GENCOV Study Intake and Baseline Questionnaire

Section 1: Demographic Questions

Thank you for agreeing to participate in the GENCOV Study: Implementation of serological and molecular tools to inform COVID-19 patient management.

In order to interpret your genetic and serological test results, as well as provide accurate information about your health, we require you to answer several questions. The online questionnaire will take approximately 15-25 minutes to complete. Please note that you will be able to save your responses and return later to complete the questionnaire using the link provided in your survey invitation email.

Please note that this survey has skip logic. Therefore, depending on your responses to certain questions, some pages/questions may be skipped.

If you have questions about the survey please do not hesitate to contact the study coordinator at (416) 586-4800 x 5738 or email GEN.COVID@sinahealth.ca.

1. Study ID
   Your study ID can be found in the first line of your study invitation email. It is a combination of 8 letters and numbers. It replaced your name in the greeting line: "Dear [Study ID]"

2. Sex assigned at birth
   - Male
   - Female
   - Intersex

3. Gender identity
   - Male
   - Female
   - Transgender
   - Non-binary
   - Something Else
   - Prefer not to answer

   If something else, please indicate your gender identity using the text box provided

   [Text Box]

   [Continue later]
4. How many children have you given birth to?
   - 0
   - 1
   - 2
   - 3
   - 4 or more

5. Are you currently pregnant?
   - No
   - Yes
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6. How far along are you in your pregnancy (i.e. gestational age) in weeks?

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7. What is your age?
   
8. Which of the following best describes your race or ethnicity?
   - White/European (e.g. English, Greek, Italian)
   - Middle Eastern (e.g. Egyptian, Iranian, Israeli)
   - Latin-American (e.g. Argentinian, Chilean, Cuban)
   - Black-Caribbean (e.g. Jamaican, Trinidian, Barbadian)
   - Black-North American
   - Black-African (e.g. Ghanaian, Somalian)
   - Asian-South East (e.g. Vietnamese, Filipino)
   - Asian-South (e.g. Indian, Sri Lankan, Indo-Caribbean)
   - Asian-East (e.g. Chinese, Japanese)
   - Indigenous (e.g. Inuit, First Nations, Metis)
   - Ashkenazi Jewish
   - Other

9. What is the highest level of education you have completed?
   - Elementary/primary school
   - High school
   - Vocational school/2 year college
   - Bachelor’s degree/4 year college
   - Master’s degree or higher
   - Don’t know
   - Prefer not to answer

10. What is your current job/employment?
    - Healthcare worker (excluding long-term health care provider)
    - Long-term care facility employee
    - Factory worker
    - Grocery store employee
    - Tourism/travel worker
    - Microbiology laboratory worker
    - Other
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Section 2: Medical History Questions

Please answer the following questions about your medical history. We may ask you follow-up questions to gather additional information depending on your responses. For example, if you indicate that you have a heart problem(s), a free text box will appear asking you to describe the specific heart problem(s) you have.

Have you ever had any of the following:

---

11. Genetic testing
   - No
   - Yes
12. What was your genetic test result?
   - Negative
   - Positive
   - Uncertain significance
   - Unsure

13. What was your genetic testing for?
   Please provide information related to the condition that was tested for, and why:
   
   [Text box for input]
14. Hereditary Genetic Condition(s) (e.g. cystic fibrosis, muscular dystrophy, sickle cell anemia, Marfan syndrome)

- [ ] No
- [x] Yes
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15. What is the name of the genetic condition(s) you have?

16. Age at diagnosis of hereditary condition

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17. Autoimmune and/or Immunological Disease(s) (e.g. lupus, Crohn's disease, rheumatoid arthritis, primary immunodeficiency)
   - No
   - Yes
   If yes, please describe what autoimmune/immunological disease(s) you have

18. Inflammatory syndrome/Kawasaki disease like
   - No
   - Yes

19. Endocrine Disorder(s) (e.g. hyper- or hypothyroidism, Cushing’s syndrome, adrenal insufficiency)
   - No
   - Yes
   If yes, please describe what endocrine disorder(s) you have

20. Diabetes
    - No
    - Yes
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21. What type of diabetes do you have?
   - Type 1
   - Type 2
   - Gestational diabetes
   - Maturity onset diabetes of the young (MODY)

