

Client ID # _____

Date of Administration: _____

COVID-19 SUPPLEMENT

CLIENT SELF-ADMINISTERED OR CLINICIAN-ADMINISTERED

1. Have you ever tested positive for COVID-19 (whether through a home self-test or a test administered by someone else)?

- Yes
- No
- I do not know

2. Did you receive a COVID-19 vaccine?

- Yes, I have received one or both COVID-19 vaccine shots
- No
- I don't know

3. Did you receive a COVID-19 vaccine booster shot?

- No, I have not received any COVID-19 booster shots
- Yes, I have received one or more COVID-19 booster shots
- I do not know