Form: Concomitant Medications Log Page #:_____

Medication name	
Indication	
Route	Oral ☐
	Intramuscular ☐
	Intravenous ☐
	Topical ☐
	Inhalation ☐
	Vaginal ☐
	Rectal ☐
	Subcutaneous ☐
	Subdermal ☐
	Sublingual ☐
	Intrauterine ☐
	Nasal ☐
	Intraocular ☐
	Other ☐
If "Other", specify:	

Form: COVID-19 Symptoms

Did the participant experience any COVID-19 symptoms?	Yes ☐ No ☐
If "No", end of form.	
What was the date of onset of symptoms?	_____
Total duration of acute symptoms	Fixed Unit: # days _____
During the illness, did the participant experience any of the following?	
Fever	Yes ☐
If "No" or "Unknown", go to Dyspnea with exertion	No ☐ Unknown ☐
Duration of symptom	Fixed Unit: # days _____
Maximum temperature	Fixed Unit: C _____
Respiratory/Cardiac	
Dyspnea with exertion	Yes ☐
If "No" or "Unknown", go to Dyspnea at rest	No ☐ Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐ No ☐
Duration of symptom	Fixed Unit: # days _____
Dyspnea at rest	Yes ☐
If "No" or "Unknown", go to Cough	No ☐ Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐ No ☐
Duration of symptom	Fixed Unit: # days _____
Cough	Yes ☐
If "No" or "Unknown", go to Hemoptysis	No ☐ Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐ No ☐
Duration of symptom	Fixed Unit: # days _____
Hemoptysis	Yes ☐
If "No" or "Unknown", go to Sputum production	No ☐

Form: COVID-19 Symptoms

	Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐ No ☐
Duration of symptom	Fixed Unit: # days _____
Sputum production If "No" or "Unknown", go to Chest pain	Yes ☐ No ☐ Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐ No ☐
Duration of symptom	Fixed Unit: # days _____
Chest pain If "No" or "Unknown", go to Unable to sleep lying down	Yes ☐ No ☐ Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐ No ☐
Duration of symptom	Fixed Unit: # days _____
Unable to sleep lying down If "No" or "Unknown", go to Rhinorrhea/nasal congestion	Yes ☐ No ☐ Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐ No ☐
Duration of symptom	Fixed Unit: # days _____
HEENT	
Rhinorrhea/nasal congestion If "No" or "Unknown", go to Sore throat	Yes ☐ No ☐ Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐ No ☐
Duration of symptom	Fixed Unit: # days _____
Sore throat If "No" or "Unknown", go to Anosmia (loss of smell)	Yes ☐ No ☐ Unknown ☐

Form: COVID-19 Symptoms

Does symptom persist after COVID-19 resolution?	Yes ☐ No ☐
Duration of symptom	Fixed Unit: # days _____
Anosmia (loss of smell) If "No" or "Unknown", go to Ageusia (loss of taste)	Yes ☐ No ☐ Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐ No ☐
Duration of symptom	Fixed Unit: # days _____
Ageusia (loss of taste) If "No" or "Unknown", go to Anorexia	Yes ☐ No ☐ Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐ No ☐
Duration of symptom	Fixed Unit: # days _____
Gastrointestinal	
Anorexia If "No" or "Unknown", go to Nausea or vomiting	Yes ☐ No ☐ Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐ No ☐
Duration of symptom	Fixed Unit: # days _____
Nausea or vomiting If "No" or "Unknown", go to Diarrhea	Yes ☐ No ☐ Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐ No ☐
Duration of symptom	Fixed Unit: # days _____
Diarrhea If "No" or "Unknown", go to Abdominal pain	Yes ☐ No ☐ Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐

Form: COVID-19 Symptoms

	No ☐
Duration of symptom	Fixed Unit: # days _____
Abdominal pain	Yes ☐
If "No" or "Unknown", go to Fatigue	No ☐
	Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐
	No ☐
Duration of symptom	Fixed Unit: # days _____
General	
Fatigue	Yes ☐
If "No" or "Unknown", go to Myalgia	No ☐
	Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐
	No ☐
Duration of symptom	Fixed Unit: # days _____
Myalgia	Yes ☐
If "No" or "Unknown", go to Headache	No ☐
	Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐
	No ☐
Duration of symptom	Fixed Unit: # days _____
Headache	Yes ☐
If "No" or "Unknown", go to Confusion/mental status changes	No ☐
	Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐
	No ☐
Duration of symptom	Fixed Unit: # days _____
Confusion/mental status changes	Yes ☐
If "No" or "Unknown", go to Chills	No ☐
	Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐
	No ☐

