

Questionnaire for Both 6mo and 12mo Follow-up

COVID Update

1. Did you know you had COVID-19 or Coronavirus when you joined the PRIORITY study or shortly after joining?

Yes → go to a.

a. Were you in the hospital for COVID-19 or Coronavirus during that time?

No

Yes → go to a1.

a1. If yes, were you in the ICU?

yes

no

→go to 1a

No → go to 1e.

1a. If yes, have you had COVID-19 or coronavirus AGAIN?

Yes → go to 1b.

No

1b. If yes, when were you diagnosed with COVID-19 or Coronavirus AGAIN?

Date: _____

1c. Were you in the hospital for COVID-19 or Coronavirus during this time?

No

Yes → go to 1c1.

1c1. If yes, were you in the ICU?

yes

no

1d. Were you pregnant when you were diagnosed with COVID-19 or Coronavirus?

yes

no

1e. If no, have you been diagnosed with COVID-19 or Coronavirus?

Yes → go to 1f.

No

1f. If yes, when were you diagnosed with COVID-19 or Coronavirus?

Date: _____

1g. Were you in the hospital for COVID-19 or Coronavirus?

No

Yes → go to 1g1.

1g1. If yes, were you in the ICU?

yes

no

1h. Were you pregnant when you were diagnosed with COVID-19 or Coronavirus?

yes

no

2. Have you received a vaccine for coronavirus?

Yes → go to 3

No → go to 5

3. When did get vaccine? _____ (ask for just month and year, not day)

4. Do you know which vaccine you received?

Yes

No

4a. If yes, which vaccine did you receive:

AstraZeneca's AZD1222, viral-vector vaccine

Moderna's mRNA-1273, mRNA vaccine

Pfizer's BNT162b2, mRNA vaccine

J&Js Ad26, adenovirus

CanSino Biologics, Ad5, adenovirus

Other, please specify: _____

5. Reasons why you did NOT get a vaccine (check all that apply):

It was not discussed with me by my healthcare provider

Was told I cannot get vaccine because I had COVID-19 already

No vaccine available

Not eligible for vaccine

I chose not to get it because I have concerns about a vaccine

Concern because I was pregnant

Concern because I was lactating/breastfeeding

Other, please specify: _____

Health Update

1. In the last 6 months, have you had any new health problems?

Yes → go to 2

No → go to 3

2. If yes, check all that apply:

High blood pressure

Diabetes

Asthma

Other lung conditions → go to a

Heart problems → go to b

Thyroid problems

Liver problems

Blood clot in your legs, lungs, or other area of your body that required you to be on blood thinners

Depression

Anxiety

HIV or AIDS

Any condition that decreases your ability to fight infection (immunosuppression) → go to c

Stroke, brain bleed, or heart attack

Other major medical condition → go to d

None of the above

- a. Please describe your lung condition: _____
 - b. Please describe your heart problems: _____
 - c. Please describe your condition that decreases your ability to fight infection (immunosuppression): _____
 - d. Other major medical condition, please describe: _____
3. (If positive COVID dx indicated above) Have you been told that you have any long-term health problems related to COVID-19?
- Yes → go to 4
 - No
4. If yes, check all that apply:
- High blood pressure
 - Diabetes
 - Asthma
 - Other lung conditions → go to a
 - Heart problems → go to b
 - Thyroid problems
 - Liver problems
 - Blood clot in your legs, lungs, or other area of your body that required you to be on blood thinners
 - Depression
 - Anxiety
 - HIV or AIDS
 - Any condition that decreases your ability to fight infection (immunosuppression) → go to c
 - Stroke, brain bleed, or heart attack
 - Other major medical condition → go to d
 - None of the above
- a. Please describe your lung condition: _____
 - b. Please describe your heart problems: _____
 - c. Please describe your condition that decreases your ability to fight infection (immunosuppression): _____
 - d. Other major medical condition, please describe: _____

Pregnancy Update

1. Have you been pregnant since you last completed a survey about 6 months ago?
- Yes → go to 1a
 - No → go to 2
- 1a. If yes, are you pregnant now?
- Yes → go to next section
 - No → go to 1b
- 1b. If no, how many times have you been pregnant since you last completed a survey 6 months ago? _____
- 1c. Did the pregnancy end with (For multiples, i.e., twins, triplets, etc. mark all that apply):
- Abortion

- Miscarriage
- Ectopic pregnancy
- Molar pregnancy
- Death of an infant or fetus >20 weeks (5 months) of pregnancy -
- Live birth of an infant(s)

2. Are you currently using any method to prevent pregnancy?

- Yes → go to 2a
- No

2a. If yes, which method (s) are you currently using? Check all that apply.

- birth control pill
- birth control patch (OrthoEvra)
- birth control implant (Implanon)
- birth control ring (Nuvaring)
- Intrauterine Device (IUD)
- Depo-provera shot
- Condoms
- Withdrawl/pulling out
- Tubal ligation
- Vasectomy
- Other

2b. Did you have any difficulty getting the method that you wanted to use?

- Yes → go to 2c.
- No

2c. If yes, what were the things that prevented you from getting the method that you wanted?

- no insurance coverage
- not available in my area or at my doctor
- partner didn't want to use it
- other