

I. GENERAL INSTRUCTIONS

The Dried Blood Spot Form is to be completed for each participant who is contacted and asked to participate in the Dried Blood Spot protocol for C4R. It is to be completed by field center staff.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form.

0a. Date of Entry: Record the date the form was entered. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data, please contact the GIC in order to receive your own individual staff code.

0c. C4R DBS ID: Record the C4R DBS ID that is located on the Dried Blood Spot Kit received from the Vermont Central Lab.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Please answer every question on this form.

DRIED BLOOD SPOT RECRUITMENT AND CONSENT

Item 1. **Date of recruitment and consent:** Record the date of recruitment and consent.

Item 1a. **Recruitment Interviewer:** Enter the Interviewer/Technician Code

Item 1b. **Was recruitment script administered:** Select only one option among the two possible choices.
- Select No if the recruitment script was not administered.
- Select Yes if the recruitment script was administered.

Item 1c. **Was consent given for dried blood spot:** Select only one option among the two possible choices.
- Select No if consent was not given for dried blood spot. [GO TO END]
- Select Yes if consent was given for dried blood spot.

Item 1d. **Significant interviewer concern:** Select only one option among the two possible choices.
- Select No if there is not significant interviewer concern regarding the participant's ability to consent (e.g., advanced dementia).
- Select Yes if there is significant interviewer concern regarding the participant's ability to consent (e.g., advance dementia). [GO TO END]

Item 2. **Date dried blood spot kit mailed to participant:** Record the date the dried blood spot kit was mailed to the participant.

COVID-19 VACCINE

Item 3. **Has participant received COVID-19 vaccine:** Select only one option among the three possible choices.

- Select No if the participant has not received a vaccine for COVID-19.
- Select Yes if the participant has received a vaccine for COVID-19. [Go to Q4]
- Select Unsure if the participant is unsure if they have received a vaccine for COVID-19

Item 3a. **Intentions about receiving COVID-19 vaccine:** Select only one option among the four possible choices.

- Select 'I intend to get it as soon as possible' if the participant intends to get the COVID-19 vaccine as soon as possible.
- Select 'I intend to wait to see how it affects others in the community before I get it' if participant intends to wait to see now it affects others in the community before they get the COVID-19 vaccine.
- Select 'I do not intend on getting it soon but might sometime in the future' if participant may get the COVID-19 vaccine in the future, but not soon.
- Select 'I do not intend to ever get the vaccine' if the participant intends to never get the vaccine.

  NOTE: After completing 3a, GO TO END

Item 4. **Which vaccine did participant receive:** Select only one option among the six possible choices.

- Select 'Moderna' if the participant received the Moderna vaccine.
- Select 'Pfizer' if the participant received the Pfizer vaccine.
- Select 'AstraZeneca' if the participant received the AstraZeneca vaccine.
- Select 'Johnson & Johnson' if the participant received the Johnson & Johnson vaccine.
- Select 'Don't know' if the participant does not know which vaccine they received.
- Select 'Other' if the participant received a COVID-19 vaccine other than one listed.

Item 4a. **Other vaccine:** Specify the other COVID-19 vaccine received by the participant.

Item 5. **How many doses were received:** Select only one option among the two possible choices.

- Select 'One' if the participant received only one vaccine dose.
- Select 'Two' if the participant received two vaccine doses.

Item 5a. **Date of first dose:** Record the date of the participant's first vaccine dose.

Item 5b. **Date of second dose:** If the participant received a second vaccine dose, record the date of the participant's second vaccine dose.

Save and close the form.