

## Enrollment and Eligibility

Please enter the information below to determine your eligibility and enroll for the research study COVID-19 Antibody Testing of Patients with Chronic Conditions (IRB00248540) being led by a team of researchers at Johns Hopkins Medicine.

For more information on the study, please visit [www.vaccineresponse.org](http://www.vaccineresponse.org) or e-mail [vaccineresponse@jhmi.edu](mailto:vaccineresponse@jhmi.edu).

Please enter today's date (MM/DD/YYYY):

{[date\_enrollment] text date\_mdy}

{Branching logic (show if): [condition(98)]='1'}

**You are not eligible for the study due to not having one of the above conditions. You may now exit this form. Thank you for your time!**

Which of the following medical conditions apply?  
{[condition] checkbox}

- {1} Cirrhosis
- {2} On dialysis
- {3} HIV/AIDS
- {4} Autoimmune/immune-mediated condition
- {5} Castleman disease
- {6} Inflammatory bowel disease (Crohn's disease or ulcerative colitis)
- {7} Parkinson's disease
- {8} Alzheimer's disease
- {98} None

What type of Castleman disease do you have?  
{[castle\_type] radio}

{Branching logic (show if): [condition(5)]='1'}

- {1} Unicentric
- {2} Multicentric

What type of multicentric Castleman disease do you have?

{[castle\_multi\_type] radio}

{Branching logic (show if): [castle\_type]='2'}

- {1} HHV-8 associated
- {2} Idiopathic

{Branching logic (show if): ((([dialysis\_type]='1' and [condition(1)]='0') and [condition(3)]='0') and [condition(4)]='0' and [condition(5)]='0' and [condition(6)]='0')}

**Johns Hopkins is currently conducting a different study for patients like you!**

**For patients using in-center hemodialysis, please visit the COVID ESRD study at: [www.covidesrd.org](http://www.covidesrd.org) to learn more and enroll.**

**You may now exit this form.**

**Thank you for your time!**

What type of dialysis do you currently receive?  
 {[dialysis\_type] radio}  
 {Branching logic (show if): [condition(2)]='1'}

- {1} In-center hemodialysis  
 {2} Home hemodialysis  
 {3} Peritoneal dialysis  
 {88} Other

Which of the following autoimmune/immune-mediated condition(s) do you have?  
 {[autoimmune\_condition] checkbox}  
 {Branching logic (show if): [condition(4)] = '1'}

- {1} Systemic lupus erythematosus (lupus)  
 {2} Inflammatory arthritis (including rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, reactive arthritis, associated with inflammatory bowel diseases - Crohn's disease or ulcerative colitis)  
 {3} Sjögren's syndrome  
 {4} Myositis  
 {5} Scleroderma (or systemic sclerosis)  
 {6} Vasculitis (including polyarteritis nodosa, Behcet's syndrome, polymyalgia rheumatica, temporal arteritis/giant cell arteritis, eosinophilic granulomatosis polyangiitis/Churg-Strauss syndrome, granulomatous polyangiitis/Wegener's granulomatosis, Henoch-Scholein purpura, Microscopic polyangiitis, Takayasu arteritis)  
 {88} Other

Please describe:  
 {[dialysis\_type\_other] text}  
 {Branching logic (show if): [dialysis\_type] = '88'}

\_\_\_\_\_

Please specify:  
 {[autoimmune\_condition\_other] text}  
 {Branching logic (show if): [autoimmune\_condition(88)] = '1'}

\_\_\_\_\_

What type of vasculitis do you have?  
 {[vasc\_type] text}  
 {Branching logic (show if): [autoimmune\_condition(6)] = '1'}

\_\_\_\_\_

---

Are you taking any medications or receiving therapy  
that suppresses your immune system (immunosuppressant  
medication)?  
{[immunosup] radio}

- {1} Yes  
 {0} No

---

{Branching logic (show if): (((((( [condition(1)]='0')  
and [condition(2)]='0')  
and [condition(3)]='0')  
and [condition(5)]='0')  
and [condition(6)]='0')

and  
[immunosup]='0')}

**You are not eligible for the study due to  
not having one of the above conditions.  
You may now exit this form.  
Thank you for your time!**

Which medications have you taken within the past 3 months (select all that apply):

{[immuno\_med] checkbox}

{Branching logic (show if): [immunosup]='1'}

- {1} Adalimumab (Humira®)
- {2} Anakinra (Kineret®)
- {3} Azathioprine (Imuran®)
- {4} Baricitinib (Oluminat®)
- {5} Belatacept (Nulojix®)
- {6} Belimumab (Benlysta®)
- {7} Budesonide (Entocort®)
- {8} Certolizumab (Cimzia®)
- {9} Cyclophosphamide (Cytoxan®)
- {10} Cyclosporine (Neoral®, Sandimmune®, or Gengraf®)
- {11} Etanercept (Enbrel®)
- {12} Everolimus (Afinitor®)
- {13} Golimumab (Simponi®)
- {14} Hydroxychloroquine or Chloroquine (Plaquenil®)
- {15} Infliximab (Remicade®)
- {16} IV or subcutaneous immunoglobulin (IVIg/SCIg) (Gammagard®)
- {17} Ixekizumab (Taltz®)
- {18} Leflunomide (Arava®)
- {19} Methotrexate (Otrexup®, Xatmep®, or Trexall®)
- {20} Mycophenolate acid (Myfortic®)
- {21} Mycophenolate mofetil (CellCept®)
- {22} Natalizumab (Tysabri®)
- {23} Ocrelizumab (Ocrevus®)
- {24} Plasma exchange or plasmapheresis
- {25} Prednisone or other steroids
- {26} Rituximab (Rituxan®)
- {27} Secukinumab (Cosentyx®)
- {28} Sirolimus (Rapamune® or Rapamycin®)
- {29} Sulfasalazine (Azulfidine®)
- {30} Tacrolimus (Prograf® or Envarsus XR®)
- {31} Tocilizumab (Actemra®)
- {32} Tofacitinib (Xeljanz®)
- {33} Ustekinumab (Stelara®)
- {34} Upadacitinib (Rinvoq®)
- {88} Other

Please state the name of medication(s):

{[immuno\_med\_other] text}

{Branching logic (show if): [immuno\_med(88)]='1'}

\_\_\_\_\_

What dose of prednisone or other steroid do you take?

{[steroid\_dose] text}

{Branching logic (show if): [immuno\_med(25)]='1'}

\_\_\_\_\_

How often do you get Rituximab (Rituxan®)?

{[ritux\_freq] radio}

{Branching logic (show if): [immuno\_med(26)]='1'}

- {1} 2x/day
- {2} Daily
- {3} Weekly
- {4} Every 2 weeks
- {5} Once a month
- {88} Other

Please describe other:

{[ritux\_other] text}

{Branching logic (show if): [ritux\_freq]='88'}

\_\_\_\_\_

---

When was your last rituximab treatment (MM-DD-YYYY)?

{[ritux\_date\_initial] text date\_mdy}

{Branching logic (show if): [ritux\_freq]=""}

---

What dose of Mycophenolate acid (Myfortic®) do you take in mg?

---

{[mycophena\_dose] text}

{Branching logic (show if): [immuno\_med(20)]='1'}

---

How often do you take Mycophenolate acid (Myfortic®)?

{[mycophena\_freq] radio}

{Branching logic (show if): [immuno\_med(20)]='1'}

- {1} 2x/day  
 {2} Daily  
 {3} Weekly  
 {4} Every 2 weeks  
 {5} Once a month  
 {88} Other
- 

Please describe other:

{[mycophena\_other] text}

{Branching logic (show if): [mycophena\_freq]='88'}

---

What dose of Mycophenolate mofetil (CellCept®) do you take in mg?

---

{[mycophenm\_dose] text}

{Branching logic (show if): [immuno\_med(21)]='1'}

---

How often do you take Mycophenolate mofetil (CellCept®)?

{[mycophenm\_freq] radio}

{Branching logic (show if): [immuno\_med(21)]='1'}

- {1} 2x/day  
 {2} Daily  
 {3} Weekly  
 {4} Every 2 weeks  
 {5} Once a month  
 {88} Other
- 

Please describe other:

{[mycophenm\_other] text}

{Branching logic (show if): [mycophenm\_freq]='88'}

---

Have you received a COVID-19 vaccine?

{[vaccinated] radio}

- {1} Yes  
 {0} No
- 

{Branching logic (show if): [want\_vax]='0'}

**You are not eligible for the study due to  
 not intending to be vaccinated.  
 You may now exit this form.  
 Thank you for your time!**

Do you intend to receive a COVID-19 vaccine when it becomes available?

- {1} Yes  
 {0} No

{[want\_vax] radio}  
 {Branching logic (show if): [vaccinated]='0'}

{Branching logic (show if): [other\_study]='1'}

**You are not eligible for the study due to being enrolled in a concurrent study. You may now exit this form. Thank you for your time!**

Are you enrolled in another study at Johns Hopkins involving collection of blood to determine the presence of COVID-19 antibodies?

- {1} Yes  
 {0} No

{[other\_study] radio}

Have you received an organ transplant?

- {1} Yes  
 {0} No

{[transplant] radio}

We are operating another study for transplant recipients, please visit [transplantvaccine.org](https://transplantvaccine.org) to learn more. You may now exit this form. Thank you!

{Branching logic (show if): [transplant]='1'}

Enter your first name:

{[name\_first] text}

\_\_\_\_\_

Enter your last name:

{[name\_last] text}

\_\_\_\_\_

Enter your date of birth (MM/DD/YYYY):

Please make sure the year is correct!

{[dob] text date\_mdy}

\_\_\_\_\_

What is your height?

Feet:

{[height\_ft] text}

\_\_\_\_\_

Inches:

{[height\_in] text}

\_\_\_\_\_

What is your weight in pounds (lbs)?

{[weight] text}

\_\_\_\_\_

---

Enter your sex (assigned at birth):  
{{sex} radio}

- {1} Female  
 {2} Male  
 {97} Prefer not to say

---

What is your racial identity?  
{{race} radio}

- {1} White  
 {2} Black or African American  
 {3} Asian  
 {4} American Indian or Alaska Native  
 {5} Native Hawaiian or Other Pacific Islander  
 {6} Arab or Middle Eastern  
 {7} Multi-racial  
 {97} Prefer not to answer

---

Do you identify as Hispanic/Latino?  
{{hispanic\_latino} radio}

- {1} Yes  
 {0} No  
 {97} Prefer not to say

---

What is the highest level of education you completed?  
{{education} radio}

- {1} Less than high school  
 {2} High school or GED  
 {3} Attended college or technical school  
 {4} Associate's or Bachelor's degree  
 {5} Post-college graduate degree  
 {97} Prefer not to say

---

Enter your email address:  
{{email} text\_email}

---

---

Enter your cell phone number (XXX-XXX-XXXX):  
{{phone\_cell} text}

---

---

Enter your home phone number, if applicable  
(XXX-XXX-XXXX):  
{{phone\_home} text}

---

---

Enter your street address (ex. 123 Apple St.):  
{{address\_street} text}

---

---

Enter your apartment/unit number, if applicable:  
{{address\_number} text}

---

---

Enter city:  
{{address\_city} text}

---

---

Enter state:  
{{address\_state} text}

---

---

Enter zip code:  
{{address\_zip} text}

---

What is the underlying cause of your liver disease?  
 {[cirrhosis\_cause] checkbox}  
 {Branching logic (show if): [condition(1)]='1'}

- {1} Alcoholic liver disease  
 {2} Fatty liver disease  
 {3} HCV  
 {4} HBV  
 {5} Hemochromatosis  
 {6} Autoimmune hepatitis  
 {7} Primary sclerosing cholangitis (PSC)  
 {8} Primary biliary cholangitis (PBC)  
 {88} Other  
 {99} Unknown

Please specify:  
 {[cirrhosis\_cause\_other] text}  
 {Branching logic (show if): [cirrhosis\_cause(88)] =  
 '1'}

Have you or are you being treated for HCV?  
 {[hcv\_tx] radio}  
 {Branching logic (show if): [cirrhosis\_cause(3)] =  
 '1'}

- {1} I have completed treatment  
 {2} I am currently in treatment  
 {3} I have not had treatment

Have you or are you being treated for HBV?  
 {[hbc\_tx] radio}  
 {Branching logic (show if): [cirrhosis\_cause(4)] =  
 '1'}

- {1} I have completed treatment  
 {2} I am currently in treatment  
 {3} I have not had treatment

How long ago did you last drink an alcoholic beverage?  
 {[last\_drink] radio}  
 {Branching logic (show if): [cirrhosis\_cause(1)] =  
 '1'}

- {1} < 24 hrs  
 {2} 1-7 days  
 {3} 7-30 days  
 {4} 30 - 90 days  
 {5} 90 days - 6 months  
 {6} 6 months - 1 year  
 {7} > 1 year

What complications of cirrhosis have you had (if any)?  
 {[cirrhosis\_complications] checkbox}  
 {Branching logic (show if): [condition(1)]='1'}

- {1} Jaundice (yellowish eyes or skin)  
 {2} Gastrointestinal bleeding (bleeding from your  
 esophagus or intestines)  
 {3} Confusion  
 {4} Fluid buildup in the abdomen  
 {5} Infection of abdominal fluid  
 {6} Liver cancer  
 {98} None