Form: COVID-19 Symptoms

Duration of symptom	Fixed Unit: # days
Chills If "No" or "Unknown", go to New skin findings attributable to COVID-19	Yes ☐ No ☐ Unknown ☐
Does symptom persist after COVID-19 resolution?	Yes ☐ No ☐
Duration of symptom	Fixed Unit: # days
Dermatalogical	
New skin findings attributable to COVID-19 If "No", go to Other	Yes ☐ No ☐ Unknown ☐
Specify (max 200 characters):	
Does symptom persist after COVID-19 resolution?	Yes ☐ No ☐
Duration of symptom	Fixed Unit: # days
Other	
Other COVID-19 symptom If "Yes", specify up to 3 symptoms below. If "No", end of form.	Yes ☐ No ☐
Specify (max 200 characters):	
Does symptom persist after COVID-19 resolution?	Yes ☐ No ☐
Duration of symptom	Fixed Unit: # days
Specify (max 200 characters):	
Does symptom persist after COVID-19 resolution?	Yes ☐ No ☐
Duration of symptom	Fixed Unit: # days
Specify (max 200 characters):	
Does symptom persist after COVID-19 resolution?	Yes ☐ No ☐
Duration of symptom	Fixed Unit: # days

Form: COVID-19 Treatment and Hospitalization

Treatment/Diagnostic Information	
Did the participant receive supplemental oxygen?	Yes ☐ No ☐
Did the participant have pneumonia on radiologic imaging (e.g., chest x-ray or CT scan)?	Yes ☐ No ☐ Unknown ☐
Was the participant enrolled in any experimental treatment trials?	Yes ☐ No ☐
If "Yes", specify: _____	
Did the participant receive any of the following medications? Complete below AND record on the Concomitant Medications log, as applicable.	
Remdesivir	Yes ☐ No ☐ Unknown ☐
Chloroquine/hydroxychloroquine +/- azithromycin	Yes ☐ No ☐ Unknown ☐
Tocilizumab or other IL-6 pathway inhibitors	Yes ☐ No ☐ Unknown ☐
Convalescent plasma	Yes ☐ No ☐ Unknown ☐
Corticosteroids	Yes ☐ No ☐ Unknown ☐
Hospitalization Information	
Was the participant hospitalized? If "No", end of form.	Yes ☐ No ☐
Did the participant receive intensive care?	Yes ☐ No ☐
If "Yes", was the participant intubated?	Yes ☐ No ☐
If "Yes", did the participant receive ECMO?	Yes ☐ No ☐ Unknown ☐

Form: COVID-19 Treatment and Hospitalization

Was the participant discharged on supplemental oxygen?	Yes ☐ No ☐

Form: Demographics

Thank you for being a part of our research. As you know, the virus SARS-CoV-2 and the disease it can cause, COVID-19, affect many people. People live in different places, with different customs, cultures, sexual practices, and beliefs. We hope to include people from different communities in our research. We respect all people. Not all questions we ask in our research will apply to you. Because we do not want to make assumptions, we ask the same questions of everyone. We want you to be comfortable in speaking with us. You do not have to answer any question that makes you uncomfortable.

Now I am going to ask you some questions about yourself. The answers to these questions will tell us more about who you are, such as your age and race. I will also ask you about your sex and gender. Please feel free to ask any questions about things that you don't understand. All of your answers will be kept private.

Region	Americas ☐ Africa (South Africa) ☐ Africa (other African countries ☐
Date of birth.	_____
Age.	Fixed Unit: yrs _____

The next question is about your sex. When I ask about your sex, I am asking about what sex you were determined to be at birth, which is generally done by looking at a baby's genitals (sex organs).

Sex assigned at birth	Male ☐ Female ☐
Ethnicity.	Hispanic or Latino. ☐ Not Hispanic or Latino. ☐

Race

Mark all that apply.

