Eligibility Survey for Research Study: Analysis of SARS-CoV-2 antibodies in breastmilk from lactating mothers after vaccination

* Required

Please click on the link below and read the entire consent form for this research project: (redacted for blind review)

1. Please confirm that you have read the consent form, have been provided a copy of the consent form, are 18 years of age or older, and wish to participate in the study by checking the boxes below. *

   Check all that apply.

   - [ ] I have read the above information about "Analysis of SARS-CoV-2 antibodies in breastmilkfrom lactating mothers after vaccination" and have been given an opportunity to ask questions and/or request a copy of this consent statement.
   - [ ] I have been provided with a copy of the consent form (downloadable as a pdf at the link above)
   - [ ] I affirm that I am 18 years of age or older.
   - [ ] I agree to participate in this project.

2. Your First Name: *

   ____

3. Your Last Name: *

   ____

4. Email address at which you can be contacted: *

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____

5. Date of Birth: *

____

Example: January 7, 2019

6. Race: *

Check all that apply.

- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White

7. Ethnicity:

Mark only one oval.

- ( ) Hispanic or Latino or Spanish Origin
- ( ) Not Hispanic or Latino or Spanish Origin

8. Are you currently pregnant? *

Mark only one oval.

- Yes
- No
- Not sure

9. Have you used antibiotics in the past 6 months? *

Mark only one oval.

- Yes
- No
- Not sure

10. Do you have any autoimmune conditions, disorders, or diseases? *

Mark only one oval.

- Yes
- No

11. Do you have asthma? *

Mark only one oval.

- Yes
- No

12. Your weight in pounds (lbs) *

____

13. Your height in feet and inches (ex. 5' 6'') *

14. Which number pregnancy was your most recent pregnancy? *

Mark only one oval.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10+

15. Date of delivery (childbirth) for most recent pregnancy: *

Example: January 7, 2019

16. How many weeks and days pregnant were you when you delivered? Please format your answer as shown here in this example for 40 weeks 0 days: 40w0d *

17. Did you have gestational diabetes in your most recent pregnancy? *

Mark only one oval.

- ( ) Yes
- ( ) No

18. Did you have high blood pressure (hypertension) during your most recent pregnancy? *

Mark only one oval.

- ( ) Yes
- ( ) No

19. Which vaccine did you receive? *

Mark only one oval.

- ( ) Pfizer/BioNTech (Comirnaty)
- ( ) Moderna
- ( ) Johnson & Johnson (Janssen)
- ( ) Other: ____________________

20. When did you receive your first dose of the vaccine? *

____

Example: January 7, 2019

21. When did you receive your second dose of the vaccine (if you previously received Pfizer/BioNtech or Moderna)?

____

Example: January 7, 2019

22. If you received the Pfizer/BioNTech vaccine, do you plan to receive the third dose (booster shot)?

Mark only one oval.

- ( ) Yes, I have already received the third dose.
- ( ) Yes, I plan to receive the third dose in the near future.
- ( ) No, I do not plan to receive the third dose.
- ( ) Other: ____________________

23. Please click the appropriate boxes below indicating which dose you received and at what time: *

Check all that apply.

	before pregnancy	first trimester	second trimester	third trimester	postpartum	have not yet received this dose	do not plan to receive this dose
first dose	☐	☐	☐	☐	☐	☐	☐
second dose	☐	☐	☐	☐	☐	☐	☐
third dose	☐	☐	☐	☐	☐	☐	☐

24. Have you had a known infection with SARS-CoV-2, the virus that causes COVID-19? Known infection means you tested positive for the virus by an antigen test, PCR-based test, or another approved at-home or clinical diagnostic test. *

Mark only one oval.

- Yes
- No
- Other: ____________________

25. If you answered yes to the previous question, please record the date of the most recent occurrence for when you tested positive:

____

Example: January 7, 2019

26. Do you suspect you have had an infection with SARS-CoV-2 virus (but it was not formally diagnosed)?

Mark only one oval.