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22. Liver Problem(s) (e.g. liver disease, cirrhosis)
   - No
   - Yes

   If yes, please describe what liver problem(s) you have

23. Gastrointestinal Disorder(s) (e.g. irritable bowel syndrome (IBS), Gastroesophageal Reflux Disease (GERD), stomach ulcers)
   - No
   - Yes

   If yes, please describe what gastrointestinal disorder(s) you have

24. Kidney Problem(s) (e.g. chronic kidney disease, kidney failure)
   - No
   - Yes

Continue later
GENCOV Study Intake and Baseline Questionnaire

25. Please describe what kidney problem(s) you have

26. Are you currently on dialysis?
   - No
   - Yes

27. Are you currently on a kidney transplant list?
   - No
   - Yes
28. Heart Problem(s) (e.g. coronary artery disease, heart failure, heart rate/muscle abnormalities)
   - No
   - Yes

   If yes, please describe what heart problem(s) you have

29. Lung Problem(s) (e.g. asthma, chronic obstructive pulmonary disease, sleep apnea)
   - No
   - Yes

   If yes, please describe what lung problem(s) you have

30. Cancer(s) (e.g. lymphoma, leukemia, colon cancer, breast cancer)
   - No
   - Yes
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31. Please indicate what cancer(s) you have been diagnosed with

32. Age at first cancer diagnosis

33. Have you had any of the following cancer treatments in the last 12 months?
- Surgery
- Chemotherapy
- Radiation therapy
- Hematopoietic stem cell transplantation (HSCT)
- Immunotherapy
- Hormone therapy
- Clinical trial therapy/involvement
- I have not completed any treatment in the last 12 months
- Other
### GENCOV Study Intake and Baseline Questionnaire

34. Neurological or Neuromuscular disorder(s) (e.g. Alzheimer's disease, Parkinson's disease, multiple sclerosis (MS), muscular dystrophy, ataxia)
   - No
   - Yes
   **If yes, please describe what neurological or neuromuscular disorder(s) you have**

35. Lipid Disorder(s) (e.g. lipid metabolism disorders such as Gaucher or Tay-Sachs disease, elevated cholesterol/hypercholesterolemia, elevated triglycerides)
   - No
   - Yes
   **If yes, please describe what lipid disorder(s) you have**

36. Blood and/or Iron Disorder(s) (e.g. anemia, hemochromatosis, hemophilia)
   - No
   - Yes
   **If yes, please describe what blood and/or iron disorder(s) you have**

37. Viral Infection(s) other than COVID-19 (e.g. HIV/AIDS, Hepatitis)
   - No
   - Yes
   **If yes, please describe what infection(s) you have been diagnosed with**

38. High blood pressure
   - No
   - Yes

39. Height (inches)
   

40. Weight (pounds)
   

41. Do you smoke?
   - Includes cigarettes, vaping, cannabis, etc. If yes, you will be asked to specify.
   - No, I never smoked
   - No, but I used to smoke (former smoker)
   - Yes, I currently smoke
42. How long have you been smoking/how long did you smoke for (in years)?

________

43. What do/did you smoke?
Check all that apply
- Cigarettes
- E-cigarette/vape
- Cannabis
- Other
44. Approximately how many packs of cigarettes per day do/did you smoke?
45. Approximately how many cartridges do/did you finish in your vaporizer/E-cigarette per week?
GENCOV Study Intake and Baseline Questionnaire

46. Approximately how much cannabis do/did you smoke per week?
   e.g. 2-3 joints per week
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>51. Please indicate which of the medical condition(s)/health issue(s) you listed are current</td>
<td></td>
</tr>
</tbody>
</table>
### GENCOV Study Intake and Baseline Questionnaire