American Indian or Alaska Native.	☐
Asian.	☐
Black or African American.	☐
Native Hawaiian or other Pacific Islander.	☐
White.	☐
Other.	☐
.If "Other", specify:	_____

.Do you currently have health insurance/coverage or medical aid?	Yes. ☐ No. ☐ Don't know. ☐ Prefer not to answer. ☐
.If Region is "Americas", what is the highest level of formal schooling you have completed?	No formal education. ☐ Did not graduate from high school. ☐ High school graduate or GED. ☐

Form: Demographics

	Some college/AA degree/technical school training. ☐ Undergraduate college degree (BS/BA). ☐ Some graduate school. ☐ Master's degree. ☐ Doctorate/medical degree/law degree. ☐ Don't know. ☐ Prefer not to answer. ☐
.If Region is "Africa (South Africa)" or "Africa (other African countries)", what is the highest level of formal schooling you have completed?	No formal education. ☐ Some primary school. ☐ Completed primary school. ☐ Some secondary/high school. ☐ Completed secondary/high school. ☐ Some university/technical education (associates/bachelors/technical degree). ☐ Completed university/technical education (associates/bachelors/technical degree). ☐ National certificate/trade certificate/national diploma/occupational certificate. ☐ Some graduate school (doctorate/masters/honours/higher education degree). ☐ Completed graduate school (doctorate/masters/honours/higher education degree). ☐ Prefer not to answer. ☐

.If Region is "Africa (other African countries)", end of form.

Gender.

Mark all that apply.

Gender is the social part of being male or female, and relates to your self-identity. I am asking whether you consider yourself to be transgender male, transgender female, gender queer, gender variant or gender non-conforming, female, or male or if you identify yourself in an additional category. How do you identify your gender?

Male.	☐
Female.	☐
Transgender Male.	☐
Transgender Female.	☐
Gender Nonconforming/Gender Variant.	☐
Gender Queer.	☐

Form: Demographics

Self-identify.	☐
.If "Self-identify", specify:	_____
Prefer not to answer.	☐

The next question asks about your sexual orientation. By sexual orientation, I mean who are you sexually attracted to.

.How do you identify your sexual orientation?	Gay/Lesbian/Homosexual. ☐
	Bisexual. ☐
	Queer. ☐
	Two Spirit. ☐
	Straight/Heterosexual. ☐
	Additional category. ☐
	Not sure. ☐
	Prefer not to answer. ☐
.If "Additional category", specify:	_____

Form: Interim Visit

Interim visit code	
Date of visit	
What is/are the reason(s) for this interim visit?	
Mark all that apply.	
Participant missing part or all of a scheduled study visit and is outside of visit window.	☐
Participant contacted site to report updated Medical History.	☐
Update Medical History log.	
Repeat specimen collection	☐
Other reason	☐
If "Other reason", specify (max. 200 characters):	
Did the participant exit/terminate the study at this visit?	Yes ☐
If "Yes", complete Termination form.	No ☐
FORMS COMPLETED AT INTERIM VISIT:	
COVID-19 Symptoms	☐
COVID-19 Treatment and Hospitalization	☐
Nasal Specimen for SARS-CoV-2 PCR	☐
Participant Transfer	☐
Participant Receipt	☐
SARS-CoV-2 Exposure	☐
Specimen Collection - Blood	☐

Form: Medical History Log Page #:_____

Participant Information

Height Fixed Unit: cm

Weight Fixed Unit: kg

Targeted Conditions

Does the participant have any of the following conditions?

If "Yes", record details in Medical History log below and/or on Concomitant Medications log, as applicable.

Hypertension	Yes ☐ No ☐
COPD/emphysema/asthma	Yes ☐ No ☐
Congestive heart failure	Yes ☐ No ☐
Myocarditis/pericarditis	Yes ☐ No ☐
Diabetes	Yes ☐ No ☐
If "Yes", does the participant have renal disease, eye disease or peripheral neuropathy?	Yes ☐ No ☐

Record any medication use, including insulin, on the Concomitant Medications log.

Chronic kidney disease	Yes ☐ No ☐
Immune system disorders	Yes ☐ No ☐

Record any immunosuppressant medications on the Concomitant Medication log.

