

Vaccinations Questionnaire

VACCINATIONS QUESTIONNAIRE

INTERVIEWER: PLEASE INDICATE WHETHER THIS QUESTIONNAIRE IS BEING COMPLETED DURING A BASELINE OR FOLLOW-UP VISIT.

- Baseline
 Follow-up

CLICK "NOW" BUTTON TO ENTER QUESTIONNAIRE START DATE & TIME.

I would like to ask you a few questions about any doses that you have recently received of a vaccine to prevent SARS-CoV-2, COVID-19, or "the coronavirus".

1. Have you ever received one or more doses of a vaccine to prevent SARS-CoV-2, COVID-19, or "the coronavirus"?

- Yes
 No
 Prefer not to answer

2. Since your last study visit/call, have you received one or more doses of a vaccine to prevent SARS-CoV-2, COVID-19, or "the coronavirus"?

- Yes
 No
 Prefer not to answer

3. Would you be willing provide me with information about the date, place, and type of SARS-CoV-2/COVID-19/coronavirus vaccine that you received?

- Yes
 No
 Prefer not to answer

DOSE 1

4. What date did you receive this dose?

Month:

- January (01)
 February (02)
 March (03)
 April (04)
 May (05)
 June (06)
 July (07)
 August (08)
 September (09)
 October (10)
 November (11)
 December (12)
 Don't know
 Prefer not to answer

Day:

(DDEnter "888" if don't knowEnter "999" if prefer not to answer)

Year:

(YYYYEnter "888" if don't knowEnter "999" if prefer not to answer)

5. What type of vaccine did you receive?

- Pfizer-BioNTech
 Moderna
 Janssen (Johnson & Johnson)
 Don't know
 Prefer not to answer

6. Did you receive this vaccine dose at a VA facility?

- Yes
 No
 Don't know
 Prefer not to answer

7. Please select the best description for where you received this vaccine dose:

- Place of employment
 Community center
 Faith center
 Pharmacy
 Your healthcare provider
 Non-military clinic
 US military clinic
 Other
 Prefer not to answer

Please describe the other location:

(Enter "888" if don't know Enter "999" if prefer not to answer)

8. May research staff contact the non-VA healthcare provider(s) or entities who administered this/these dose(s) of vaccine, in order to determine the exact type of vaccine that you received and the date on which you received it?

- Yes
 No
 Prefer not to answer

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9. Have you received any additional doses of a SARS-CoV-2/COVID-19/coronavirus vaccine?

- Yes
 No
 Prefer not to answer

DOSE 2

4. What date did you receive this dose?

Month:

- January (01)
 February (02)
 March (03)
 April (04)
 May (05)
 June (06)
 July (07)
 August (08)
 September (09)
 October (10)
 November (11)
 December (12)
 Don't know
 Prefer not to answer

Day:

(DDEnter "888" if don't knowEnter "999" if prefer not to answer)

Year:

(YYYYEnter "888" if don't knowEnter "999" if prefer not to answer)

5. What type of vaccine did you receive?

Pfizer-BioNTech
 Moderna
 Janssen (Johnson & Johnson)
 Don't know
 Prefer not to answer

6. Did you receive this vaccine dose at a VA facility?

Yes
 No
 Don't know
 Prefer not to answer

7. Please select the best description for where you received this vaccine dose:

Place of employment
 Community center
 Faith center
 Pharmacy
 Your healthcare provider
 Non-military clinic
 US military clinic
 Other
 Prefer not to answer

Please describe the other location:

(Enter "888" if don't knowEnter "999" if prefer not to answer)

8. May research staff contact the non-VA healthcare provider(s) or entities who administered this/these dose(s) of vaccine, in order to determine the exact type of vaccine that you received and the date on which you received it?

Yes
 No
 Prefer not to answer

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9. Have you received any additional doses of a SARS-CoV-2/COVID-19/coronavirus vaccine?

Yes
 No
 Prefer not to answer

DOSE 3

4. What date did you receive this dose?

Month:

- January (01)
- February (02)
- March (03)
- April (04)
- May (05)
- June (06)
- July (07)
- August (08)
- September (09)
- October (10)
- November (11)
- December (12)
- Don't know
- Prefer not to answer

Day:

(DD Enter "888" if don't know Enter "999" if prefer not to answer)

Year:

(YYYY Enter "888" if don't know Enter "999" if prefer not to answer)

5. What type of vaccine did you receive?

- Pfizer-BioNTech
- Moderna
- Janssen (Johnson & Johnson)
- Don't know
- Prefer not to answer

6. Did you receive this vaccine dose at a VA facility?

- Yes
- No
- Don't know
- Prefer not to answer

7. Please select the best description for where you received this vaccine dose:

- Place of employment
- Community center
- Faith center
- Pharmacy
- Your healthcare provider
- Non-military clinic
- US military clinic
- Other
- Prefer not to answer

Please describe the other location:

(Enter "888" if don't know Enter "999" if prefer not to answer)

8. May research staff contact the non-VA healthcare provider(s) or entities who administered this/these dose(s) of vaccine, in order to determine the exact type of vaccine that you received and the date on which you received it?

- Yes
- No
- Prefer not to answer

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9. Have you received any additional doses of a SARS-CoV-2/COVID-19/coronavirus vaccine?

- Yes
 No
 Prefer not to answer

DOSE 4

4. What date did you receive this dose?

Month:

- January (01)
 February (02)
 March (03)
 April (04)
 May (05)
 June (06)
 July (07)
 August (08)
 September (09)
 October (10)
 November (11)
 December (12)
 Don't know
 Prefer not to answer

Day:

(DD) Enter "888" if don't know Enter "999" if prefer not to answer

Year:

(YYYY) Enter "888" if don't know Enter "999" if prefer not to answer

5. What type of vaccine did you receive?

- Pfizer-BioNTech
 Moderna
 Janssen (Johnson & Johnson)
 Don't know
 Prefer not to answer

6. Did you receive this vaccine dose at a VA facility?

- Yes
 No
 Don't know
 Prefer not to answer

7. Please select the best description for where you received this vaccine dose:

- Place of employment
 Community center
 Faith center
 Pharmacy
 Your healthcare provider
 Non-military clinic
 US military clinic
 Other
 Prefer not to answer

Please describe the other location:

(Enter "888" if don't know Enter "999" if prefer not to answer)

8. May research staff contact the non-VA healthcare provider(s) or entities who administered this/these dose(s) of vaccine, in order to determine the exact type of vaccine that you received and the date on which you received it?

- Yes
- No
- Prefer not to answer

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