What was your last CD4 count?  
 {[cd4] radio}  
 {Branching logic (show if): [condition(3)] = '1'}

- {1} < 200  
 {2} 200-350  
 {3} 350-499  
 {4} >/=500  
 {99} Unknown

Was your most recent viral load "undetectable"  
 according to your doctor?  
 {[undetectable] radio}  
 {Branching logic (show if): [condition(3)] = '1'}

- {1} Yes  
 {0} No  
 {99} Unknown

Are you currently taking any antiretroviral therapy  
 (ART)?  
 {[art\_use] radio}  
 {Branching logic (show if): [condition(3)] = '1'}

- {1} Yes  
 {0} No



How long have you been taking these medications?  
 {[art\_time] radio}  
 {Branching logic (show if): [art\_use] = '1'}

- {1} Less than 6 months  
 {2} Greater than 6 months

How often do you receive dialysis?  
 {[dialysis\_freq] radio}  
 {Branching logic (show if): [condition(2)]='1'}

- {1} < 1x/week  
 {2} 1x/week  
 {3} 2x/week  
 {4} 3x/week  
 {5} 4x/week  
 {6} 5x/week  
 {7} 6x/week  
 {8} 7x/week  
 {9} >7x/week

Have you ever been diagnosed with common variable immunodeficiency (CVID), or low immunoglobulin or antibody levels?  
 {[low\_abs] radio}

- {1} Yes  
 {0} No

Have you been treated with chemotherapy for cancer within the past 6 months?  
 {[cancer] radio}

- {1} Yes  
 {0} No

Do you carry an Epinephrine Auto-Injector (EpiPen®)?  
 {[epipen] radio}

- {1} Yes  
 {0} No

Have you ever had an allergic reaction to a vaccine?  
 {[vaccine\_allergy] radio}

- {1} Yes  
 {0} No

Did this reaction require epinephrine injection?  
 {[vaccine\_allergy\_epipen] radio}  
 {Branching logic (show if): [vaccine\_allergy]='1'}

- {1} Yes  
 {0} No

Which of the following did you experience?  
 {[vaccine\_allergy\_type] checkbox}  
 {Branching logic (show if): [vaccine\_allergy]='1'}

- {1} Itchiness  
 {2} Throat tightness  
 {3} Shortness of breath  
 {4} Lightheadedness  
 {5} GI distress (nausea, vomiting, diarrhea)  
 {6} Injection site swelling/redness  
 {7} Hives or welts  
 {8} Lip and/or tongue swelling  
 {9} Hoarseness  
 {10} Wheezing  
 {88} Other

Please describe:  
 {[vaccine\_allergy\_other] text}  
 {Branching logic (show if): [vaccine\_allergy\_type(88)] = '1'}

\_\_\_\_\_

Within the past 3 months, have you been tested for COVID-19 antibodies?  
 {[prior\_test] radio}

- {1} Yes  
 {0} No

What date were you tested (MM-DD-YYYY)?  
 {[prior\_test\_date] text mdy}  
 {Branching logic (show if): [prior\_test]='1'}

\_\_\_\_\_

---

What was the result of your test?  
{[prior\_test\_result] radio}  {1} Positive  
 {2} Negative  
{Branching logic (show if): [prior\_test]='1'}

---

Have you ever been diagnosed with COVID-19?  
{[covid\_dx] radio}  {1} Yes  
 {0} No

---

When were you diagnosed (MM/DD/YYYY)?  
{[covid\_date] text date\_mdy} \_\_\_\_\_  
{Branching logic (show if): [covid\_dx]='1'}

---

How did you hear about this research study?  
{[recruitment] radio}  {2} Social media post  
 {88} Other

---

Please describe:  
{[recruitment\_other] text} \_\_\_\_\_  
{Branching logic (show if): [recruitment]='88'}

---

Are you a patient at Johns Hopkins Medicine?  
{[hopkins1] radio}  {1} Yes  
 {0} No

---

Submitting this enrollment form will constitute as consent for enrollment into the study. Please review the consent form before submitting.

[Attachment: "Online Consent - Chronic Conditions COVID-19 Vaccine.pdf"]

# Vaccine Date

Please complete the survey below.

If your vaccine dates change, please let us know at [vaccineresponse@jhmi.edu](mailto:vaccineresponse@jhmi.edu).

Thank you!

---

Have you received the first dose of a COVID-19 vaccine?  {1} Yes  {0} No

{{[had\_first\_dose] radio}}

---

What date did you receive your first dose (MM-DD-YYYY)? \_\_\_\_\_

Please double check you input the correct year!

{{[first\_dose\_date] text date\_mdy}  
{Branching logic (show if): [had\_first\_dose]='1'}}

---

If you received the Pfizer or Moderna vaccine: Have you received the second dose of the COVID-19 vaccine?  {1} Yes  {0} No

{{[had\_second\_dose] radio}  
{Branching logic (show if): [had\_first\_dose]='1'}}

---

What date did you receive your second dose (MM-DD-YYYY)? \_\_\_\_\_

{{[second\_dose\_date] text date\_mdy}  
{Branching logic (show if): [had\_second\_dose]='1'}}

---

What date is your second dose scheduled for (MM-DD-YYYY)? \_\_\_\_\_

{{[scheduled\_second\_dose\_date] text date\_mdy}  
{Branching logic (show if): [had\_second\_dose]='0'}}

---

Do you have an appointment scheduled to receive your first dose?  {1} Yes  {0} No

{{[appt] radio}  
{Branching logic (show if): [had\_first\_dose]='0'}}

---

What date is your first dose scheduled for (MM-DD-YYYY)? \_\_\_\_\_

Please double check you input the correct year!

{{[scheduled\_first\_dose\_date] text date\_mdy}  
{Branching logic (show if): [appt]='1'}}

---

Please complete this form after you have a confirmed vaccine date, thank you!

You may now close this page.

{Branching logic (show if): [appt]='0'}

# Post-Vaccination Questionnaire 1

Please complete the survey below for the research study COVID-19 Antibody Testing of Patients with Chronic Conditions (IRB00248540).

For more information on the study, please visit [www.vaccineresponse.org](http://www.vaccineresponse.org) or e-mail [vaccineresponse@jhmi.edu](mailto:vaccineresponse@jhmi.edu).

Thank you!

Please enter today's date (MM/DD/YYYY):

{[date\_postvac\_survey] text date\_mdy}

When did you receive the first dose of the vaccine (MM/DD/YYYY)?

{[postvac\_dose1date] text date\_mdy}

What was the manufacturer of the vaccine you received?

{[postvac\_vaccine\_type] radio}

- {1} Pfizer/BioNTech  
 {2} Moderna  
 {3} AstraZeneca  
 {4} Sanofi  
 {5} Novavax  
 {6} Johnson & Johnson  
 {88} Other

Enter the name of the manufacturer:

{[postvac\_vaccine1\_other] text}

{Branching logic (show if):

[postvac\_vaccine\_type]='88'}

Since your first dose of the COVID-19 vaccine, have you been diagnosed with COVID-19?

{[postvac\_coviddx] radio}

- {1} Yes  
 {0} No

Were you admitted to a hospital?

{[postvac\_admit] radio}

{Branching logic (show if): [postvac\_coviddx]='1'}

- {1} Yes  
 {0} No

Were you admitted to an intensive care unit (ICU)?

{[postvac\_icu] radio}

{Branching logic (show if): [postvac\_coviddx]='1'}

- {1} Yes  
 {0} No

Did you require intubation (a breathing tube in your throat)?

{[postvac\_intubate] radio}

{Branching logic (show if): [postvac\_coviddx]='1'}

- {1} Yes  
 {0} No

Which of the following medical conditions apply:

{[condition\_post1] checkbox}

- {1} Cirrhosis  
 {2} On dialysis  
 {3} HIV/AIDS  
 {4} Autoimmune/immune-mediated condition  
 {5} Castleman disease  
 {6} Inflammatory bowel disease (Crohn's disease or ulcerative colitis)  
 {98} None

What was the time interval between your last immune suppressant therapy and the first dose COVID-19 vaccine?

- {1} Less than 1 week  
 {2} 1 week  
 {3} 2 weeks  
 {4} 3 weeks  
 {5} 4 weeks  
 {6} Greater than 4 weeks

{[immunosup\_changed1] radio}  
 {Branching logic (show if): [condition\_post1(4)] = '1'  
 or [condition\_post1(5)] = '1'  
 or [condition\_post1(6)] = '1'}

What complications of cirrhosis have you had (if any)?

- {1} Jaundice (yellowish eyes or skin)  
 {2} Gastrointestinal bleeding (bleeding from your esophagus or intestines)  
 {3} Confusion  
 {4} Fluid buildup in the abdomen  
 {5} Infection of abdominal fluid  
 {6} Liver cancer  
 {98} None

{[cirrhosis\_complicate\_post1] checkbox}  
 {Branching logic (show if): [condition\_post1(1)] = '1'}

What was your last CD4 count?

- {1} < 200  
 {2} 200-350  
 {3} 350-499  
 {4} >/=500  
 {99} Unknown

{[cd4\_post1] radio}  
 {Branching logic (show if): [condition\_post1(3)] = '1'}

Was your most recent viral load "undetectable" according to your doctor?

- {1} Yes  
 {0} No  
 {99} Unknown

{[undetectable\_post1] radio}  
 {Branching logic (show if): [condition\_post1(3)] = '1'}

Are you currently taking any antiretroviral therapy (ART)?

- {1} Yes  
 {0} No

{[art\_use\_post1] radio}  
 {Branching logic (show if): [condition\_post1(3)] = '1'}

If you stopped taking antiretroviral therapy (ART) since receiving your first COVID-19 vaccine dose, what were the reasons why you stopped:

{[why\_stop\_art1] text}  
 {Branching logic (show if): [art\_use\_post1]='0'}

Since your first vaccine dose, did you develop a new infection requiring treatment?

- {1} Yes  
 {0} No

{[postvac\_infection] radio}

Please describe your infection:

{[infection\_describe] text}  
 {Branching logic (show if): [postvac\_infection]='1'}

Since your first vaccine dose, have you developed a new neurological condition?

- {1} Yes  
 {0} No

{[postvac\_neuro] radio}

Which of the following have you developed?

{[postvac\_neuro\_type] radio}  
 {Branching logic (show if): [postvac\_neuro]='1'}

- {1} Guillain-Barré Syndrome  
 {2} Bell's Palsy  
 {3} Neuropathy  
 {88} Other

Please describe neuropathy:

{[neuropathy\_describe1] text}

{Branching logic (show if): [postvac\_neuro\_type]='3'}

Please describe:

{[postvac\_neuro\_type\_other] text}

{Branching logic (show if): [postvac\_neuro\_type]='88'}

After your first vaccine dose, did you have an allergic reaction requiring an Epi pen?

{1} Yes

{0} No

{[postvac\_epi] radio}

In the 7 days after your first vaccine dose, did you experience any of the following at the site of the injection?

Note the following definitions:

mild= does not interfere with activity

moderate= some interference with activity

severe= prevents daily activity

	{1} None	{2} Mild	{3} Moderate	{4} Severe
Pain {[pain] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Redness {[redness] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swelling {[swelling] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the 7 days after your first vaccine dose, did you experience any of the following at a level MORE than your normal level?

{}

Note the following definitions:

mild= does not interfere with activity

moderate= some interference with activity

severe= prevents daily activity

{[postvac\_systemic] checkbox}

	{1} None	{2} Mild	{3} Moderate	{4} Severe
Fever {[fever] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue {[fatigue] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache {[headache] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chills {[chills] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vomiting {[vomiting] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea {[diarrhea] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle pain {[myalgia] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you take any over-the-counter fever reducing or pain medications within 7 days after your first vaccine dose?

{1} Yes

{0} No

{[postvac\_otc1] radio}

Which medication(s) did you take?  
 {[postvac\_otc\_type1] checkbox}  
 {Branching logic (show if): [postvac\_otc1]='1'}

- {1} Aspirin  
 {2} Acetaminophen (Tylenol)  
 {3} Ibuprofen (Advil, Motrin)  
 {88} Other

Please describe:  
 {[postvac\_otc\_other] text}  
 {Branching logic (show if):  
 [postvac\_otc\_type1(88)='1']}

Is there anything else you'd like us to know regarding  
 your vaccination experience for your first dose?