Has the participant ever smoked cigarettes?	Yes ☐ No ☐
If "Yes", does the participant currently smoke cigarettes?	Yes ☐ No ☐
Has the participant ever smoked marijuana?	Yes ☐ No ☐
If "Yes", does the participant currently smoke marijuana?	Yes ☐ No ☐

Medical History

Description of condition/event _____

Start date of condition/event _____

Form: Medical History Log Page #:_____

Is the condition ongoing?	Yes ☐
	No ☐
Is condition/event gradable?	Yes ☐
	No ☐
Severity grade	Grade 1 (Mild) ☐
	Grade 2 (Moderate) ☐
	Grade 3 (Severe) ☐
	Grade 4 (Potentially life-threatening) ☐
Comments (max. 450 characters):	_____

Form: Nasal Specimen for Antibodies

Use this form to document nasal wash/swab collection for antibody testing.	
Was specimen collected?	Yes ☐ No ☐
If "No", end of form.	
Specimen collection date	_____
Specimen collection time	_____
Specimen collection location	Clinical research site ☐ Elsewhere (e.g. Home) ☐
If "Clinic", was the procedure performed by participant or by clinic staff?	Participant ☐ Clinic staff ☐
Specimen collection type	Nasal Wash ☐ Nasal Swab ☐
Were all requirements of the specimen collection met per the SSP?	Yes ☐ No ☐
If "No", provide explanation in Comments. Report any nasal product use on the Concomitant Medications log.	
Comments (max. 600 characters):	_____

Form: Nasal Specimen for SARS-CoV-2 PCR

Use this form to document nasopharyngeal/nasal swab collection for RT-PCR testing.	
Was specimen collected?	Yes ☐ No ☐
If "No", end of form.	
Specimen collection date	_____
Specimen collection time	_____
Specimen collection location	Clinical research site ☐ Elsewhere (e.g. Home) ☐
If "Clinic", was the procedure performed by participant or by clinic staff?	Participant ☐ Clinic staff ☐
Swab type	Nasopharyngeal ☐ Nasal ☐
Were all requirements of the specimen collection met per the SSP?	Yes ☐ No ☐
If "No", provide explanation in Comments. Report any nasal product use on the Concomitant Medications log.	
Comments (max. 600 characters):	_____

Form: Participant Receipt

Name of receiving study site

- ☐ Atlanta - Hope Clinic
- ☐ Atlanta - Ponce de Leon Center
- ☐ Baltimore - Johns Hopkins University
- ☐ Birmingham - Alabama
- ☐ Boston - Brigham and Women's Hospital Vaccine
- ☐ Boston - Fenway Health
- ☐ Chapel Hill
- ☐ Chicago - AYAR at CORE
- ☐ Cleveland - Case
- ☐ Los Angeles - UCLA CARE Center
- ☐ Nashville - Vanderbilt Vaccine
- ☐ New Orleans - Adolescent Trials Unit
- ☐ New York - Bronx Prevention Center
- ☐ New York - Harlem Prevention Center
- ☐ New York - NY Blood Center
- ☐ New York - Physicians & Surgeons
- ☐ Newark - New Jersey Medical School
- ☐ Philadelphia - Penn Prevention
- ☐ Rochester - Univ. of Rochester Vaccines to Prevent HIV Infection
- ☐ San Francisco - Bridge HIV
- ☐ Seattle Vaccine Trials Unit
- ☐ Washington, DC - George Washington University
- ☐ Iquitos - Asociacion Civil Selva Amazonica
- ☐ Lima - Barranco
- ☐ Lima - San Marcos/CITBM
- ☐ Lima - San Miguel
- ☐ Lima – Via Libre
- ☐ Bloemfontein
- ☐ Cape Town - Emavundleni
- ☐ Cape Town - Groote Schuur
- ☐ Cape Town - Khayelitsha
- ☐ Durban - Botha's Hill
- ☐ Durban - Chatsworth
- ☐ Durban - eThekwini
- ☐ Durban - Isipingo

