

Client ID # \_\_\_\_\_

Date of Administration: \_\_\_\_\_

## COVID-19 SUPPLEMENT

### CLIENT SELF-ADMINISTERED OR CLINICIAN-ADMINISTERED

- 1. Since the last assessment, have you 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. Since the last assessment, have you received a COVID-19 vaccine?**
  - Yes, I have received one or both COVID-19 vaccine shots
  - No
  - I do not know
  
- 3. Since the last assessment, have you received 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