{[vaccine\_other1] text}

Answer only if you take prednisone or another steroid:  
 What dose of prednisone or other steroid do you take?  
 {[steroid\_dose\_d1] text}

Answer only if you receive Rituximab (Rituxan®): How  
 often do you get Rituximab (Rituxan®)?  
 {[ritux\_freq\_d1] radio}

- {1} 2x/day  
 {2} Daily  
 {3} Weekly  
 {4} Every 2 weeks  
 {5} Once a month  
 {88} Other

Please describe other:  
 {[ritux\_other\_d1] text}  
 {Branching logic (show if): [ritux\_freq\_d1]='88'}

When was your last rituximab treatment (MM-DD-YYYY)?  
 {[ritux\_date\_d1] text date\_mdy}  
 {Branching logic (show if): [ritux\_freq\_d1]=""}

Answer only if you take Mycophenolate acid  
 (Myfortic®) or Mycophenolate mofetil (CellCept®):  
 What dose of Mycophenolate do you take in mg?  
 {[mycophen\_dose\_d1] text}

How often do you take your Mycophenolate?  
 {[mycophen\_freq\_d1] radio}  
 {Branching logic (show if): [mycophen\_dose\_d1]=""}

- {1} 2x/day  
 {2} Daily  
 {3} Weekly  
 {4} Every 2 weeks  
 {5} Once a month  
 {88} Other

Please describe other:  
 {[mycophen\_other\_d1] text}  
 {Branching logic (show if): [mycophen\_freq\_d1]='88'}

Are you a patient at Johns Hopkins Medicine?  
 {[hopkins\_d1] radio}

- {1} Yes  
 {0} No



## Post-Vaccination Questionnaire 2

Please complete the survey below for the research study COVID-19 Antibody Testing of Patients with Chronic Conditions (IRB00248540).

For more information on the study, please visit [www.vaccineresponse.org](http://www.vaccineresponse.org) or e-mail [vaccineresponse@jhmi.edu](mailto:vaccineresponse@jhmi.edu).

Thank you!

Please enter today's date (MM/DD/YYYY):

{[date\_postvac2] text date\_mdy}

When did you receive the first dose of the COVID-19 vaccine (MM-DD-YYYY)?

Please double check the year!

{[dose2\_date\_postq] text date\_mdy}

When did you receive the second dose of the COVID-19 vaccine (MM-DD-YYYY)?

Please double check the year!

{[postvac\_dose2date] text date\_mdy}

What was the manufacturer of the vaccine you received?

{[postvac\_vaccine\_type2] radio}

- {1} Pfizer/BioNTech
- {2} Moderna
- {3} AstraZeneca
- {4} Sanofi
- {5} Novavax
- {6} Johnson & Johnson
- {88} Other

Enter the name of the manufacturer:

{[postvac\_vaccine2\_other] text}

{Branching logic (show if):

[postvac\_vaccine\_type2]='88'

Since your first dose of the COVID-19 vaccine, have you been diagnosed with COVID-19?

{[postvac\_coviddx2] radio}

- {1} Yes
- {0} No

When were you diagnosed with COVID-19?

{[coviddx\_timeline] radio}

{Branching logic (show if): [postvac\_coviddx2]='1'}

- {1} After my 1st dose, but before my 2nd dose
- {2} After my 2nd dose

Were you admitted to the hospital?

{[postvac\_admit2] radio}

{Branching logic (show if): [postvac\_coviddx2]='1'}

- {1} Yes
- {0} No

Were you admitted to an intensive care unit (ICU)?

{[postvac\_icu2] radio}

{Branching logic (show if): [postvac\_coviddx2]='1'}

- {1} Yes
- {0} No

Did you require intubation (a breathing tube in your throat)?  
 {[postvac\_intubate2] radio}  
 {Branching logic (show if): [postvac\_coviddx2]='1'}

- {1} Yes  
 {0} No

Which of the following medical conditions apply:  
 {[condition\_post2] checkbox}

- {1} Cirrhosis  
 {2} On dialysis  
 {3} HIV/AIDS  
 {4} Autoimmune/immune-mediated condition  
 {5} Castleman disease  
 {6} Inflammatory bowel disease (Crohn's disease or ulcerative colitis)  
 {98} None

What was the time interval between your last immune suppressant therapy and the second dose COVID-19 vaccine?

{[immunosup\_changed2] radio}  
 {Branching logic (show if): [condition\_post2(4)] = '1'  
 or [condition\_post2(5)] = '1'  
 or [condition\_post2(6)] = '1'}

- {1} Less than 1 week  
 {2} 1 week  
 {3} 2 weeks  
 {4} 3 weeks  
 {5} 4 weeks  
 {6} Greater than 4 weeks

What complications of cirrhosis have you had (if any)?

{[cirrhosis\_complicate\_post2] checkbox}  
 {Branching logic (show if): [condition\_post2(1)] = '1'}

- {1} Jaundice (yellowish eyes or skin)  
 {2} Gastrointestinal bleeding (bleeding from your esophagus or intestines)  
 {3} Confusion  
 {4} Fluid buildup in the abdomen  
 {5} Infection of abdominal fluid  
 {6} Liver cancer  
 {98} None

What was your last CD4 count?

{[cd4\_post2] radio}  
 {Branching logic (show if): [condition\_post2(3)] = '1'}

- {1} < 200  
 {2} 200-350  
 {3} 350-499  
 {4} >/=500  
 {99} Unknown

Was your most recent viral load "undetectable" according to your doctor?

{[undetectable\_post2] radio}  
 {Branching logic (show if): [condition\_post2(3)] = '1'}

- {1} Yes  
 {0} No  
 {99} Unknown

Are you currently taking any antiretroviral therapy (ART)?

{[art\_use\_post2] radio}  
 {Branching logic (show if): [condition\_post2(3)] = '1'}

- {1} Yes  
 {0} No

If you stopped taking antiretroviral therapy (ART) since receiving your first COVID-19 vaccine dose, what were the reasons why you stopped:

{[why\_stop\_art2] text}  
 {Branching logic (show if): [art\_use\_post2]='0'}

Since your first vaccine dose, did you develop a new infection requiring treatment?

{[postvac\_infection2] radio}

- {1} Yes  
 {0} No

Please describe your infection:

{[infection\_describe2] text}

{Branching logic (show if): [postvac\_infection2]='1'}

When did you develop a new infection requiring treatment?

{[post\_infection\_timeline] radio}

{Branching logic (show if): [postvac\_infection2]='1'}

{1} After my 1st dose, but before my 2nd dose

{2} After my 2nd dose

Since your first vaccine dose, have you developed a new neurological condition?

{[postvac\_neuro2] radio}

{1} Yes

{0} No

Which of the following have you developed?

{[postvac\_neuro\_type2] radio}

{Branching logic (show if): [postvac\_neuro2]='1'}

{1} Guillain-Barré Syndrome

{2} Bell's Palsy

{3} Neuropathy

{88} Other

Please describe neuropathy:

{[neuropathy\_describe2] text}

{Branching logic (show if): [postvac\_neuro\_type2]='3'}

Please describe:

{[post\_neuro\_other2] text}

{Branching logic (show if):

[postvac\_neuro\_type2]='88'}

When did you develop a new neurological condition?

{[postvac\_neuro\_timeline] radio}

{Branching logic (show if): [postvac\_neuro2]='1'}

{1} After my 1st dose, but before my 2nd dose

{2} After my 2nd dose

After your second dose of the vaccine, did you have an allergic reaction requiring an Epi pen?

{1} Yes

{0} No

{[postvac\_epi2] radio}

In the 7 days after your second vaccine dose, did you experience any of the following at the site of the injection?

Note the following definitions:

mild= does not interfere with activity

moderate= some interference with activity

severe= prevents daily activity

	{1} None	{2} Mild	{3} Moderate	{4} Severe
Pain {[pain2] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Redness {[redness2] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swelling {[swelling2] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the 7 days after your second vaccine dose, did you experience any of the following at a level MORE than your normal level?

Note the following definitions:

mild= does not interfere with activity

moderate= some interference with activity

severe= prevents daily activity

	{1} None	{2} Mild	{3} Moderate	{4} Severe
Fever {[fever2] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chills {[chills2] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue {[fatigue2] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache {[headache2] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vomiting {[vomiting2] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea {[diarrhea2] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle pain {[myalgia2] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you take any over-the-counter fever reducing or pain medications within 7 days after your second vaccine dose?

- {1} Yes  
 {0} No

{[postvac\_otc2] radio}

Which medication(s) did you take?  
 {[postvac\_otc\_type2] checkbox}  
 {Branching logic (show if): [postvac\_otc2]='1'}

- {1} Aspirin  
 {2} Acetaminophen (Tylenol)  
 {3} Ibuprofen (Advil, Motrin)  
 {88} Other

Please describe:

{[postvac\_otc\_other2] text}  
 {Branching logic (show if):  
 [postvac\_otc\_type2(88)='1']}

\_\_\_\_\_

Is there anything else you'd like us to know regarding your vaccination experience for your second dose?

\_\_\_\_\_

{[vaccine\_other2] text}

Answer only if you take prednisone or another steroid:  
 What dose of prednisone or other steroid do you take?  
 {[steroid\_dose\_d2] text}

\_\_\_\_\_

Answer only if you receive Rituximab (Rituxan®): How often do you get Rituximab (Rituxan®)?  
 {[ritux\_freq\_d2] radio}

- {1} 2x/day  
 {2} Daily  
 {3} Weekly  
 {4} Every 2 weeks  
 {5} Once a month  
 {88} Other

Please describe other:

{[ritux\_other\_d2] text}  
 {Branching logic (show if): [ritux\_freq\_d2]='88'}

\_\_\_\_\_

When was your last rituximab treatment (MM-DD-YYYY)?

{[ritux\_date\_d2] text date\_mdy}  
 {Branching logic (show if): [ritux\_freq\_d2]=""}

\_\_\_\_\_

Answer only if you take Mycophenolate acid (Myfortic®) or Mycophenolate mofetil (CellCept®):  
 What dose of Mycophenolate do you take in mg?  
 {[mycophen\_dose\_d2] text}

\_\_\_\_\_

---

How often do you take your Mycophenolate?

{[mycophen\_freq\_d2] radio}

{Branching logic (show if): [mycophen\_dose\_d2]=""}

{1} 2x/day

{2} Daily

{3} Weekly

{4} Every 2 weeks

{5} Once a month

{88} Other

---

Please describe other:

{[mycophen\_other\_d2] text}

{Branching logic (show if): [mycophen\_freq\_d2]='88'}

---

---

Are you a patient at Johns Hopkins Medicine?

{[hopkins\_d2] radio}

{1} Yes

{2} No

# Post-Vaccination Questionnaire 3

Please complete the survey below for the research study COVID-19 Antibody Testing of Patients with Chronic Conditions (IRB00248540).

For more information on the study, please visit [www.vaccineresponse.org](http://www.vaccineresponse.org) or e-mail [vaccineresponse@jhmi.edu](mailto:vaccineresponse@jhmi.edu).

Thank you!

---

Please enter today's date by clicking "today."

{[date\_postvac3] text date\_mdy} \_\_\_\_\_

---

How many total COVID-19 vaccine doses (shots) have you received?

{[vacnumber] radio}

- {1} 1 shot
- {2} 2 shots
- {3} 3 shots
- {4} More than 3 shots

---

Please specify number of shots:

{[vacnumber\_other] text}

{Branching logic (show if): [vacnumber]='4'}

---

What date did you receive shot 3 (MM-DD-YYYY)?

{[d3\_date] text date\_mdy}

{Branching logic (show if): [vacnumber]='3' or [vacnumber]='4'}

---

What date did you receive shot 4 (MM-DD-YYYY)?

{[d4\_date] text date\_mdy}

{Branching logic (show if): [vacnumber]='4'}

---

Which vaccine did you receive for shot 3?

{[d3\_type] radio}

{Branching logic (show if): [vacnumber]='3' or [vacnumber]='4'}

- {1} Pfizer
- {2} Moderna,
- {3} Johnson and Johnson (J&J)
- {4} Oxford AstraZeneca
- {5} Novavax
- {6} Other

---

Please specify other:

{[d3\_other] text}

{Branching logic (show if): [d3\_type]='6'}

---

Which vaccine did you receive for shot 4?

{[d4\_type] radio}

{Branching logic (show if): [vacnumber]='4'}

- {1} Pfizer
- {2} Moderna,
- {3} Johnson and Johnson (J&J)
- {4} Oxford AstraZeneca
- {5} Novavax
- {6} Other

---

Please specify other:

{[d4\_other] text}

{Branching logic (show if): [d4\_type]='6'}

---

Answer only if you take prednisone or another steroid:

What dose of prednisone or other steroid do you take?

{[steroid\_dose\_3] text} \_\_\_\_\_

---

Answer only if you receive Rituximab (Rituxan®): How often do you get Rituximab (Rituxan®)?  
{[ritux\_freq\_3] radio}

- {1} 2x/day
- {2} Daily
- {3} Weekly
- {4} Every 2 weeks
- {5} Once a month
- {88} Other

---

Please describe other:  
{[ritux\_other\_3] text} \_\_\_\_\_  
{Branching logic (show if): [ritux\_freq\_3]='88'}

---

When was your last rituximab treatment (MM-DD-YYYY)?  
{[ritux\_date\_3] text date\_mdy} \_\_\_\_\_  
{Branching logic (show if): [ritux\_freq\_3]=""}

---

Answer only if you take Mycophenolate acid (Myfortic®) or Mycophenolate mofetil (CellCept®):  
What dose of Mycophenolate do you take in mg?  
{[mycophen\_dose\_3] text} \_\_\_\_\_

---

How often do you take your Mycophenolate?  
{[mycophen\_freq\_3] radio}  
{Branching logic (show if): [mycophen\_dose\_3]=""}

- {1} 2x/day
- {2} Daily
- {3} Weekly
- {4} Every 2 weeks
- {5} Once a month
- {88} Other

---

Please describe other:  
{[mycophen\_other\_3] text} \_\_\_\_\_  
{Branching logic (show if): [mycophen\_freq\_3]='88'}

---

Did you hold doses of your immunosuppressive medication within the two weeks before or after your COVID-19 vaccine?  
{[hold\_is\_3] radio}

- {1} Yes
- {0} No

Medication 1: Which of these medications did you hold doses for?