- Yes
- No
- Not sure
- Other: ____________________

27. If you answered yes to the previous question, approximately when did you suspect you had undiagnosed COVID-19? (MM/YYYY)

____

Thank you for completing the eligibility survey. The principal investigator will be in touch with you shortly if you qualify for the research study.

Final Survey (2 month time point) for Research Study: Analysis of SARS-CoV-2 antibodies in breastmilk from lactating mothers after vaccination

Please complete this survey 2 months (or later) after you have received your third (booster) shot with the Pfizer/BioNTech Comirnaty vaccine.

* Required

1. Your First Name: *

2. Your Last Name: *

3. Have you stopped producing breastmilk since enrolling in this study? *

   Mark only one oval.

   ◯ Yes
   ◯ No

4. If you answered yes to the previous question, approximately when did you stop lactating?

   Example: January 7, 2019

5. Have you become pregnant since enrolling in this research study? *

Mark only one oval.

- ( ) Yes
- ( ) No
- ( ) Not sure

6. If you answered yes to the previous question, when is your estimated due date?

____

Example: January 7, 2019

7. Have you used antibiotics of any form (oral, topical, etc.) since enrolling in this study? *

Mark only one oval.

- ( ) Yes
- ( ) No
- ( ) Not sure

8. Please record the exact date of your third (booster) shot of the Pfizer/BioNTech Comirnaty vaccine: *

____

Example: January 7, 2019

9. Which of the following symptoms, if any, did you experience after receiving the third (booster) shot of the Pfizer vaccine? Please check all that apply. *

Check all that apply.

- [ ] Injection site soreness (sore arm)
- [ ] Injection site rash (on the arm)
- [ ] Injection site swelling (on the arm)
- [ ] Injection site redness (on the arm)
- [ ] Other injection site reaction (on the arm)
- [ ] Headache
- [ ] Muscle or body aches
- [ ] Joint pain
- [ ] Fatigue or tiredness
- [ ] Fever
- [ ] Chills
- [ ] Allergic reaction
- [ ] Itching
- [ ] Nausea
- [ ] Vomiting
- [ ] Diarrhea
- [ ] Abdominal pain
- [ ] Rash not on the injection site
- [ ] No symptoms

Other: [ ] ______________________

10. Have you had a known infection with SARS-CoV-2, the virus that causes COVID-19, since enrolling in this study? Known infection means you tested positive for the virus by an antigen test (i.e. Binax-now), PCR-based test, or another approved at-home or clinical diagnostic test. *

Mark only one oval.

( ) Yes

( ) No

( ) Other: ______________________

11. If you answered yes to the previous question, please record the date when you tested positive:

____

Example: January 7, 2019

12. Do you suspect you have had a symptomatic infection with SARS-CoV-2 virus since enrolling in this study (but it was not formally diagnosed by an at-home or clinical test)? *

Mark only one oval.

- ( ) Yes
- ( ) No
- ( ) Not sure
- ( ) Other: _______________________________

13. If you answered yes to the previous question, approximately when do you suspect you had undiagnosed, symptomatic COVID-19? (MM/YYYY)

____

Example: January 7, 2019

14. Do you suspect you had an asymptomatic COVID-19 infection since enrolling in this study? (For example, perhaps you a member of your household was diagnosed with COVID-19 but you did not test yourself for the disease at that time, or you did not test positive if you did undergo testing.) *

Mark only one oval.

- ( ) Yes
- ( ) No
- ( ) Not sure
- ( ) Other: _______________________________

15. If you answered yes to the previous question, approximately when did this occur? (MM/YYYY)

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16. Feel free to use this space to write any additional clarifying comments, information about your samples, COVID-19 exposure or symptoms, or other feedback for the investigator of this study.

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Thank you for completing the research study. The principal investigator should have sent you instructions for returning your breastmilk samples, blood sample, and a signed copy of your consent form. Please read those instructions carefully and return the samples no later than January 18th, 2022.