COLLABORATIVE COHORT OF COHORTS FOR COVID-19 RESEARCH (C4R)

DRIED BLOOD SPOT COMPLETION FORM

Participant ID: ___________  FORM CODE: DBS
VERSION: 1.0 02/18/2021

Instructions: This form is completed for each participant who is eligible for the Dried Blood Spot protocol for C4R. It is completed by field center staff.

ADMINISTRATIVE INFORMATION

0a) Date ___________ / ___________ / ___________
0b) Staff Code ___________

RECRUITMENT

0c) Was the recruitment script administered?
   □ No □ Yes
   → Exclusion criterion met, GO TO END

0d) Was consent given for dried blood spot?
   □ No □ Yes
   → Exclusion criterion met, GO TO END

0e) Is there significant interviewer concern regarding ability to consent (e.g., advanced dementia)?
   □ No □ Yes
   → Exclusion criterion met, GO TO END

VACCINATION

1) Have you received a vaccine for COVID-19?
   □ No □ Yes □ Unsure
   → GO TO 5

2) When were you [last] vaccinated for COVID-19?
   ___________ / ___________ / ___________ (mm/dd/yyyy)
3) Which vaccine did you receive?

☐ Moderna
☐ Pfizer
☐ AstraZeneca
☐ Janssen (Johnson & Johnson)
☐ Novavax
☐ Do not know
☐ Other → 3a) Specify:

4) How many doses did you receive?

☐ One
☐ One, but plan to get a second one
☐ Two

COMPLETION

5) C4R DBS ID [scan barcode of DBS kit]

6) Date dried blood spot kit mailed to participant: / / / (mm/dd/yyyy)

7) Were there any additional participant interactions?

☐ No → Go to Q11
☐ Yes
ADDITIONAL PARTICIPANT INTERACTIONS

8) First Additional Interaction:
   8a) Date of interaction: [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] (mm/dd/yyyy)
   8b) Interviewer/Technician Code: [ ] [ ] [ ]
   8c) Nature of interaction (check all that apply):
      □ Reminder to complete DBS\textsubscript{A}
      □ Training or answering questions regarding DBS\textsubscript{B}
      □ Other\textsubscript{C}
   8c1) If other type of interaction, please specify: ______________________________

9) Second Additional Interaction:
   9a) Date of interaction: [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] (mm/dd/yyyy)
   9b) Interviewer/Technician Code: [ ] [ ] [ ]
   9c) Nature of interaction (check all that apply):
      □ Reminder to complete DBS\textsubscript{A}
      □ Training or answering questions regarding DBS\textsubscript{B}
      □ Other\textsubscript{C}
   9c1) If other type of interaction, please specify: ______________________________

10) Third Additional Interaction:
    10a) Date of interaction: [ ] [ ] / [ ] [ ] / [ ] [ ] [ ]
    10b) Interviewer/Technician Code: [ ] [ ] [ ]
    10c) Nature of interaction (check all that apply):
      □ Reminder to complete DBS\textsubscript{A}
      □ Training or answering questions regarding DBS\textsubscript{B}
      □ Other\textsubscript{C}
    10c1) If other type of interaction, please specify: ______________________________
SHIPMENT AND RESULTS TRACKING

11) Date kit sent to C4R lab:  

12) Date kit received by C4R lab:  

13) Date results letter sent to participant:  

END OF FORM