Initial:_____/Date:_____

Form: Participant Receipt

	Durban - Tongaat ☐
	Durban - Verulam ☐
	Harare - Seke South ☐
	Harare - St. Mary's ☐
	Harare - Zengeza ☐
	Klerksdorp ☐
	Ladysmith ☐
	Lilongwe - Malawai ☐
	Lusaka - Matero ☐
	Lusaka - ZHERP ☐
	Mamelodi ☐
	Maputo ☐
	Masiphumelele ☐
	Mbeya ☐
	Mthatha ☐
	Ndola ☐
	Rustenburg ☐
	Soshanguve ☐
	Soweto - Bara ☐
	Soweto - Kliptown ☐
	Tembisa - Clinic 3 ☐
	Tembisa - Clinic 4 ☐
	Vulindlela ☐
Name of transferring study site	Atlanta - Hope Clinic ☐
	Atlanta - Ponce de Leon Center ☐
	Baltimore - Johns Hopkins University ☐
	Birmingham - Alabama ☐
	Boston - Brigham and Women's Hospital Vaccine ☐
	Boston - Fenway Health ☐
	Chapel Hill ☐
	Chicago - AYAR at CORE ☐
	Cleveland - Case ☐
	Los Angeles - UCLA CARE Center ☐
	Nashville - Vanderbilt Vaccine ☐
	New Orleans - Adolescent Trials Unit ☐
	New York - Bronx Prevention Center ☐

Initial:_____/Date:_____

Form: Participant Receipt

- ☐ New York - Harlem Prevention Center
- ☐ New York - NY Blood Center
- ☐ New York - Physicians & Surgeons
- ☐ Newark - New Jersey Medical School
- ☐ Philadelphia - Penn Prevention
- ☐ Rochester - Univ. of Rochester Vaccines to Prevent HIV Infection
- ☐ San Francisco - Bridge HIV
- ☐ Seattle Vaccine Trials Unit
- ☐ Washington, DC - George Washington University
- ☐ Iquitos - Asociacion Civil Selva Amazonica
- ☐ Lima - Barranco
- ☐ Lima - San Marcos/CITBM
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- ☐ Cape Town - Khayelitsha
- ☐ Durban - Botha's Hill
- ☐ Durban - Chatsworth
- ☐ Durban - eThekwini
- ☐ Durban - Isipingo
- ☐ Durban - Tongaat
- ☐ Durban - Verulam
- ☐ Harare - Seke South
- ☐ Harare - St. Mary's
- ☐ Harare - Zengeza
- ☐ Klerksdorp
- ☐ Ladysmith
- ☐ Lilongwe - Malawai
- ☐ Lusaka - Matero
- ☐ Lusaka - ZHERP
- ☐ Mamelodi
- ☐ Maputo
- ☐ Masiphumelele
- ☐ Mbeya

Initial:_____/Date:_____

Form: Participant Receipt

Mthatha	☐
Ndola	☐
Rustenburg	☐
Soshanguve	☐
Soweto - Bara	☐
Soweto - Kliptown	☐
Tembisa - Clinic 3	☐
Tembisa - Clinic 4	☐
Vulindlela	☐

Date informed consent signed at receiving site _____

Form: Participant Transfer

Name of transferring study site

- ☐ Atlanta - Hope Clinic
- ☐ Atlanta - Ponce de Leon Center
- ☐ Baltimore - Johns Hopkins University
- ☐ Birmingham - Alabama
- ☐ Boston - Brigham and Women's Hospital Vaccine
- ☐ Boston - Fenway Health
- ☐ Chapel Hill
- ☐ Chicago - AYAR at CORE
- ☐ Cleveland - Case
- ☐ Los Angeles - UCLA CARE Center
- ☐ Nashville - Vanderbilt Vaccine
- ☐ New Orleans - Adolescent Trials Unit
- ☐ New York - Bronx Prevention Center
- ☐ New York - Harlem Prevention Center
- ☐ New York - NY Blood Center
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- ☐ Philadelphia - Penn Prevention
- ☐ Rochester - Univ. of Rochester Vaccines to Prevent HIV Infection
- ☐ San Francisco - Bridge HIV
- ☐ Seattle Vaccine Trials Unit
- ☐ Washington, DC - George Washington University
- ☐ Iquitos - Asociacion Civil Selva Amazonica
- ☐ Lima - Barranco
- ☐ Lima - San Marcos/CITBM
- ☐ Lima - San Miguel
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- ☐ Durban - Chatsworth
- ☐ Durban - eThekwini
- ☐ Durban - Isipingo

