

## Vaccine trial participant questionnaire

Please complete the following questions so we can assess your suitability to take part in the trial:

Name	<i>Ayaan</i>
DOB/Age in years	<i>32 years</i>
BMI	<i>34</i>
How many units of alcohol do you drink, on average per week?	<i>20 units</i>

Please read the following statements and tick the box which applies	yes	no
1. Have you been diagnosed with Covid-19 at any point	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. I would class myself as healthy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. I am able and willing to comply with all study requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. I will be able to attend visits and I don't need to rely on public transport or taxis to travel for visits	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. I'm happy to allow Investigators to discuss my medical history with my family doctor/GP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. I will practice continuous effective contraception for the duration of the study (women of childbearing potential only)	<input type="checkbox"/>	<input type="checkbox"/>
7. I will refrain from blood donation during the course of the study	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Do any of these statements apply to you or have had any of the following:</b>		
8. participated in <b>another research study</b> involving vaccines, medications or frequent blood samples or received any vaccines in the last 30 days e.g. Flu jab	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. a <b>blood transfusion</b> in the 3 months preceding this trial	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. problems with your immune system or a history of <b>cancer</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. are <b>pregnant</b> , breast feeding or intend to become pregnant during the study	<input type="checkbox"/>	<input type="checkbox"/>
12. a history of a <b>severe allergic reaction</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. a history of a <b>serious psychiatric condition</b> that may affect participation in the study	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. have any other <b>serious long-term illnesses</b> requiring hospital follow-up	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. have a <b>chronic respiratory condition</b> , including <b>asthma</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. have any of <b>high blood pressure, diabetes, chronic kidney, liver, heart or neurological disease</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. have <b>injected recreational drugs</b> at any time in the last 5 years	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. have a <b>fever</b> and a <b>cough</b> or <b>shortness of breath</b> or new onset of <b>loss of sense of smell or taste</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. live in the same household as any vulnerable groups at risk of severe COVID-19 disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. are likely to have been previously exposed to COVID-19 (e.g. frontline healthcare worker seeing COVID-19 patients, had to self-isolate for any reason, had contact with a confirmed COVID-19 case)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Please add any other comments you would like to make which you think are related to taking part in the trial in the box below:</b>		

Signature: *Ayaan Adin*

Date: *6/5/20*

Printed: Ayaan Adin

## Vaccine trial participant questionnaire

Please complete the following questions so we can assess your suitability to take part in the trial:

Name	Bradley
DOB/Age in years	67 years
BMI	56
How many units of alcohol do you drink, on average per week?	36 units

Please read the following statements and tick the box which applies	yes	no
1. Have you been diagnosed with Covid-19 at any point	✓	
2. I would class myself as healthy	✓	
3. I am able and willing to comply with all study requirements	✓	
4. I will be able to attend visits and I don't need to rely on public transport or taxis to travel for visits	✓	
5. I'm happy to allow Investigators to discuss my medical history with my family doctor/GP	✓	
6. I will practice continuous effective contraception for the duration of the study (women of childbearing potential only)		
7. I will refrain from blood donation during the course of the study	✓	
<b>Do any of these statements apply to you or have had any of the following:</b>		
8. participated in <b>another research study</b> involving vaccines, medications or frequent blood samples or received any vaccines in the last 30 days e.g. Flu jab		✓
9. a <b>blood transfusion</b> in the 3 months preceding this trial		✓
10. problems with your immune system or a history of <b>cancer</b>		✓
11. are <b>pregnant</b> , breast feeding or intend to become pregnant during the study		
12. a history of a <b>severe allergic reaction</b>		✓
13. a history of a <b>serious psychiatric condition</b> that may affect participation in the study		✓
14. have any other <b>serious long-term illnesses</b> requiring hospital follow-up		✓
15. have a <b>chronic respiratory condition</b> , including <b>asthma</b>		✓
16. have any of <b>high blood pressure, diabetes, chronic kidney, liver, heart or neurological disease</b>	✓	
17. have <b>injected recreational drugs</b> at any time in the last 5 years		✓
18. have a <b>fever</b> and a <b>cough</b> or <b>shortness of breath</b> or new onset of <b>loss of sense of smell or taste</b>		✓
19. live in the same household as any vulnerable groups at risk of severe COVID-19 disease		✓
20. are likely to have been previously exposed to COVID-19 (e.g. frontline healthcare worker seeing COVID-19 patients, had to self-isolate for any reason, had contact with a confirmed COVID-19 case)		✓
<b>Please add any other comments you would like to make which you think are related to taking part in the trial in the box below:</b>		

Signature: *Bradley Brown*

Date: *1/5/20*

Printed: **Bradley Brown**

## Vaccine trial participant questionnaire

Please complete the following questions so we can assess your suitability to take part in the trial:

Name	<i>Charmaine</i>
DOB/Age in years	<i>28 years</i>
BMI	<i>32</i>
How many units of alcohol do you drink, on average per week?	<i>0 units</i>