{[hold\_med1\_3] radio}

{Branching logic (show if): [hold\_is\_3]='1'}

- {1} Adalimumab (Humira®)
- {2} Anakinra (Kineret®)
- {3} Azathioprine (Imuran®)
- {4} Baricitinib (Oluminat®)
- {5} Belatacept (Nulojix®)
- {6} Belimumab (Benlysta®)
- {7} Budesonide (Entocort®)
- {8} Certolizumab (Cimzia®)
- {9} Cyclophosphamide (Cytoxan®)
- {10} Cyclosporine (Neoral®, Sandimmune®, or Gengraf®)
- {11} Etanercept (Enbrel®)
- {12} Everolimus (Afinitor®)
- {13} Golimumab (Simponi®)
- {14} Hydroxychloroquine or Chloroquine (Plaquenil®)
- {15} Infliximab (Remicade®)
- {16} IV or subcutaneous immunoglobulin (IVIg/SCIg) (Gammagard®)
- {17} Ixekizumab (Taltz®)
- {18} Leflunomide (Arava®)
- {19} Methotrexate (Otrexup®, Xatmep®, or Trexall®)
- {20} Mycophenolate acid (Myfortic®)
- {21} Mycophenolate mofetil (CellCept®)
- {22} Natalizumab (Tysabri®)
- {23} Ocrelizumab (Ocrevus®)
- {24} Plasma exchange or plasmapheresis
- {25} Prednisone or other steroids
- {26} Rituximab (Rituxan®)
- {27} Secukinumab (Cosentyx®)
- {28} Sirolimus (Rapamune® or Rapamycin®)
- {29} Sulfasalazine (Azulfidine®)
- {30} Tacrolimus (Prograf® or Envarsus XR®)
- {31} Tocilizumab (Actemra®)
- {32} Tofacitinib (Xeljanz®)
- {33} Ustekinumab (Stelara®)
- {34} Upadacitinib (Rinvoq®)
- {88} Other

Please describe other:

{[hold\_med1\_other\_3] text}

{Branching logic (show if): [hold\_med1\_3]='88'}

Medication 1: For this medication -

{[hold\_timing1\_3] radio}

{Branching logic (show if): [hold\_is\_3]='1'}

- {1} I held doses only before the vaccine
- {2} I held doses only after the vaccine
- {3} I held doses before and after the vaccine

Medication 1: How many doses of this medication did you hold?

{[hold\_doses1\_3] text}

{Branching logic (show if): [hold\_is\_3]='1'}



Medication 2: Which of these medications did you hold doses for? (Leave blank if you did not hold doses of another medication)

{[hold\_med2\_3] radio}

{Branching logic (show if): [hold\_is\_3]='1'}

- {1} Adalimumab (Humira®)
- {2} Anakinra (Kineret®)
- {3} Azathioprine (Imuran®)
- {4} Baricitinib (Oluminat®)
- {5} Belatacept (Nulojix®)
- {6} Belimumab (Benlysta®)
- {7} Budesonide (Entocort®)
- {8} Certolizumab (Cimzia®)
- {9} Cyclophosphamide (Cytosan®)
- {10} Cyclosporine (Neoral®, Sandimmune®, or Gengraf®)
- {11} Etanercept (Enbrel®)
- {12} Everolimus (Afinitor®)
- {13} Golimumab (Simponi®)
- {14} Hydroxychloroquine or Chloroquine (Plaquenil®)
- {15} Infliximab (Remicade®)
- {16} IV or subcutaneous immunoglobulin (IVIg/SCIg) (Gammagard®)
- {17} Ixekizumab (Taltz®)
- {18} Leflunomide (Arava®)
- {19} Methotrexate (Otrexup®, Xatmep®, or Trexall®)
- {20} Mycophenolate acid (Myfortic®)
- {21} Mycophenolate mofetil (CellCept®)
- {22} Natalizumab (Tysabri®)
- {23} Ocrelizumab (Ocrevus®)
- {24} Plasma exchange or plasmapheresis
- {25} Prednisone or other steroids
- {26} Rituximab (Rituxan®)
- {27} Secukinumab (Cosentyx®)
- {28} Sirolimus (Rapamune® or Rapamycin®)
- {29} Sulfasalazine (Azulfidine®)
- {30} Tacrolimus (Prograf® or Envarsus XR®)
- {31} Tocilizumab (Actemra®)
- {32} Tofacitinib (Xeljanz®)
- {33} Ustekinumab (Stelara®)
- {34} Upadacitinib (Rinvoq®)
- {88} Other

Please describe other:

{[hold\_med2\_other\_3] text}

{Branching logic (show if): [hold\_med2\_3]='88'}

Medication 2: For this medication - (Leave blank if you did not hold doses of another medication)

{[hold\_timing2\_3] radio}

{Branching logic (show if): [hold\_is\_3]='1'}

- {1} I held doses only before the vaccine
- {2} I held doses only after the vaccine
- {3} I held doses before and after the vaccine

Medication 2: How many doses of this medication did you hold? (Leave blank if you did not hold doses of another medication)

{[hold\_doses2\_3] text}

{Branching logic (show if): [hold\_is\_3]='1'}

Medication 3: Which of these medications did you hold doses for? (Leave blank if you did not hold doses of another medication)

{[hold\_med3\_3] radio}

{Branching logic (show if): [hold\_is\_3]='1'}

- {1} Adalimumab (Humira®)
- {2} Anakinra (Kineret®)
- {3} Azathioprine (Imuran®)
- {4} Baricitinib (Oluminat®)
- {5} Belatacept (Nulojix®)
- {6} Belimumab (Benlysta®)
- {7} Budesonide (Entocort®)
- {8} Certolizumab (Cimzia®)
- {9} Cyclophosphamide (Cytoxan®)
- {10} Cyclosporine (Neoral®, Sandimmune®, or Gengraf®)
- {11} Etanercept (Enbrel®)
- {12} Everolimus (Afinitor®)
- {13} Golimumab (Simponi®)
- {14} Hydroxychloroquine or Chloroquine (Plaquenil®)
- {15} Infliximab (Remicade®)
- {16} IV or subcutaneous immunoglobulin (IVIg/SCIg) (Gammagard®)
- {17} Ixekizumab (Taltz®)
- {18} Leflunomide (Arava®)
- {19} Methotrexate (Otrexup®, Xatmep®, or Trexall®)
- {20} Mycophenolate acid (Myfortic®)
- {21} Mycophenolate mofetil (CellCept®)
- {22} Natalizumab (Tysabri®)
- {23} Ocrelizumab (Ocrevus®)
- {24} Plasma exchange or plasmapheresis
- {25} Prednisone or other steroids
- {26} Rituximab (Rituxan®)
- {27} Secukinumab (Cosentyx®)
- {28} Sirolimus (Rapamune® or Rapamycin®)
- {29} Sulfasalazine (Azulfidine®)
- {30} Tacrolimus (Prograf® or Envarsus XR®)
- {31} Tocilizumab (Actemra®)
- {32} Tofacitinib (Xeljanz®)
- {33} Ustekinumab (Stelara®)
- {34} Upadacitinib (Rinvoq®)
- {88} Other

Please describe other:

{[hold\_med3\_other\_3] text}

{Branching logic (show if): [hold\_med3\_3]='88'}

Medication 3: For this medication - (Leave blank if you did not hold doses of another medication)

{[hold\_timing3\_3] radio}

{Branching logic (show if): [hold\_is\_3]='1'}

- {1} I held doses only before the vaccine
- {2} I held doses only after the vaccine
- {3} I held doses before and after the vaccine

Medication 3: How many doses of this medication did you hold? (Leave blank if you did not hold doses of another medication)

{[hold\_doses3\_3] text}

{Branching logic (show if): [hold\_is\_3]='1'}

Medication 4: Which of these medications did you hold doses for? (Leave blank if you did not hold doses of another medication)

{[hold\_med4\_3] radio}

{Branching logic (show if): [hold\_is\_3]='1'}

- {1} Adalimumab (Humira®)
- {2} Anakinra (Kineret®)
- {3} Azathioprine (Imuran®)
- {4} Baricitinib (Oluminat®)
- {5} Belatacept (Nulojix®)
- {6} Belimumab (Benlysta®)
- {7} Budesonide (Entocort®)
- {8} Certolizumab (Cimzia®)
- {9} Cyclophosphamide (Cytoxan®)
- {10} Cyclosporine (Neoral®, Sandimmune®, or Gengraf®)
- {11} Etanercept (Enbrel®)
- {12} Everolimus (Afinitor®)
- {13} Golimumab (Simponi®)
- {14} Hydroxychloroquine or Chloroquine (Plaquenil®)
- {15} Infliximab (Remicade®)
- {16} IV or subcutaneous immunoglobulin (IVIg/SCIg) (Gammagard®)
- {17} Ixekizumab (Taltz®)
- {18} Leflunomide (Arava®)
- {19} Methotrexate (Otrexup®, Xatmep®, or Trexall®)
- {20} Mycophenolate acid (Myfortic®)
- {21} Mycophenolate mofetil (CellCept®)
- {22} Natalizumab (Tysabri®)
- {23} Ocrelizumab (Ocrevus®)
- {24} Plasma exchange or plasmapheresis
- {25} Prednisone or other steroids
- {26} Rituximab (Rituxan®)
- {27} Secukinumab (Cosentyx®)
- {28} Sirolimus (Rapamune® or Rapamycin®)
- {29} Sulfasalazine (Azulfidine®)
- {30} Tacrolimus (Prograf® or Envarsus XR®)
- {31} Tocilizumab (Actemra®)
- {32} Tofacitinib (Xeljanz®)
- {33} Ustekinumab (Stelara®)
- {34} Upadacitinib (Rinvoq®)
- {88} Other

Please describe other:

{[hold\_med4\_other\_3] text}

{Branching logic (show if): [hold\_med4\_3]='88'}

Medication 4: For this medication - (Leave blank if you did not hold doses of another medication)

{[hold\_timing4\_3] radio}

{Branching logic (show if): [hold\_is\_3]='1'}

- {1} I held doses only before the vaccine
- {2} I held doses only after the vaccine
- {3} I held doses before and after the vaccine

Medication 4: How many doses of this medication did you hold? (Leave blank if you did not hold doses of another medication)

{[hold\_doses4\_3] text}

{Branching logic (show if): [hold\_is\_3]='1'}

Have you received Regeneron's antibody cocktail?

{[regeneron] radio}

- {1} Yes
- {0} No

What date did you receive it (MM-DD-YYYY)?

{[regeneron\_date] text date\_mdy}

{Branching logic (show if): [regeneron]='1'}

What is your blood type? {{blood_type} radio}	<input type="radio"/> {1} A <input type="radio"/> {2} B <input type="radio"/> {3} AB <input type="radio"/> {4} O <input type="radio"/> {99} I don't know
Since getting the COVID-19 vaccine, have you been diagnoses with COVID-19? {{covid_dx_3} radio}	<input type="radio"/> {1} Yes <input type="radio"/> {0} No
When were you diagnosed with COVID-19 (MM-DD-YYYY)? {{covid_dx_date_3} text date_mdy} {Branching logic (show if): [covid_dx_3]='1'}	_____
Were you admitted to the hospital? {{covidhosp_3} radio} {Branching logic (show if): [covid_dx_3]='1'}	<input type="radio"/> {1} Yes <input type="radio"/> {0} No
Were you admitted to the intensive care unit (ICU)? {{covidicu_3} radio} {Branching logic (show if): [covid_dx_3]='1'}	<input type="radio"/> {1} Yes <input type="radio"/> {0} No
Did you require a ventilator (a breathing tube down your throat)? {{covid_intubation_3} radio} {Branching logic (show if): [covid_dx_3]='1'}	<input type="radio"/> {1} Yes <input type="radio"/> {0} No
Which of the following medical conditions apply: {{condition_3} checkbox}	<input type="checkbox"/> {1} Cirrhosis <input type="checkbox"/> {2} On dialysis <input type="checkbox"/> {3} HIV/AIDS <input type="checkbox"/> {4} Autoimmune/immune-mediated condition <input type="checkbox"/> {5} Castleman disease <input type="checkbox"/> {6} Inflammatory bowel disease (Crohn's disease or ulcerative colitis) <input type="checkbox"/> {98} None
What was your last CD4 count? {{cd4_3} radio} {Branching logic (show if): [condition_3(3)] = '1'}	<input type="radio"/> {1} < 200 <input type="radio"/> {2} 200-350 <input type="radio"/> {3} 350-499 <input type="radio"/> {4} >/=500 <input type="radio"/> {99} Unknown
Was your most recent viral load "undetectable" according to your doctor? {{undect_3} radio} {Branching logic (show if): [condition_3(3)] = '1'}	<input type="radio"/> {1} Yes <input type="radio"/> {0} No <input type="radio"/> {99} Unknown
Are you currently taking any antiretroviral therapy (ART)? {{art_use_3} radio} {Branching logic (show if): [condition_3(3)] = '1'}	<input type="radio"/> {1} Yes <input type="radio"/> {0} No
How long have you been taking these medications? {{art_time_3} radio} {Branching logic (show if): [condition_3(3)] = '1'}	<input type="radio"/> {1} Less than 6 months <input type="radio"/> {2} Greater than 6 months

If you stopped taking antiretroviral therapy (ART) since receiving your first COVID-19 vaccine dose, what were the reasons why you stopped:

{[why\_stop\_art\_3] text}  
{Branching logic (show if): [art\_use\_3] = '0'}

\_\_\_\_\_

Since receiving the COVID-19 vaccine, have you experienced a new flare of your autoimmune disease?