Initial:_____/Date:_____

Form: Participant Transfer

	Durban - Tongaat ☐
	Durban - Verulam ☐
	Harare - Seke South ☐
	Harare - St. Mary's ☐
	Harare - Zengeza ☐
	Klerksdorp ☐
	Ladysmith ☐
	Lilongwe - Malawai ☐
	Lusaka - Matero ☐
	Lusaka - ZHERP ☐
	Mamelodi ☐
	Maputo ☐
	Masiphumelele ☐
	Mbeya ☐
	Mthatha ☐
	Ndola ☐
	Rustenburg ☐
	Soshanguve ☐
	Soweto - Bara ☐
	Soweto - Kliptown ☐
	Tembisa - Clinic 3 ☐
	Tembisa - Clinic 4 ☐
	Vulindlela ☐
Name of receiving study site	Atlanta - Hope Clinic ☐
	Atlanta - Ponce de Leon Center ☐
	Baltimore - Johns Hopkins University ☐
	Birmingham - Alabama ☐
	Boston - Brigham and Women's Hospital Vaccine ☐
	Boston - Fenway Health ☐
	Chapel Hill ☐
	Chicago - AYAR at CORE ☐
	Cleveland - Case ☐
	Los Angeles - UCLA CARE Center ☐
	Nashville - Vanderbilt Vaccine ☐
	New Orleans - Adolescent Trials Unit ☐
	New York - Bronx Prevention Center ☐

Initial:_____/Date:_____

Form: Participant Transfer

- ☐ New York - Harlem Prevention Center
- ☐ New York - NY Blood Center
- ☐ New York - Physicians & Surgeons
- ☐ Newark - New Jersey Medical School
- ☐ Philadelphia - Penn Prevention
- ☐ Rochester - Univ. of Rochester Vaccines to Prevent HIV Infection
- ☐ San Francisco - Bridge HIV
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- ☐ Lusaka - ZHERP
- ☐ Mamelodi
- ☐ Maputo
- ☐ Masiphumelele
- ☐ Mbeya

Initial:_____/Date:_____

Form: Participant Transfer

	Mthatha ☐
	Ndola ☐
	Rustenburg ☐
	Soshanguve ☐
	Soweto - Bara ☐
	Soweto - Kliptown ☐
	Tembisa - Clinic 3 ☐
	Tembisa - Clinic 4 ☐
	Vulindlela ☐
Visit of last completed contact with participant	V1.0 - Enrollment ☐
	V2.0 - Follow-up ☐
	V3.0 - Follow-up ☐
	V4.0 - Follow-up ☐
	Interim Visit ☐
If "Interim visit", specify Interim visit code	_____
Date participant's records were sent to receiving study site	_____

Form: SARS-CoV-2 Exposure Log Page #:_____

Household Exposure

At the time of, or just before, their positive SARS-CoV-2 test, did the participant live with any other individuals in their household?	Yes ☐ No ☐

If "Yes", please provide the below information for all individuals in the participant's household

Age	Fixed Unit: yrs
	_____
Did the person have confirmed SARS-CoV-2 infection by a laboratory test?	Yes ☐ No ☐
If "Yes", was the laboratory test performed prior to the study participant's symptoms or test results?	Yes ☐ No ☐
Did the person develop symptoms consistent with COVID-19?	Yes ☐ No ☐
If "Yes", did the symptoms develop before the study participant's symptoms or test results?	Yes ☐ No ☐

Other Exposure

What is the participant's OSHA risk of occupational exposure?	Lower exposure risk ☐ Medium exposure risk ☐ High exposure risk ☐ Very high exposure risk ☐ Not applicable ☐
Does the participant have regular exposure to young children (<5 years old)?	Yes ☐ No ☐
Did the participant have exposure to any other individuals with confirmed SARS-CoV-2 infection or COVID-19 outside the home setting?	Yes ☐ No ☐

If "No", end of form.