Please read the following statements and tick the box which applies	yes	no
1. Have you been diagnosed with Covid-19 at any point	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. I would class myself as healthy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. I am able and willing to comply with all study requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. I will be able to attend visits and I don't need to rely on public transport or taxis to travel for visits	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. I'm happy to allow Investigators to discuss my medical history with my family doctor/GP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. I will practice continuous effective contraception for the duration of the study (women of childbearing potential only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. I will refrain from blood donation during the course of the study	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Do any of these statements apply to you or have had any of the following:</b>		
8. participated in <b>another research study</b> involving vaccines, medications or frequent blood samples or received any vaccines in the last 30 days e.g. Flu jab	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. a <b>blood transfusion</b> in the 3 months preceding this trial	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. problems with your immune system or a history of <b>cancer</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. are <b>pregnant</b> , breast feeding or intend to become pregnant during the study	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. a history of a <b>severe allergic reaction</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. a history of a <b>serious psychiatric condition</b> that may affect participation in the study	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. have any other <b>serious long-term illnesses</b> requiring hospital follow-up	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. have a <b>chronic respiratory condition</b> , including <b>asthma</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. have any of <b>high blood pressure, diabetes, chronic kidney, liver, heart or neurological disease</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. have <b>injected recreational drugs</b> at any time in the last 5 years	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. have a <b>fever</b> and a <b>cough</b> or <b>shortness of breath</b> or new onset of <b>loss of sense of smell or taste</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. live in the same household as any vulnerable groups at risk of severe COVID-19 disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. are likely to have been previously exposed to COVID-19 (e.g. frontline healthcare worker seeing COVID-19 patients, had to self-isolate for any reason, had contact with a confirmed COVID-19 case)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Please add any other comments you would like to make which you think are related to taking part in the trial in the box below:</b>		

Signature: *Charmaine Cook*

Date: *12/4/20*

Printed: Charmaine Cook

## Vaccine trial participant questionnaire

Please complete the following questions so we can assess your suitability to take part in the trial:

Name	Dax
DOB/Age in years	24 years
BMI	35
How many units of alcohol do you drink, on average per week?	46 units

Please read the following statements and tick the box which applies	yes	no
1. Have you been diagnosed with Covid-19 at any point	✓	
2. I would class myself as healthy	✓	
3. I am able and willing to comply with all study requirements	✓	
4. I will be able to attend visits and I don't need to rely on public transport or taxis to travel for visits	✓	
5. I'm happy to allow Investigators to discuss my medical history with my family doctor/GP	✓	
6. I will practice continuous effective contraception for the duration of the study (women of childbearing potential only)		
7. I will refrain from blood donation during the course of the study	✓	
<b>Do any of these statements apply to you or have had any of the following:</b>		
8. participated in <b>another research study</b> involving vaccines, medications or frequent blood samples or received any vaccines in the last 30 days e.g. Flu jab	✓	
9. a <b>blood transfusion</b> in the 3 months preceding this trial		✓
10. problems with your immune system or a history of <b>cancer</b>		✓
11. are <b>pregnant</b> , breast feeding or intend to become pregnant during the study		
12. a history of a <b>severe allergic reaction</b>	✓	
13. a history of a <b>serious psychiatric condition</b> that may affect participation in the study		✓
14. have any other <b>serious long-term illnesses</b> requiring hospital follow-up		✓
15. have a <b>chronic respiratory condition</b> , including <b>asthma</b>		✓
16. have any of <b>high blood pressure, diabetes, chronic kidney, liver, heart or neurological disease</b>		✓
17. have <b>injected recreational drugs</b> at any time in the last 5 years		✓
18. have a <b>fever</b> and a <b>cough</b> or <b>shortness of breath</b> or new onset of <b>loss of sense of smell or taste</b>		✓
19. live in the same household as any vulnerable groups at risk of severe COVID-19 disease		✓
20. are likely to have been previously exposed to COVID-19 (e.g. frontline healthcare worker seeing COVID-19 patients, had to self-isolate for any reason, had contact with a confirmed COVID-19 case)	✓	
<b>Please add any other comments you would like to make which you think are related to taking part in the trial in the box below:</b>		

Signature: Dax D'Cruz

Date: 27/3/20

Printed: Dax D'Cruz

## Vaccine trial participant questionnaire

Please complete the following questions so we can assess your suitability to take part in the trial:

Name	<i>Ember</i>
DOB/Age in years	<i>18 years</i>
BMI	<i>24</i>
How many units of alcohol do you drink, on average per week?	<i>10 units</i>

Please read the following statements and tick the box which applies	yes	no
1. Have you been diagnosed with Covid-19 at any point	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. I would class myself as healthy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. I am able and willing to comply with all study requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. I will be able to attend visits and I don't need to rely on public transport or taxis to travel for visits	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. I'm happy to allow Investigators to discuss my medical history with my family doctor/GP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. I will practice continuous effective contraception for the duration of the study (women of childbearing potential only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. I will refrain from blood donation during the course of the study	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Do any of these statements apply to you or have had any of the following:</b>		
8. participated in <b>another research study</b> involving vaccines, medications or frequent blood samples or received any vaccines in the last 30 days e.g. Flu jab	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. a <b>blood transfusion</b> in the 3 months preceding this trial	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. problems with your immune system or a history of <b>cancer</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. are <b>pregnant</b> , breast feeding or intend to become pregnant during the study	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. a history of a <b>severe allergic reaction</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. a history of a <b>serious psychiatric condition</b> that may affect participation in the study	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. have any other <b>serious long-term illnesses</b> requiring hospital follow-up	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. have a <b>chronic respiratory condition</b> , including <b>asthma</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. have any of <b>high blood pressure, diabetes, chronic kidney, liver, heart or neurological disease</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. have <b>injected recreational drugs</b> at any time in the last 5 years	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. have a <b>fever</b> and a <b>cough</b> or <b>shortness of breath</b> or new onset of <b>loss of sense of smell or taste</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. live in the same household as any vulnerable groups at risk of severe COVID-19 disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. are likely to have been previously exposed to COVID-19 (e.g. frontline healthcare worker seeing COVID-19 patients, had to self-isolate for any reason, had contact with a confirmed COVID-19 case)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Please add any other comments you would like to make which you think are related to taking part in the trial in the box below:</b>		

Signature: *Ember East*

Date: *7/3/20*

Printed: **Ember East**