#### Section 3: COVID-19 Symptoms and Outcomes

52. Please indicate if you experienced any of the following symptoms as a result of your COVID-19 infection, as well as how long the symptom(s) lasted:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>I did not experience this symptom</th>
<th>Symptom lasted less than 1 week</th>
<th>Symptom lasted 1-2 weeks</th>
<th>Symptom lasted 3-4 weeks</th>
<th>Symptom lasted 5-6 weeks</th>
<th>Symptom lasted 7-8 weeks</th>
<th>Symptom lasted longer than 8 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
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<td>Cough (with sputum/phlegm)</td>
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<tr>
<td>Cough (with bloody sputum/phlegm)</td>
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<td>Cough (without sputum/phlegm or blood)</td>
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<td>Sore throat</td>
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<td>Runny nose/nasal congestion</td>
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<td>Ear pain</td>
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<tr>
<td>Wheezing</td>
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<td>Chest pain</td>
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<td>Muscle aches</td>
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<td>Joint pain</td>
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<tr>
<td>Fatigue</td>
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<tr>
<td>Shortness of breath</td>
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<tr>
<td>Headache</td>
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<tr>
<td>Altered consciousness/confusion</td>
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<tr>
<td>Seizures</td>
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<tr>
<td>Abdominal pain</td>
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<tr>
<td>Vomiting/nausea</td>
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<tr>
<td>Diarrhea</td>
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<tr>
<td>Conjunctivitis (pink eye)</td>
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<td>Skin rash</td>
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<tr>
<td>Loss of taste</td>
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<tr>
<td>Loss of smell</td>
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</tr>
</tbody>
</table>

53. Did you experience any other symptoms as a result of your COVID-19 infection that were not listed above?

- [ ] No
- [ ] Yes

If yes, please tell us what other symptom(s) you had and approximately how long the symptom(s) lasted.
54. What was the onset date of your first/earliest symptom?
   You may skip this question if you did not have any symptoms

55. If you had a symptom(s) that lasted longer than 8 weeks, please indicate how long the symptom lasted
   (approximate number of weeks)
   For example, “loss of taste, 9 weeks”
56. Have you had more than one COVID-19 diagnosis?
   - No
   - Yes
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57. When was your first COVID-19 diagnosis?

58. When was your second COVID-19 diagnosis?

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59. Did you receive a COVID-19 vaccination?
- No
- Yes
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60. Which COVID-19 vaccine did you receive?
- Pfizer
- Moderna
- AstraZeneca
- I am not sure
- Other

61. How many doses of the COVID-19 vaccine have you received?
- 1
- 2
GENCOV Study Intake and Baseline Questionnaire

62. When did you receive the first dose of the COVID-19 vaccine?

Continue later
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63. When did you receive the second dose of the COVID-19 vaccine?

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64. Did you experience any of the following side effect(s) as a direct result of the **first dose** of the COVID-19 vaccine?

- [ ] Fever and/or chills
- [ ] Tiredness
- [ ] Headache
- [ ] Pain, swelling, or redness at the site of injection
- [ ] I did not experience any side effects as a direct result of the first dose of the COVID-19 vaccine
- [ ] Other
GENCOV Study Intake and Baseline Questionnaire

65. How long after the administration of the first dose of the vaccine did you start experiencing symptoms?
- Less than 24 hours
- 1-2 days
- 3-4 days
- 5-6 days
- 1 week or longer

66. How long did your symptom(s) last after the administration of the first dose of the vaccine?
- Less than 24 hours
- 1-2 days
- 3-4 days
- 5-6 days
- 1 week or longer

Continue later
GENCOV Study Intake and Baseline Questionnaire

67. Did you experience any of the following side effect(s) as a direct result of the second dose of the COVID-19 vaccine?

- Fever and/or chills
- Tiredness
- Headache
- Pain, swelling, or redness at the site of injection
- I did not experience any side effects as a direct result of the second dose of the COVID-19 vaccine
- Other

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68. How long after the administration of the second dose of the vaccine did you start experiencing symptoms?
- ☐ Less than 24 hours
- ☐ 1-2 days
- ☐ 3-4 days
- ☐ 5-6 days
- ☐ 1 week or longer

69. How long did your symptom(s) last after the administration of the second dose of the vaccine?
- ☐ Less than 24 hours
- ☐ 1-2 days
- ☐ 3-4 days
- ☐ 5-6 days
- ☐ 1 week or longer

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70. Did you go to the Emergency Department as a result of your COVID-19 infection?

- No
- Yes
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71. On what date were you admitted to the emergency department?

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72. Were you hospitalized as a result of your COVID-19 infection?
- No
- Yes
GENCOV Study Intake and Baseline Questionnaire

73. What hospital were you admitted to?

74. What date were you first admitted to the hospital?

75. What date were you discharged from the hospital?

76. During your hospitalization, did you require any of the following medical interventions or procedures:

- Non-invasive ventilation (e.g. BiPAP, CPAP)
- