

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