



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_N → **Exclusion criterion met, GO TO END**
 Yes_Y

0d) Was consent given for dried blood spot?

- No_N → **Exclusion criterion met, GO TO END**
 Yes_Y

0e) Is there significant interviewer concern regarding ability to consent (e.g., advanced dementia)?

- No_N
 Yes_Y → **Exclusion criterion met, GO TO END**

VACCINATION

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

- No_N → **GO TO 5**
 Yes_Y
 Unsure_U → **GO TO 5**

2) When were you [last] vaccinated for COVID-19?

/ / (mm/dd/yyyy)

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3) Which vaccine did you receive?

- Moderna_M
- Pfizer_P
- AstraZeneca_A
- Janssen (Johnson & Johnson)_J
- Novavax_N
- Do not know_D
- Other_O → **3a) Specify:**

4) How many doses did you receive?

- One_A
- One, but plan to get a second one_B
- Two_C

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_N → **Go to Q11**
- Yes_Y

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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_A
- Training or answering questions regarding DBS_B
- Other_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_A
- Training or answering questions regarding DBS_B
- Other_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_A
- Training or answering questions regarding DBS_B
- Other_C

10c1) If other type of interaction, please specify: _____

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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