{[flare\_3] radio}  
{Branching logic (show if): [condition\_3(4)] = '1'}

- {1} Yes
- {0} No

In the 6 months before receiving your first dose of the COVID-19 vaccine, how many times did your autoimmune disease flare requiring treatment?

{[flare\_prior\_3] text integer}  
{Branching logic (show if): [condition\_3(4)] = '1'}

\_\_\_\_\_

What date did your flare start (MM-DD-YYYY)?

Please double check the year!  
{[flare\_start\_3] text date\_mdy}  
{Branching logic (show if): [flare\_3]='1'}

\_\_\_\_\_

Is your flare currently ongoing?

{[flare\_current\_3] radio}  
{Branching logic (show if): [flare\_3]='1'}

- {1} Yes
- {0} No

If over, what date did your flare end (MM-DD-YYYY)?

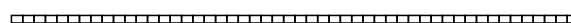
Please double check the year!  
{[flare\_end\_3] text date\_mdy}  
{Branching logic (show if): [flare\_3]='1'}

\_\_\_\_\_

What percentage increase in symptoms from your baseline autoimmune condition did you experience during your flare?

{[flare\_percent\_3] slider}  
{Branching logic (show if): [flare\_3]='1'}

, {}



(Place a mark on the scale above)

What symptoms did you experience with this flare?

{[flare\_sx\_3] checkbox}

{Branching logic (show if): [flare\_3]='1'}

- {1} Worsening rash typical of my autoimmune condition
- {2} New malar (butterfly) rash across the cheeks
- {3} New heliotrope rash (redness and swelling of eyelids/around the eye)
- {4} New raised rash on knuckles of hands
- {5} New discoid rash (lupus-related rash which is coin-shaped and scarring)
- {6} New urticaria/hives - not at the site of your vaccine injection
- {7} New rash across back of neck
- {8} New rash in V shape on chest
- {9} New other rash - not at the site of your vaccine injection
- {11} New joint pain
- {10} Worsening joint pain from usual joint pain
- {12} New joint swelling
- {13} Worsening joint swelling from usual joint swelling
- {14} New joint stiffness
- {15} Worsening joint stiffness from usual joint stiffness
- {16} New muscle pain - not at the site of your vaccine injection
- {17} Worsening muscle pain from usual muscle pain - not at the site of your vaccine injection
- {18} New muscle weakness
- {19} Worsening muscle weakness from usual muscle weakness
- {20} New chest pain
- {21} Worsening chest pain from usual chest pain
- {22} New shortness of breath
- {23} Worsening shortness of breath from usual shortness of breath
- {24} New dry eyes
- {25} Worsening dry eyes from usual dry eyes
- {26} New dry mouth
- {27} Worsening dry mouth from usual dry mouth
- {28} New oral ulcers
- {29} Worsening oral ulcers from usual oral ulcers
- {30} New nasal ulcers
- {31} Worsening nasal ulcers from usual nasal ulcers
- {32} New hair loss (alopecia)
- {33} Worsening hair loss (alopecia) from usual hair loss (alopecia)
- {34} New Raynaud's syndrome (fingers/toes turn white and blue when cold or stressed)
- {35} Worsening Raynaud's syndrome from usual Raynaud's syndrome (fingers/toes turn white and blue when cold or stressed)
- {36} New skin tightening or puffiness/swelling of skin - not at the site of your vaccine injection
- {37} Worsening skin tightening or puffiness/swelling of skin from usual skin tightening or puffiness/swelling of skin - not at the site of your vaccine injection
- {38} New protein in urine (checked by a urine test)
- {39} Worsening protein in urine from usual protein in urine (checked by a urine test)
- {40} New fever - not from the vaccine or from an infection
- {41} Worsening kidney function (checked by a urine test)
- {42} Worsening of GI symptoms associated with my autoimmune disease
- {43} Worsening fatigue that started more than 1 week after vaccination
- {44} New nasal crusting
- {45} Worsening nasal crusting from usual nasal crusting

- crusting
- {46} New nose bleeding
- {47} Worsening nose bleeding from usual nose bleeding
- {48} New cough
- {49} Worsening cough from usual cough
- {50} New coughing up blood
- {51} Worsening coughing up blood from usual coughing up blood
- {52} New blood in urine
- {53} Worsening blood in urine from usual blood in urine

---

Please describe your new other rash that was a part of this flare:

{[new\_rash\_other\_3] text}

{Branching logic (show if): [flare\_sx\_3(9)='1']}

---

How many joints did you have joint pain in because of this flare?

{[joint\_pain\_number\_3] radio}

{Branching logic (show if): [flare\_sx\_3(10)='1' or

[flare\_sx\_3(11)='1']}

- {1} 1
- {2} 2-4
- {3} 5 or more

---

How many joints did you have joint swelling in because of this flare?

{[joint\_swelling\_number\_3] radio}

{Branching logic (show if): [flare\_sx\_3(12)='1' or

[flare\_sx\_3(13)='1']}

- {1} 1
- {2} 2-4
- {3} 5 or more

---

How long did your joint stiffness last during this flare?

{[joint\_stiffness\_duration\_3] radio}

{Branching logic (show if): [flare\_sx\_3(14)='1' or

[flare\_sx\_3(15)='1']}

- {1} Less than 1 hour
- {2} More than 1 hour

---

Did you call your rheumatologist or see your rheumatologist in person because of your flare?

{[flare\_doc\_3] radio}

{Branching logic (show if): [flare\_3]='1'}

- {1} Yes
- {0} No

---

Did you receive treatment or medication for your flare from a physician/doctor?

{[flare\_tx\_3] radio}

{Branching logic (show if): [flare\_3]='1'}

- {1} Yes
- {0} No

---

What treatment or medication did you receive for your flare?

{[flare\_tx\_med\_3] checkbox}

{Branching logic (show if): [flare\_tx\_3]='1'}

- {1} NSAIDs (for example: advil, aleve, celecoxib, diclofenac, ibuprofen, Mobic, motrin, naproxen, and others)
- {2} Oral steroids (for example: prednisolone, betamethasone, dexamethasone, hydrocortisone, methylprednisolone, and others)
- {5} IV steroids (for example: methylprednisolone, dexamethasone, and others)
- {3} IVIG (Intravenous Immunoglobulin)
- {4} Topical therapy
- {88} Other

---

What was the name of the oral steroid medication you were treated with for this flare?

{[flare\_tx\_steroid\_oral\_3] text}

{Branching logic (show if): [flare\_tx\_med\_3(2)='1']}

---

If you have completed your oral steroids, how many days were you treated with oral steroids for this flare?

{[flaretxsteroidoraldays\_3] text}

{Branching logic (show if): [flare\_tx\_med\_3(2)='1']}

---

What was the name if the IV steroid medication you were treated with for this flare?

{[flare\_tx\_steroid\_iv\_3] text}

{Branching logic (show if): [flare\_tx\_med\_3(5)='1']}

---

If you have completed your IV steroids, how many days were you treated with IV steroids for this flare?

{[flaretxsteroidivdays\_3] text}

{Branching logic (show if): [flare\_tx\_med\_3(5)='1']}

---

What is the name of the topical therapy that was used for your flare:

{[flaretxmedtopical\_3] text}

{Branching logic (show if): [flare\_tx\_med\_3(4)='1']}

---

Please list other medication that was used to treat your flare:

{[flare\_tx\_med\_other\_3] text}

{Branching logic (show if): [flare\_tx\_med\_3(88)='1']}

---

Did you get admitted to the hospital for your flare?

{[flare\_hosp\_3] radio}

{Branching logic (show if): [flare\_3]='1'}

{1} Yes

{0} No

---

Did you get admitted to the ICU for your flare?

{[flare\_icu\_3] radio}

{Branching logic (show if): [flare\_3]='1'}

{1} Yes

{0} No

---

Was your baseline immune-suppressing medication changed because of your flare?

{[flare\_med\_change\_3] radio}

{Branching logic (show if): [flare\_3]='1'}

{1} Yes

{0} No



If a new medication was added to your baseline immune-suppressing medications because of this flare, what medication(s) was added?

{[flare\_med\_added\_3] checkbox}

{Branching logic (show if): [flare\_med\_change\_3]='1'}

- {1} Adalimumab (Humira®)
- {2} Anakinra (Kineret®)
- {3} Azathioprine (Imuran®)
- {4} Baricitinib (Oluminat®)
- {5} Belatacept (Nulojix®)
- {6} Belimumab (Benlysta®)
- {7} Budesonide (Entocort®)
- {8} Certolizumab (Cimzia®)
- {9} Cyclophosphamide (Cytoxan®)
- {10} Cyclosporine (Neoral®, Sandimmune®, or Gengraf®)
- {11} Etanercept (Enbrel®)
- {12} Everolimus (Afinitor®)
- {13} Golimumab (Simponi®)
- {14} Hydroxychloroquine or Chloroquine (Plaquenil®)
- {15} Infliximab (Remicade®)
- {16} IV or subcutaneous immunoglobulin (IVIg/SCIg) (Gammagard®)
- {17} Ixekizumab (Taltz®)
- {18} Leflunomide (Arava®)
- {19} Methotrexate (Otrexup®, Xatmep®, or Trexall®)
- {20} Mycophenolate acid (Myfortic®)
- {21} Mycophenolate mofetil (CellCept®)
- {22} Natalizumab (Tysabri®)
- {23} Ocrelizumab (Ocrevus®)
- {24} Plasma exchange or plasmapheresis
- {25} Prednisone or other steroids
- {26} Rituximab (Rituxan®)
- {27} Secukinumab (Cosentyx®)
- {28} Sirolimus (Rapamune® or Rapamycin®)
- {29} Sulfasalazine (Azulfidine®)
- {30} Tacrolimus (Prograf® or Envarsus XR®)
- {31} Tocilizumab (Actemra®)
- {32} Tofacitinib (Xeljanz®)
- {33} Ustekinumab (Stelara®)
- {34} Upadacitinib (Rinvoq®)
- {35} Abatacept (Orencia®)
- {88} Other

Please name the new other medication that was added to your baseline immune-suppressing medications because of this flare:

{[flare\_med\_added\_other\_3] text}

{Branching logic (show if):

[flare\_med\_added\_3(88)='1']

If the dose of a medication was increased from your baseline immune-suppressing medications because of this flare, for what medication(s) was the dose increased?

{[flare\_med\_increased\_3] checkbox}

{Branching logic (show if): [flare\_med\_change\_3]='1'}

- {1} Adalimumab (Humira®)
- {2} Anakinra (Kineret®)
- {3} Azathioprine (Imuran®)
- {4} Baricitinib (Oluminat®)
- {5} Belatacept (Nulojix®)
- {6} Belimumab (Benlysta®)
- {7} Budesonide (Entocort®)
- {8} Certolizumab (Cimzia®)
- {9} Cyclophosphamide (Cytoxan®)
- {10} Cyclosporine (Neoral®, Sandimmune®, or Gengraf®)
- {11} Etanercept (Enbrel®)
- {12} Everolimus (Afinitor®)
- {13} Golimumab (Simponi®)
- {14} Hydroxychloroquine or Chloroquine (Plaquenil®)
- {15} Infliximab (Remicade®)
- {16} IV or subcutaneous immunoglobulin (IVIg/SCIg) (Gammagard®)
- {17} Ixekizumab (Taltz®)
- {18} Leflunomide (Arava®)
- {19} Methotrexate (Otrexup®, Xatmep®, or Trexall®)
- {20} Mycophenolate acid (Myfortic®)
- {21} Mycophenolate mofetil (CellCept®)
- {22} Natalizumab (Tysabri®)
- {23} Ocrelizumab (Ocrevus®)
- {24} Plasma exchange or plasmapheresis
- {25} Prednisone or other steroids
- {26} Rituximab (Rituxan®)
- {27} Secukinumab (Cosentyx®)
- {28} Sirolimus (Rapamune® or Rapamycin®)
- {29} Sulfasalazine (Azulfidine®)
- {30} Tacrolimus (Prograf® or Envarsus XR®)
- {31} Tocilizumab (Actemra®)
- {32} Tofacitinib (Xeljanz®)
- {33} Ustekinumab (Stelara®)
- {34} Upadacitinib (Rinvoq®)
- {35} Abatacept (Orencia®)
- {88} Other

Please name the other medication that was increased in dose from your baseline immune-suppressing medications because of this flare:

{[flare\_med\_increase\_other\_3] text}

{Branching logic (show if):

[flare\_med\_increased\_3(88)='1']

If the dose of a medication was decreased from your baseline immune-suppressing medications because of this flare, for what medication(s) was the dose decreased?

