

## **BSRBR-RA COVID-19 Questions**

**At baseline please answer the following COVID-19 vaccination questions:**

### **1) Has this patient ever had COVID-19?**

- ☐ Yes - please provide date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (tick box if date unknown) ☐
- ☐ No
- ☐ Don't know

### **2) If yes, how was the diagnosis made?**

- ☐ PCR (test for COVID antigen, including nasal swab or saliva)
- ☐ Antibody
- ☐ Metagenomic testing
- ☐ Laboratory assay (type unknown)
- ☐ Presumptive diagnosis based on CT scan or CXR
- ☐ Presumptive diagnosis based only on symptoms
- ☐ Other (supply details): \_\_\_\_\_

### **3) Has this patient ever received a vaccination for COVID-19\***

- ☐ Yes (please now answer question 4)
- ☐ No
- ☐ Don't know

### **4) Which vaccination did the patient receive?\*\***

- ☐ Oxford/AstraZeneca
- ☐ Pfizer-BioNTech
- ☐ Moderna
- ☐ Other (please specify): \_\_\_\_\_
- ☐ Unknown

Date of first dose: \_\_\_\_/\_\_\_\_/\_\_\_\_ please tick box if unknown ☐

Date of second dose\*\*\*: \_\_\_\_/\_\_\_\_/\_\_\_\_ please tick box if unknown ☐

**At each follow-up point please answer the following COVID-19 vaccination questions:**

**1) Has this patient received a vaccination for COVID-19 since the last BSRBR-RA follow up\*?**

☐

Yes (please now answer question 2)

☐

No

☐

Don't know

**2) If yes, which vaccination did the patient receive\*\*?**

☐

Oxford/AstraZeneca

☐

Pfizer-BioNTech

☐

Moderna

☐

Other (please specify): \_\_\_\_\_

☐

Unknown

Date of first dose: \_\_\_\_/\_\_\_\_/\_\_\_\_ please tick box if unknown ☐

Date of second dose\*\*\*: \_\_\_\_/\_\_\_\_/\_\_\_\_ please tick box if unknown ☐

(\*online database will have the option to record multiple pre-baseline/follow up COVID-19 vaccinations as required to account for future registrations where a participant may have received vaccinations annually or situations where a follow up has been missed and a participant may have received multiple yearly vaccinations).

(\*\*online database will have the option to record a different vaccine for each dose if this becomes practice).

(\*\*\* online database will have option to record only one dose for future single dose vaccines)

**If a COVID-19 related adverse event is reported, please answer the following additional questions:**

**1) Is this a COVID-19 related event?**

☐

Yes (please now answer question 2)

☐

No (no additional questions asked)

**2) Was the COVID-19 diagnosis lab confirmed?**

☐

Yes

☐

No

**3) How was the diagnosis made?**

☐

PCR (test for COVID antigen, including nasal swab or saliva)

☐

Antibody

☐

Metagenomic testing

☐

Laboratory assay (type unknown)

☐

Presumptive diagnosis based on CT scan or CXR

☐

Presumptive diagnosis based only on symptoms

☐

Other (supply details): \_\_\_\_\_

**4) Did the patient experience symptoms of COVID-19 infection (e.g. cough / fever / anosmia/ other)?**

☐

Yes

☐

No

☐

Don't know

**5) Was the patient hospitalised overnight?**

☐

Yes

☐

No (end of additional questions)

☐

Don't know (end of additional questions)

**6) Was the patient admitted to ICU?**

☐

Yes

☐

No

☐

Don't know

**7) What was the maximum level of ventilatory support?**

☐

None – did not require supplemental oxygen

☐

Required supplemental oxygen

☐

Required non-invasive ventilation or high flow device (e.g. CPAP/BIPAP)

☐

Required invasive mechanical ventilation or ECMO

☐

Ventilation required, but type unknown

☐

Intervention unknown