SUBJECT ID#: P126-S00- LILI LI Visit Date: / / Visit #:	UBJECT ID#: P126-S00-	_ Visit #:	
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This form will be filled out either while at the CTC clinic or will be sent to the study subjects electronically at clinic visits when a subject reports having received a COVID-19 vaccine (after both first dose and booster).

1. What date did you receive your COVID-19 vaccine?

Date: ____ / ___ _ / ___ _ (dd/MMM/yyyy)

2. Was this the first or second vaccination with this vaccine?

□1st

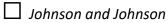
	2nd
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3. What company manufactured the vaccine?

□ Moderna



□ Novavax



do not know

other					

4. Where did you receive your vaccine?

other facility _____

CRF ENTRY	CRF QC	DB ENTRY	DB QC
Initial/date	Initial/date	Initial/date	Initial/date

COVID-19 VACCINATION HISTORY FORM

SUBJECT ID#: P126-S00 Image: Comparison of the second second

5. Please rate the extent to which you had any of the following symptoms after vaccination.

POINTS	Not at all 0	A little bit 1	Somewhat 2	Quite a bit 3	Very much 4
Pain at injection site					
Soreness at injection site					
Redness at injection site					
Weak or tired					
Headache					
Body aches or pains					
Felt hot					
Felt cold					
Chills or shivering					
Joint pains					
Felt nauseous (feeling like you want to throw up					
Swollen lymph nodes					

CRF ENTRY	CRF QC	DB ENTRY	DB QC
Initial/date	Initial/date	Initial/date	Initial/date

РА 	PASS Study, NMRC, IDCRP-126 COVID-19 VACCINATION HISTORY FORM					
ຣເ	JBJECT ID#: P126-S00-					
6.	For how many <u>days</u> did you have symptoms?					
	\Box_1 \Box_2 \Box_3 \Box_4 \Box_5 \Box_6 \Box_7 \Box_8 \Box_9 \Box_{10} $\Box_{more than 10 days}$					
7.	Did you track these symptoms on the PASS study symptoms questionnaire?					

CRF ENTRY	CRF QC	DB ENTRY	DB QC
Initial/date	Initial/date	Initial/date	Initial/date