{[flare\_med\_decreased\_3] checkbox}

{Branching logic (show if): [flare\_med\_change\_3]='1'}

- {1} Adalimumab (Humira®)
- {2} Anakinra (Kineret®)
- {3} Azathioprine (Imuran®)
- {4} Baricitinib (Oluminat®)
- {5} Belatacept (Nulojix®)
- {6} Belimumab (Benlysta®)
- {7} Budesonide (Entocort®)
- {8} Certolizumab (Cimzia®)
- {9} Cyclophosphamide (Cytoxan®)
- {10} Cyclosporine (Neoral®, Sandimmune®, or Gengraf®)
- {11} Etanercept (Enbrel®)
- {12} Everolimus (Afinitor®)
- {13} Golimumab (Simponi®)
- {14} Hydroxychloroquine or Chloroquine (Plaquenil®)
- {15} Infliximab (Remicade®)
- {16} IV or subcutaneous immunoglobulin (IVIg/SCIg) (Gammagard®)
- {17} Ixekizumab (Taltz®)
- {18} Leflunomide (Arava®)
- {19} Methotrexate (Otrexup®, Xatmep®, or Trexall®)
- {20} Mycophenolate acid (Myfortic®)
- {21} Mycophenolate mofetil (CellCept®)
- {22} Natalizumab (Tysabri®)
- {23} Ocrelizumab (Ocrevus®)
- {24} Plasma exchange or plasmapheresis
- {25} Prednisone or other steroids
- {26} Rituximab (Rituxan®)
- {27} Secukinumab (Cosentyx®)
- {28} Sirolimus (Rapamune® or Rapamycin®)
- {29} Sulfasalazine (Azulfidine®)
- {30} Tacrolimus (Prograf® or Envarsus XR®)
- {31} Tocilizumab (Actemra®)
- {32} Tofacitinib (Xeljanz®)
- {33} Ustekinumab (Stelara®)
- {34} Upadacitinib (Rinvoq®)
- {35} Abatacept (Orencia®)
- {88} Other

Please name the other medication that was decreased in dose from your baseline immune-suppressing medications because of this flare:

{[flare\_med\_decrease\_other\_3] text}

{Branching logic (show if):

[flare\_med\_decreased\_3(88)='1']

Since completing the vaccine series, have you had any changes in your immunosuppression regimen?

{[is\_changed\_3] radio}

- {1} Yes
- {2} No

Please describe the change(s) in your regimen including medication(s), dosage(s), and dates of change(s):

{[is\_change\_describe\_3] text}

{Branching logic (show if): [is\_changed\_3]='1'}

---

Since completing the vaccine series, have you been diagnosed with any of these medical conditions?  
{[new\_condition\_3] radio}

- {1} Serious infection requiring treatment
  - {2} Autoimmune disease requiring treatment
  - {3} Neurological condition
  - {88} Other
  - {5} I have not been diagnosed with a new medical condition
- 

Please describe other:  
{[new\_condition\_other\_3] text}  
{Branching logic (show if): [new\_condition\_3]='88'}

---

---

Have you ever had your spleen surgically removed?  
{[splenectomy\_3] radio}

- {1} Yes
  - {0} No
- 

What date was your spleen removed (MM-DD-YYYY)?  
{[splenectomy\_date\_3] text date\_mdy}  
{Branching logic (show if): [splenectomy\_3]='1'}

---

---

Are you a patient at Johns Hopkins Medicine?  
{[hopkins\_3] radio}

- {1} Yes
- {0} No

# Flare Questionnaire

COVID-19 Antibody Testing of Patients with Chronic Conditions (IRB00248540)

For more information on the study, please visit [www.vaccineresponse.org](http://www.vaccineresponse.org) or e-mail [vaccineresponse@jhmi.edu](mailto:vaccineresponse@jhmi.edu).

---

What date did you receive the first dose of the COVID-19 vaccine (MM-DD-YYYY)? \_\_\_\_\_

{[flare\_dose1\_date] text date\_mdy}

---

If you received the Pfizer/Moderna vaccines, what date did you receive the second dose of the COVID-19 vaccine (MM-DD-YYYY)? \_\_\_\_\_

{[flare\_dose2\_date] text date\_mdy}

---

Answer only if you receive Rituximab (Rituxan®): How often do you get Rituximab (Rituxan®)?  
{[ritux\_freq2] radio}

- {1} 2x/day  
 {2} Daily  
 {3} Weekly  
 {4} Every 2 weeks  
 {5} Once a month  
 {88} Other

---

Please describe other:

{[ritux\_other2] text}

{Branching logic (show if): [ritux\_freq2]='88'}

---

When was your last rituximab treatment (MM-DD-YYYY)?

{[ritux\_date\_flareq] text date\_mdy}

{Branching logic (show if): [ritux\_freq2]=""}

---

Answer only if you take Mycophenolate acid (Myfortic®) or Mycophenolate mofetil (CellCept®):  
What dose of Mycophenolate do you take in mg?

{[mycophen\_dose2] text}

---

Answer only if you take Mycophenolate acid (Myfortic®) or Mycophenolate mofetil (CellCept®):  
How often do you take your Mycophenolate?  
{[mycophen\_freq2] radio}

- {1} 2x/day  
 {2} Daily  
 {3} Weekly  
 {4} Every 2 weeks  
 {5} Once a month  
 {88} Other

---

Please describe other:

{[mycophen\_other2] text}

{Branching logic (show if): [mycophen\_freq2]='88'}

---

Answer only if you take prednisone or another steroid:  
What dose of prednisone or other steroid do you take?

{[steroid\_dose\_flareq] text}

Did you hold doses of your immunosuppressive medication within the two weeks before or after your COVID-19 vaccine?  
 {[hold\_is] radio}

- {1} Yes  
 {0} No

Medication 1: Which of these medications did you hold doses for?  
 {[hold\_med1] radio}  
 {Branching logic (show if): [hold\_is]='1'}

- {1} Adalimumab (Humira®)  
 {2} Anakinra (Kineret®)  
 {3} Azathioprine (Imuran®)  
 {4} Baricitinib (Oluminat®)  
 {5} Belatacept (Nulojix®)  
 {6} Belimumab (Benlysta®)  
 {7} Budesonide (Entocort®)  
 {8} Certolizumab (Cimzia®)  
 {9} Cyclophosphamide (Cytoxan®)  
 {10} Cyclosporine (Neoral®, Sandimmune®, or Gengraf®)  
 {11} Etanercept (Enbrel®)  
 {12} Everolimus (Afinitor®)  
 {13} Golimumab (Simponi®)  
 {14} Hydroxychloroquine or Chloroquine (Plaquenil®)  
 {15} Infliximab (Remicade®)  
 {16} IV or subcutaneous immunoglobulin (IVIg/SCIg) (Gammagard®)  
 {17} Ixekizumab (Taltz®)  
 {18} Leflunomide (Arava®)  
 {19} Methotrexate (Otrexup®, Xatmep®, or Trexall®)  
 {20} Mycophenolate acid (Myfortic®)  
 {21} Mycophenolate mofetil (CellCept®)  
 {22} Natalizumab (Tysabri®)  
 {23} Ocrelizumab (Ocrevus®)  
 {24} Plasma exchange or plasmapheresis  
 {25} Prednisone or other steroids  
 {26} Rituximab (Rituxan®)  
 {27} Secukinumab (Cosentyx®)  
 {28} Sirolimus (Rapamune® or Rapamycin®)  
 {29} Sulfasalazine (Azulfidine®)  
 {30} Tacrolimus (Prograf® or Envarsus XR®)  
 {31} Tocilizumab (Actemra®)  
 {32} Tofacitinib (Xeljanz®)  
 {33} Ustekinumab (Stelara®)  
 {34} Upadacitinib (Rinvoq®)  
 {88} Other

Please describe other:  
 {[hold\_med1\_other] text}  
 {Branching logic (show if): [hold\_med1]='88'}

\_\_\_\_\_

Medication 1: For this medication -  
 {[hold\_timing1] radio}  
 {Branching logic (show if): [hold\_is]='1'}

- {1} I held doses only before the vaccine  
 {2} I held doses only after the vaccine  
 {3} I held doses before and after the vaccine

Medication 1: How many doses of this medication did you hold pre-vaccine?  
 {[hold\_doses1] text integer}  
 {Branching logic (show if): [hold\_is]='1'}

\_\_\_\_\_

How many doses of this medication did you hold post-vaccine?

{[doses\_held\_post\_vaccine] text}  
{Branching logic (show if): [hold\_is]='1'}

Medication 2: Which of these medications did you hold doses for? (Leave blank if you did not hold doses of another medication)

{[hold\_med2] radio}  
{Branching logic (show if): [hold\_is]='1'}

- {1} Adalimumab (Humira®)
- {2} Anakinra (Kineret®)
- {3} Azathioprine (Imuran®)
- {4} Baricitinib (Oluminat®)
- {5} Belatacept (Nulojix®)
- {6} Belimumab (Benlysta®)
- {7} Budesonide (Entocort®)
- {8} Certolizumab (Cimzia®)
- {9} Cyclophosphamide (Cytosan®)
- {10} Cyclosporine (Neoral®, Sandimmune®, or Gengraf®)
- {11} Etanercept (Enbrel®)
- {12} Everolimus (Afinitor®)
- {13} Golimumab (Simponi®)
- {14} Hydroxychloroquine or Chloroquine (Plaquenil®)
- {15} Infliximab (Remicade®)
- {16} IV or subcutaneous immunoglobulin (IVIg/SCIg) (Gammagard®)
- {17} Ixekizumab (Taltz®)
- {18} Leflunomide (Arava®)
- {19} Methotrexate (Otrexup®, Xatmep®, or Trexall®)
- {20} Mycophenolate acid (Myfortic®)
- {21} Mycophenolate mofetil (CellCept®)
- {22} Natalizumab (Tysabri®)
- {23} Ocrelizumab (Ocrevus®)
- {24} Plasma exchange or plasmapheresis
- {25} Prednisone or other steroids
- {26} Rituximab (Rituxan®)
- {27} Secukinumab (Cosentyx®)
- {28} Sirolimus (Rapamune® or Rapamycin®)
- {29} Sulfasalazine (Azulfidine®)
- {30} Tacrolimus (Prograf® or Envarsus XR®)
- {31} Tocilizumab (Actemra®)
- {32} Tofacitinib (Xeljanz®)
- {33} Ustekinumab (Stelara®)
- {34} Upadacitinib (Rinvoq®)
- {88} Other

Please describe other:

{[hold\_med2\_other] text}  
{Branching logic (show if): [hold\_med2]='88'}

Medication 2: For this medication - (Leave blank if you did not hold doses of another medication)

{[hold\_timing2] radio}  
{Branching logic (show if): [hold\_is]='1'}

- {1} I held doses only before the vaccine
- {2} I held doses only after the vaccine
- {3} I held doses before and after the vaccine

Medication 2: How many doses of this medication did you hold pre-vaccine? (Leave blank if you did not hold doses of another medication)

{[hold\_doses2] text integer}  
{Branching logic (show if): [hold\_is]='1'}

How many doses of this medication did you hold post-vaccine? (Leave blank if you did not hold doses of another medication)

{[doses\_held\_post\_vaccine2] text}  
{Branching logic (show if): [hold\_is]='1'}

Medication 3: Which of these medications did you hold doses for? (Leave blank if you did not hold doses of another medication)

{[hold\_med3] radio}  
{Branching logic (show if): [hold\_is]='1'}

- \_\_\_\_\_
- {1} Adalimumab (Humira®)
  - {2} Anakinra (Kineret®)
  - {3} Azathioprine (Imuran®)
  - {4} Baricitinib (Oluminat®)
  - {5} Belatacept (Nulojix®)
  - {6} Belimumab (Benlysta®)
  - {7} Budesonide (Entocort®)
  - {8} Certolizumab (Cimzia®)
  - {9} Cyclophosphamide (Cytoxan®)
  - {10} Cyclosporine (Neoral®, Sandimmune®, or Gengraf®)
  - {11} Etanercept (Enbrel®)
  - {12} Everolimus (Afinitor®)
  - {13} Golimumab (Simponi®)
  - {14} Hydroxychloroquine or Chloroquine (Plaquenil®)
  - {15} Infliximab (Remicade®)
  - {16} IV or subcutaneous immunoglobulin (IVIg/SCIg) (Gammagard®)
  - {17} Ixekizumab (Taltz®)
  - {18} Leflunomide (Arava®)
  - {19} Methotrexate (Otrexup®, Xatmep®, or Trexall®)
  - {20} Mycophenolate acid (Myfortic®)
  - {21} Mycophenolate mofetil (CellCept®)
  - {22} Natalizumab (Tysabri®)
  - {23} Ocrelizumab (Ocrevus®)
  - {24} Plasma exchange or plasmapheresis
  - {25} Prednisone or other steroids
  - {26} Rituximab (Rituxan®)
  - {27} Secukinumab (Cosentyx®)
  - {28} Sirolimus (Rapamune® or Rapamycin®)
  - {29} Sulfasalazine (Azulfidine®)
  - {30} Tacrolimus (Prograf® or Envarsus XR®)
  - {31} Tocilizumab (Actemra®)
  - {32} Tofacitinib (Xeljanz®)
  - {33} Ustekinumab (Stelara®)
  - {34} Upadacitinib (Rinvoq®)
  - {88} Other

