ERROR! You must complete the enrollment form and the visit form before you can start this form.

Date Vaccination Questions Completed

__________________________________

Check this box if the coordinator is entering data: □ Coordinator data entry

Have you received a COVID vaccine?

○ Yes
○ No
○ Don't know
○ Prefer not to answer

Have you received one or more additional COVID vaccine shots since you last answered the survey?

○ Yes
○ No
○ Don't know
○ Prefer not to answer

How many shots have you had (including boosters)?

__________________________________

For the first shot, which vaccine did you have?

○ Moderna
○ Pfizer
○ Johnson and Johnson
○ Astra Zeneca
○ Other
○ Prefer not to answer

Please specify:

__________________________________

Date of first vaccine dose (approximate is acceptable):

__________________________________

Error: The date of your vaccine shot must be after 12/01/2020 and before today.

For the second shot, which vaccine did you have?

○ Moderna
○ Pfizer
○ Johnson and Johnson
○ Astra Zeneca
○ Other
○ Prefer not to answer

Please specify:

__________________________________
Date of second vaccine dose (approximate is acceptable): __________________________________

Error: The date of your second shot must be after the previous one and before today.

For the third shot, which vaccine did you have?

- Moderna
- Pfizer
- Johnson and Johnson
- Astra Zeneca
- Other
- Prefer not to answer

Please specify: __________________________________________

Date of third vaccine dose (approximate is acceptable): __________________________________

Error: The date of your third shot must be after the previous one and before today.

For the fourth shot, which vaccine did you have?

- Moderna
- Pfizer
- Johnson and Johnson
- Astra Zeneca
- Other
- Prefer not to answer

Please specify: __________________________________________

Date of fourth vaccine dose (approximate is acceptable): __________________________________

Error: The date of your fourth shot must be after the previous one and before today.

For the fifth shot, which vaccine did you have?

- Moderna
- Pfizer
- Johnson and Johnson
- Astra Zeneca
- Other
- Prefer not to answer

Please specify: __________________________________________

Date of fifth vaccine dose (approximate is acceptable): __________________________________

Error: The date of your fifth shot must be after the previous one and before today.