Date of last contact with individual	_____
Exposure description (max. 200 characters):	_____

Initial:_____/Date:_____

Form: SARS-CoV-2 Test Results Log Page #:_____

Approximate date of test	_____
Test result	Detected ☐
	Not Detected ☐
	Indeterminate ☐
Where was the specimen collection done?	Inpatient ☐
	Outpatient ☐
	Employer ☐
	Urgent Care ☐
	Emergency Room ☐
	Home ☐
	Other ☐
If "Other", specify:	_____
Test type	RT-PCR ☐
	Antibody/serology ☐
	Other ☐
If "Other", specify:	_____
Specimen collection type	Nasal or Nasopharyngeal Swab ☐
	Nasal Wash ☐
	Oropharyngeal Swab ☐
	Saliva ☐
	Blood ☐
	Other ☐
If "Other", specify:	_____

Form: Screening Outcome

Informed consent date	_____
Is the participant eligible to enroll in the study? If "No", go to "Eligibility status".	Yes ☐ No ☐
Group	Group 1 - not previously hospitalized, without specific clinical spectrums or outcomes ☐ Group 2 - previously hospitalized, without specific clinical spectrums or outcomes ☐ Group 3 - with specific clinical spectrums or outcomes ☐
If "Group 3", specify:	Recovered after intubation ☐ Prolonged viral shedding ☐ Myocarditis/pericarditis ☐ Rapid recovery from COVID-19 ☐ Second positive SARS-CoV-2 RT-PCR test result after a negative result ☐ Other ☐
If "Other", specify: (max. 200 characters)	_____
Eligibility status	Eligible and enrolled ☐ Ineligible ☐ Incomplete Screening ☐
If "Ineligible", select reason(s) why participant is ineligible.	Inclusion Criterion 1 - Age 18 or older. ☐ Inclusion Criterion 2 - Reports having had a positive test for SARS-CoV-2. ☐ Inclusion Criterion 3 - Reports resolution of COVID-19 within 1-8 weeks of enrollment OR, if asymptomatic infection, reports positive SARS-CoV-2 test within 2-10 weeks of enrollment. ☐ Inclusion Criterion 4 - Access to a participating HVTN or HPTN CRS and willingness to be followed for the planned duration of the study. ☐ Inclusion Criterion 5 - Ability and willingness to provide informed consent. ☐ Inclusion Criterion 6 - Assessment of understanding: volunteer demonstrates understanding of this study. ☐

Form: Screening Outcome

Inclusion Criterion 7 - Volunteers who were assigned female sex at birth: negative urine or serum beta human chorionic gonadotropin (β-HCG) pregnancy test within 4 days of enrollment visit (ie, prior to enrollment blood draw or nasal collections).	☐
Exclusion Criterion 1 - Reports current COVID-19.	☐
Exclusion Criterion 2 - Pregnant.	☐
Exclusion Criterion 3 - Receipt of SARS-CoV-2 specific antibodies (eg, convalescent plasma or sera, monoclonal antibodies, hyperimmune globulin).	☐
Exclusion Criterion 4 - SARS-CoV-2 vaccine(s) received in a prior vaccine trial.	☐
Exclusion Criterion 5 - Any medical, psychiatric, occupational, or other condition that, in the judgment of the investigator, would interfere with, or serve as a contraindication to, protocol adherence or a volunteer's ability to give informed consent.	☐
Volunteer inappropriate for enrollment in the judgement of the investigator.	☐

Form: Specimen Collection - Blood

Do NOT use this form for any local lab specimens. Use this form ONLY to document the collection of blood specimens that will be sent to the site processing lab.

Was specimen collected?	Yes ☐ No ☐
If "No", end of form.	
Specimen collection date	_____
Specimen collection time	_____
EDTA	Collected ☐ Not collected ☐
ACD	Collected ☐ Not collected ☐
SST	Collected ☐ Not collected ☐
SST - Clinical SARS-CoV-2 IgG Antibody Results	Collected ☐ Not collected ☐
Mark if a new Specimen Collection form is needed to complete specimen collection requirements for this visit.	☐

Initial:_____/Date:_____

Form: Study Termination

Date of study exit	
Primary reason for completion/discontinuation	Scheduled exit visit/end of study ☐ Death ☐ Participant refused further participation ☐ Participant is unwilling or unable to comply with required study procedures ☐ Investigator decision ☐ Unable to contact participant ☐ Early study closure ☐ Protocol deviation ☐ Pregnancy ☐ Study terminated by sponsor ☐ Participant unable to adhere to visit schedule ☐ Participant relocated, no follow-up planned ☐ Other, specify ☐
If "Other", specify (max. 200 characters):	
If "Death", enter date of death.	