Please describe other:

{[hold\_med3\_other] text}  
{Branching logic (show if): [hold\_med3]='88'}

Medication 3: For this medication - (Leave blank if you did not hold doses of another medication)

{[hold\_timing3] radio}  
{Branching logic (show if): [hold\_is]='1'}

- \_\_\_\_\_
- {1} I held doses only before the vaccine
  - {2} I held doses only after the vaccine
  - {3} I held doses before and after the vaccine

Medication 3: How many doses of this medication did you hold pre-vaccine? (Leave blank if you did not hold doses of another medication)

{[hold\_doses3] text integer}  
{Branching logic (show if): [hold\_is]='1'}



How many doses of this medication did you hold post-vaccine? (Leave blank if you did not hold doses of another medication)

{[doses\_held\_post\_vaccine3] text}  
{Branching logic (show if): [hold\_is]='1'}

Medication 4: Which of these medications did you hold doses for? (Leave blank if you did not hold doses of another medication)

{[hold\_med4] radio}  
{Branching logic (show if): [hold\_is]='1'}

- \_\_\_\_\_
- {1} Adalimumab (Humira®)
  - {2} Anakinra (Kineret®)
  - {3} Azathioprine (Imuran®)
  - {4} Baricitinib (Oluminat®)
  - {5} Belatacept (Nulojix®)
  - {6} Belimumab (Benlysta®)
  - {7} Budesonide (Entocort®)
  - {8} Certolizumab (Cimzia®)
  - {9} Cyclophosphamide (Cytoxan®)
  - {10} Cyclosporine (Neoral®, Sandimmune®, or Gengraf®)
  - {11} Etanercept (Enbrel®)
  - {12} Everolimus (Afinitor®)
  - {13} Golimumab (Simponi®)
  - {14} Hydroxychloroquine or Chloroquine (Plaquenil®)
  - {15} Infliximab (Remicade®)
  - {16} IV or subcutaneous immunoglobulin (IVIg/SCIg) (Gammagard®)
  - {17} Ixekizumab (Taltz®)
  - {18} Leflunomide (Arava®)
  - {19} Methotrexate (Otrexup®, Xatmep®, or Trexall®)
  - {20} Mycophenolate acid (Myfortic®)
  - {21} Mycophenolate mofetil (CellCept®)
  - {22} Natalizumab (Tysabri®)
  - {23} Ocrelizumab (Ocrevus®)
  - {24} Plasma exchange or plasmapheresis
  - {25} Prednisone or other steroids
  - {26} Rituximab (Rituxan®)
  - {27} Secukinumab (Cosentyx®)
  - {28} Sirolimus (Rapamune® or Rapamycin®)
  - {29} Sulfasalazine (Azulfidine®)
  - {30} Tacrolimus (Prograf® or Envarsus XR®)
  - {31} Tocilizumab (Actemra®)
  - {32} Tofacitinib (Xeljanz®)
  - {33} Ustekinumab (Stelara®)
  - {34} Upadacitinib (Rinvoq®)
  - {88} Other

Please describe other:

{[hold\_med4\_other] text}  
{Branching logic (show if): [hold\_med4]='88'}

Medication 4: For this medication - (Leave blank if you did not hold doses of another medication)

{[hold\_timing4] radio}  
{Branching logic (show if): [hold\_is]='1'}

- \_\_\_\_\_
- {1} I held doses only before the vaccine
  - {2} I held doses only after the vaccine
  - {3} I held doses before and after the vaccine

Medication 4: How many doses of this medication did you hold pre-vaccine? (Leave blank if you did not hold doses of another medication)

{[hold\_doses4] text integer}  
{Branching logic (show if): [hold\_is]='1'}

---

Medication 4: How many doses of this medication did you hold post-vaccine? (Leave blank if you did not hold doses of another medication)

{[doses\_held\_post\_vaccine4] text}  
 {Branching logic (show if): [hold\_is]='1'}

---

Since receiving the first dose of the COVID-19 vaccine, have you experienced a new flare of your autoimmune disease?

- {1} Yes  
 {0} No

{[flare] radio}

---

What date did your flare start (MM-DD-YYYY)?

Please double check the year!

{[flare\_start] text date\_mdy}  
 {Branching logic (show if): [flare]='1'}

---

Is your flare currently ongoing?

{[flare\_current] radio}  
 {Branching logic (show if): [flare]='1'}

- {1} Yes  
 {0} No
- 

What date did your flare end (MM-DD-YYYY)?

Please double check the year!

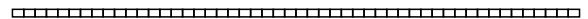
{[flare\_end] text date\_mdy}  
 {Branching logic (show if): [flare\_current]='0'}

---

What percentage increase in symptoms from your baseline autoimmune condition did you experience during your flare?

{[flare\_percent] slider number}  
 {Branching logic (show if): [flare]='1'}

, {}



(Place a mark on the scale above)

What symptoms did you experience with this flare?

{{flare\_sx} checkbox}

{Branching logic (show if): [flare]='1'}

- {1} Worsening rash typical of my autoimmune condition
- {2} New malar (butterfly) rash across the cheeks
- {3} New heliotrope rash (redness and swelling of eyelids/around the eye)
- {4} New raised rash on knuckles of hands
- {5} New discoid rash (lupus-related rash which is coin-shaped and scarring)
- {6} New urticaria/hives - not at the site of your vaccine injection
- {7} New rash across back of neck
- {8} New rash in V shape on chest
- {9} New other rash - not at the site of your vaccine injection
- {11} New joint pain
- {10} Worsening joint pain from usual joint pain
- {12} New joint swelling
- {13} Worsening joint swelling from usual joint swelling
- {14} New joint stiffness
- {15} Worsening joint stiffness from usual joint stiffness
- {16} New muscle pain - not at the site of your vaccine injection
- {17} Worsening muscle pain from usual muscle pain - not at the site of your vaccine injection
- {18} New muscle weakness
- {19} Worsening muscle weakness from usual muscle weakness
- {20} New chest pain
- {21} Worsening chest pain from usual chest pain
- {22} New shortness of breath
- {23} Worsening shortness of breath from usual shortness of breath
- {24} New dry eyes
- {25} Worsening dry eyes from usual dry eyes
- {26} New dry mouth
- {27} Worsening dry mouth from usual dry mouth
- {28} New oral ulcers
- {29} Worsening oral ulcers from usual oral ulcers
- {30} New nasal ulcers
- {31} Worsening nasal ulcers from usual nasal ulcers
- {32} New hair loss (alopecia)
- {33} Worsening hair loss (alopecia) from usual hair loss (alopecia)
- {34} New Raynaud's syndrome (fingers/toes turn white and blue when cold or stressed)
- {35} Worsening Raynaud's syndrome from usual Raynaud's syndrome (fingers/toes turn white and blue when cold or stressed)
- {36} New skin tightening or puffiness/swelling of skin - not at the site of your vaccine injection
- {37} Worsening skin tightening or puffiness/swelling of skin from usual skin tightening or puffiness/swelling of skin - not at the site of your vaccine injection
- {38} New protein in urine (checked by a urine test)
- {39} Worsening protein in urine from usual protein in urine (checked by a urine test)
- {40} New fever - not from the vaccine or from an infection
- {41} Worsening kidney function (checked by a urine test)
- {42} Worsening of GI symptoms associated with my autoimmune disease
- {43} Worsening fatigue that started more than 1 week after vaccination
- {44} New nasal crusting
- {45} Worsening nasal crusting from usual nasal crusting

- crusting
- {46} New nose bleeding
- {47} Worsening nose bleeding from usual nose bleeding
- {48} New cough
- {49} Worsening cough from usual cough
- {50} New coughing up blood
- {51} Worsening coughing up blood from usual coughing up blood
- {52} New blood in urine
- {53} Worsening blood in urine from usual blood in urine

---

Please describe your new other rash that was a part of this flare:

{[new\_rash\_other] text}  
{Branching logic (show if): [flare\_sx(9)='1']}

---

How many joints did you have joint pain in because of this flare?

{[joint\_pain\_number] radio}  
{Branching logic (show if): [flare\_sx(10)='1' or [flare\_sx(11)='1']}

- {1} 1
- {2} 2-4
- {3} 5 or more

---

How many joints did you have joint swelling in because of this flare?

{[joint\_swelling\_number] radio}  
{Branching logic (show if): [flare\_sx(12)='1' or [flare\_sx(13)='1']}

- {1} 1
- {2} 2-4
- {3} 5 or more

---

How long did your joint stiffness last during this flare?

{[joint\_stiffness\_duration] radio}  
{Branching logic (show if): [flare\_sx(14)='1' or [flare\_sx(15)='1']}

- {1} Less than 1 hour
- {2} More than 1 hour

---

Did you call your rheumatologist or see your rheumatologist in person because of your flare?

{[flare\_doc] radio}  
{Branching logic (show if): [flare]='1'}

- {1} Yes
- {0} No

---

Did you receive treatment or medication for your flare from a physician/doctor?

{[flare\_tx] radio}  
{Branching logic (show if): [flare]='1'}

- {1} Yes
- {0} No

---

What treatment or medication did you receive for your flare?

{[flare\_tx\_med] checkbox}  
{Branching logic (show if): [flare\_tx]='1'}

- {1} NSAIDs (for example: advil, aleve, celecoxib, diclofenac, ibuprofen, Mobic, motrin, naproxen, and others)
- {2} Oral steroids (for example: prednisolone, betamethasone, dexamethasone, hydrocortisone, methylprednisolone, and others)
- {5} IV steroids (for example: methylprednisolone, dexamethasone, and others)
- {3} IVIG (Intravenous Immunoglobulin)
- {4} Topical therapy
- {88} Other

---

What was the name of the oral steroid medication you were treated with for this flare?

{[flare\_tx\_med\_steroid\_oral] text}

{Branching logic (show if): [flare\_tx\_med(2)]= '1'}

---

If you have completed your oral steroids, how many days were you treated with oral steroids for this flare?

{[flaretxmedsteroidoraldays] text integer}

{Branching logic (show if): [flare\_tx\_med(2)]= '1'}

---

What was the name if the IV steroid medication you were treated with for this flare?

{[flare\_tx\_med\_steroid\_iv] text alpha\_only}

{Branching logic (show if): [flare\_tx\_med(5)]= '1'}

---

If you have completed your IV steroids, how many days were you treated with IV steroids for this flare?

{[flaretxmedsteroidivdays] text integer}

{Branching logic (show if): [flare\_tx\_med(5)]= '1'}

---

What is the name of the topical therapy the was used for your flare:

{[flare\_tx\_med\_topical] text alpha\_only}

{Branching logic (show if): [flare\_tx\_med(4)]= '1'}

---

Please list other medication that was used to treat your flare:

{[flare\_tx\_med\_other] text}

{Branching logic (show if): [flare\_tx\_med(88)]= '1'}

---

Did you get admitted to the hospital for your flare?

{[flare\_hosp] radio}

{Branching logic (show if): [flare]= '1'}

{1} Yes

{0} No

---

Did you get admitted to the ICU for your flare?

{[flare\_icu] radio}

{Branching logic (show if): [flare\_hosp]= '1'}

{1} Yes

{0} No

---

Was your baseline immune-suppressing medication changed because of your flare?

{[flare\_med\_change] radio}

{Branching logic (show if): [flare]= '1'}

{1} Yes

{0} No

If a new medication was added to your baseline immune-suppressing medications because of this flare, what medication(s) was added?

{[flare\_med\_added] checkbox}  
{Branching logic (show if): [flare\_med\_change]='1'}

- {1} Adalimumab (Humira®)
- {2} Anakinra (Kineret®)
- {3} Azathioprine (Imuran®)
- {4} Baricitinib (Oluminat®)
- {5} Belatacept (Nulojix®)
- {6} Belimumab (Benlysta®)
- {7} Budesonide (Entocort®)
- {8} Certolizumab (Cimzia®)
- {9} Cyclophosphamide (Cytoxan®)
- {10} Cyclosporine (Neoral®, Sandimmune®, or Gengraf®)
- {11} Etanercept (Enbrel®)
- {12} Everolimus (Afinitor®)
- {13} Golimumab (Simponi®)
- {14} Hydroxychloroquine or Chloroquine (Plaquenil®)
- {15} Infliximab (Remicade®)
- {16} IV or subcutaneous immunoglobulin (IVIg/SCIg) (Gammagard®)
- {17} Ixekizumab (Taltz®)
- {18} Leflunomide (Arava®)
- {19} Methotrexate (Otrexup®, Xatmep®, or Trexall®)
- {20} Mycophenolate acid (Myfortic®)
- {21} Mycophenolate mofetil (CellCept®)
- {22} Natalizumab (Tysabri®)
- {23} Ocrelizumab (Ocrevus®)
- {24} Plasma exchange or plasmapheresis
- {25} Prednisone or other steroids
- {26} Rituximab (Rituxan®)
- {27} Secukinumab (Cosentyx®)
- {28} Sirolimus (Rapamune® or Rapamycin®)
- {29} Sulfasalazine (Azulfidine®)
- {30} Tacrolimus (Prograf® or Envarsus XR®)
- {31} Tocilizumab (Actemra®)
- {32} Tofacitinib (Xeljanz®)
- {33} Ustekinumab (Stelara®)
- {34} Upadacitinib (Rinvoq®)
- {35} Abatacept (Orencia®)
- {88} Other

Please name the new other medication that was added to your baseline immune-suppressing medications because of this flare:

{[flare\_med\_added\_other] text alpha\_only}  
{Branching logic (show if): [flare\_med\_added(88)]='1'}

If the dose of a medication was increased from your baseline immune-suppressing medications because of this flare, for what medication(s) was the dose increased?

