



## INSTRUCTIONS FOR COVID-19 VACCINE QUESTIONNAIRE CVQ, VERSION 1.0 QUESTION BY QUESTION INSTRUCTIONS (QxQ)

### I. GENERAL INSTRUCTIONS

The COVID-19 Vaccine Questionnaire (CVQ) is to be completed by the coordinator while interviewing the participant over the phone or in person.

If the participant has already completed the CVQ and documented complete vaccination (both doses of a two-dose vaccine or one dose of a single-dose vaccine), the CVQ should NOT be repeated.

If the participant has previously completed the CVQ with the date of the first dose and the only update needed is the addition of the second dose, use the “copy form” function and update the collection date and dose fields rather than starting a new form.

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

0a. Date of Collection: Record the date of collection. 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. Study Event: Choose the study event during which this questionnaire is completed.

### II. DETAILED INSTRUCTIONS FOR EACH ITEM

Please answer every question on this form.

- Item 1. **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 Q2]
  - Select ‘Unsure’ if the participant is unsure if they have received a vaccine for COVID-19

- Item 1a. **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 how 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 1a, GO TO Q4**

- Item 2. **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 2a. **Other vaccine:** Specify the other COVID-19 vaccine received by the participant.
- Item 3. **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 3a. **Date of first dose:** Record the date of the participant's first vaccine dose in the format mm/yyyy.
- Item 3b. **Date of second dose:** If the participant received a second vaccine dose, record the date of the participant's second vaccine dose in the format mm/yyyy.

**Note:** The remaining questions should be completed only if the participant is completing this form for the **Exacerbation Substudy**, as indicated in Item 0c.

- Item 4. **Was participant tested for COVID-19 around time of exacerbation:** Select only one option among the three possible choices.
- Select 'No' if the participant was not tested for COVID-19. [Go to Q5]
  - Select 'Yes' if the participant was tested for COVID-19
  - Select 'Unsure' if the participant is unsure if they were tested for COVID-19. [Go to Q5]
- Item 4a. **What was the result:** Select only one option among the three possible choices.
- Select 'Positive' if the COVID-19 test result was positive.
  - Select 'Negative' if the COVID-19 test result was negative.
  - Select 'Unsure' if the participant is unsure of the COVID-19 test result.
- Item 5. **Did participant have close contact with anyone with COVID-19 prior to exacerbation:** Select only one option among the three possible choices.
- Select 'No' if the participant did not have close contact with someone with COVID-19.
  - Select 'Yes' if the participant did have close contact with someone with COVID-19.
  - Select 'Unsure' if the participant is unsure whether they had close contact with someone with COVID-19.
- Item 6. **Did a health care provider tell participant they had COVID-19 around time of exacerbation:** Select only one option among the three possible choices.
- Select 'No' if the participant did not have a provider tell them they had COVID-19.
  - Select 'Yes' if the participant did have a provider tell them they had COVID-19.
  - Select 'Unsure' if the participant is unsure whether a provider said they had COVID-19.

Save and close the form.