{[flare\_med\_increased] checkbox}  
{Branching logic (show if): [flare\_med\_change]='1'}

- {1} Adalimumab (Humira®)
- {2} Anakinra (Kineret®)
- {3} Azathioprine (Imuran®)
- {4} Baricitinib (Oluminat®)
- {5} Belatacept (Nulojix®)
- {6} Belimumab (Benlysta®)
- {7} Budesonide (Entocort®)
- {8} Certolizumab (Cimzia®)
- {9} Cyclophosphamide (Cytoxan®)
- {10} Cyclosporine (Neoral®, Sandimmune®, or Gengraf®)
- {11} Etanercept (Enbrel®)
- {12} Everolimus (Afinitor®)
- {13} Golimumab (Simponi®)
- {14} Hydroxychloroquine or Chloroquine (Plaquenil®)
- {15} Infliximab (Remicade®)
- {16} IV or subcutaneous immunoglobulin (IVIg/SCIg) (Gammagard®)
- {17} Ixekizumab (Taltz®)
- {18} Leflunomide (Arava®)
- {19} Methotrexate (Otrexup®, Xatmep®, or Trexall®)
- {20} Mycophenolate acid (Myfortic®)
- {21} Mycophenolate mofetil (CellCept®)
- {22} Natalizumab (Tysabri®)
- {23} Ocrelizumab (Ocrevus®)
- {24} Plasma exchange or plasmapheresis
- {25} Prednisone or other steroids
- {26} Rituximab (Rituxan®)
- {27} Secukinumab (Cosentyx®)
- {28} Sirolimus (Rapamune® or Rapamycin®)
- {29} Sulfasalazine (Azulfidine®)
- {30} Tacrolimus (Prograf® or Envarsus XR®)
- {31} Tocilizumab (Actemra®)
- {32} Tofacitinib (Xeljanz®)
- {33} Ustekinumab (Stelara®)
- {34} Upadacitinib (Rinvoq®)
- {35} Abatacept (Orencia®)
- {88} Other

Please name the other medication that was increased in dose from your baseline immune-suppressing medications because of this flare:

{[flare\_med\_increased\_other] text alpha\_only}  
{Branching logic (show if):  
[flare\_med\_increased(88)]='1'}

If the dose of a medication was decreased from your baseline immune-suppressing medications because of this flare, for what medication(s) was the dose decreased?

{[flare\_med\_decreased] checkbox}  
{Branching logic (show if): [flare\_med\_change]='1'}

- {1} Adalimumab (Humira®)
- {2} Anakinra (Kineret®)
- {3} Azathioprine (Imuran®)
- {4} Baricitinib (Oluminat®)
- {5} Belatacept (Nulojix®)
- {6} Belimumab (Benlysta®)
- {7} Budesonide (Entocort®)
- {8} Certolizumab (Cimzia®)
- {9} Cyclophosphamide (Cytoxan®)
- {10} Cyclosporine (Neoral®, Sandimmune®, or Gengraf®)
- {11} Etanercept (Enbrel®)
- {12} Everolimus (Afinitor®)
- {13} Golimumab (Simponi®)
- {14} Hydroxychloroquine or Chloroquine (Plaquenil®)
- {15} Infliximab (Remicade®)
- {16} IV or subcutaneous immunoglobulin (IVIg/SCIg) (Gammagard®)
- {17} Ixekizumab (Taltz®)
- {18} Leflunomide (Arava®)
- {19} Methotrexate (Otrexup®, Xatmep®, or Trexall®)
- {20} Mycophenolate acid (Myfortic®)
- {21} Mycophenolate mofetil (CellCept®)
- {22} Natalizumab (Tysabri®)
- {23} Ocrelizumab (Ocrevus®)
- {24} Plasma exchange or plasmapheresis
- {25} Prednisone or other steroids
- {26} Rituximab (Rituxan®)
- {27} Secukinumab (Cosentyx®)
- {28} Sirolimus (Rapamune® or Rapamycin®)
- {29} Sulfasalazine (Azulfidine®)
- {30} Tacrolimus (Prograf® or Envarsus XR®)
- {31} Tocilizumab (Actemra®)
- {32} Tofacitinib (Xeljanz®)
- {33} Ustekinumab (Stelara®)
- {34} Upadacitinib (Rinvoq®)
- {35} Abatacept (Orencia®)
- {88} Other

Please name the other medication that was decreased in dose from your baseline immune-suppressing medications because of this flare:

{[flare\_med\_decreased\_other] text alpha\_only}  
{Branching logic (show if):  
[flare\_med\_decreased(88)]='1'}

In the 6 months before receiving your first dose of the COVID-19 vaccine, how many times did your autoimmune disease flare requiring treatment?  
{[flare\_prior] text integer}

Are you a patient at Johns Hopkins Medicine?  
{[hopkins\_flare] radio}

- {1} Yes
- {0} No



## Antibody Result (first round of vaccines)

---

How was this sample obtained?  
{[sample\_obtained] radio}

- {1} LabCorp  
 {2} Self-reported  
 {88} Other

---

Please specify if other:  
{[sample\_obtained\_other] text}

\_\_\_\_\_

---

What date was the sample obtained (MM-DD-YYYY):  
{[sample\_date] text date\_mdy}

\_\_\_\_\_

---

What was the result?  
{[result] radio}

- {1} Positive  
 {2} Negative  
 {3} Inconclusive

---

What was the titer?  
{[titer] text}  
{Branching logic (show if): [result] = '1' or [result] = '2'}

\_\_\_\_\_

---

Notes:  
{[notes] text}

\_\_\_\_\_

---

Files  
{[files] file}

# COVID-19 Diagnosis

---

Diagnosed post vaccine?  
{[diagnosed\_covid19] yesno}  Yes  
 No

---

Date of COVID-19 diagnosis?  
{[covid\_19\_date] text date\_mdy} \_\_\_\_\_

---

How many doses of the COVID-19 vaccine prior to diagnosis?  
{[diagnosis\_vaccine\_doses] radio}  {1} 1  
 {2} 2  
 {3} 3  
 {4} 4  
 {5} 5

---

Admitted to the hospital?  
{[admitted\_hospital] yesno}  Yes  
 No

---

Did you receive convalescent plasma or any other antibody treatment?  
{[convalescent\_plasma] radio}  {1} Yes, convalescent Plasma  
 {2} Yes, other antibody treatment  
 {3} no

---

What type of antibody treatment?  
{[antibody\_treatment] text} \_\_\_\_\_  
{Branching logic (show if): [convalescent\_plasma] = 2}

---

Did participant required an intubation tube?  
{[intubation\_tube] yesno}  Yes  
 No

---

Notes:  
{[covid\_19\_notes] textarea} \_\_\_\_\_

# LabCorp Baseline + 2 Week

---

Date slip sent (MM-DD-YYYY):

{[date\_initial\_slip] text date\_mdy}

\_\_\_\_\_

---

Notes:

{[notes\_initial] text}

\_\_\_\_\_

# LabCorp 2 Week D3

---

Date Slip Sent (MM-DD-YYYY)

{[week\_reminder\_d3] text date\_mdy}

---

---

Notes:

{[notes\_1\_month\_reminder\_d3] textarea}

---

# LabCorp 1 Month

---

Date slip sent (MM-DD-YYYY):

{[date\_1month\_slip] text date\_mdy}

\_\_\_\_\_

---

Notes:

{[notes\_1month] text}

\_\_\_\_\_

# LabCorp 1 Month D3

---

Date Slip Sent:

{[month\_reminder\_d3] text date\_mdy}

---

---

Notes:

{[month\_reminder\_notes\_d3] textarea}

---

# LabCorp 3 Months

---

Date slip sent (MM-DD-YYYY):

{[date\_3month\_slip] text date\_mdy}

\_\_\_\_\_

---

Notes:

{[notes\_3month] text}

\_\_\_\_\_

# LabCorp 3 Month D3

---

Date Slip Sent:

{[three\_month\_reminder\_d3] text date\_mdy}

---

---

Notes:

{[three\_month\_reminder\_notes\_d3] textarea}

---



# LabCorp 6 Months

---

Date slip sent (MM-DD-YYYY):

{[date\_6month\_slip] text date\_mdy}

\_\_\_\_\_

---

Notes:

{[notes\_6month] text}

\_\_\_\_\_

# LabCorp 6 months D3

---

Date Slip Sent:

{[six\_month\_reminder\_d3] text date\_mdy}

---

---

Notes:

{[six\_month\_reminder\_notes\_d3] textarea}

---

# LabCorp 12 Months

---

Date slip sent (MM-DD-YYYY):

{[date\_12month\_slip] text date\_mdy}

\_\_\_\_\_

---

Notes:

{[notes\_12month] text}

\_\_\_\_\_

# LabCorp 12 Months D3

---

Date Slip Sent:

{[twelve\_month\_reminder\_d3] text date\_mdy}

---

---

{[twelve\_month\_reminder\_notes\_d3] textarea}

---

## Additional Doses

---

3rd dose vaccine type  
{[vac3\_type] radio}

- {1} J&J  
 {2} Moderna  
 {3} Pfizer

---

Date of third dose  
{[date\_d3] text date\_mdy}

\_\_\_\_\_

---

Were medications held prior to the vaccination?  
{[meds\_held\_pre] dropdown}

- {1} yes  
 {2} no

---

How many doses were held prior to the third  
vaccination?  
{[num\_doses\_held\_3] text}  
{Branching logic (show if): [meds\_held\_pre] = 1}

\_\_\_\_\_

---

4th dose vaccine type  
{[vac4\_type] radio}

- {1} J&J  
 {2} Moderna  
 {3} Pfizer

---

Date of 4th dose  
{[date\_d4] text date\_mdy}

\_\_\_\_\_

---

Were medications held prior to the vaccination?  
{[meds\_held\_pred4] radio}

- {1} yes  
 {2} no

---

How many doses were held prior to the vaccination?  
{[num\_doses\_held\_4] text}

\_\_\_\_\_

---

5th dose type  
{[dose\_5\_type] radio}

- {1} J&J  
 {2} Moderna  
 {3} Pfizer

---

Date of 5th dose  
{[date\_d5] text date\_mdy}

\_\_\_\_\_

---

Were medications held prior to the vaccination?  
{[meds\_held\_pred5] radio}

- {1} yes  
 {2} no

---

How many doses were held prior to the vaccination?  
{[num\_doses\_held\_5] text}

\_\_\_\_\_

---

Notes:  
{[additional\_dose\_notes] textarea}

\_\_\_\_\_

## Additional Dose: Send LabCorp info

---

Sent LabCorp info / medication held email?  
{[additional\_dose\_slip] yesno}

- Yes  
 No

---

Date:  
{[additional\_dose\_slip\_date] text date\_mdy}

\_\_\_\_\_

## Post Additional dose Antibody Results (second round of vaccines)

---

How was this sample obtained?  
{[how\_sample\_obtained] radio}

- {1} TAP2 device
- {2} LabCorp
- {3} Self-reported
- {4} Not obtained
- {5} Other

---

Please specify "Other":  
{[specify\_other] text}

---

---

What date was the sample obtained?  
{[sample\_date\_obtained] text}

---

---

Where was the sample processed?  
{[where\_processed] radio}

- {1} Tobian lab
- {2} Clarke lab

---

What was the result?  
{[antibody\_result] radio}

- {1} Positive
- {2} Negative
- {3} Insufficient

---

What was the Titer Value?  
{[titer\_value] text}

---

---

Notes:  
{[notes\_d3] text}

---

---

Files:  
{[files\_d3] file}

## Post Additional dose Antibody Results (third round of vaccines)

---

How was this sample obtained?  
{[how\_sample\_obtained\_v2] radio}

- {1} TAP2 device
- {2} LabCorp
- {3} Self-reported
- {4} Not obtained
- {5} Other

---

Please specify "Other":  
{[specify\_other\_v2] text}

---

---

What date was the sample obtained?  
{[sample\_date\_obtained\_v2] text}

---

---

Where was the sample processed?  
{[where\_processed\_v2] radio}

- {1} Tobian lab
- {2} Clarke lab

---

What was the result?  
{[antibody\_result\_v2] radio}

- {1} Positive
- {2} Negative
- {3} Insufficient

---

What was the Titer Value?  
{[titer\_value\_v2] text}

---

---

Notes:  
{[notes\_d3\_v2] text}

---

---

Files:  
{[files\_d3\_v2] file}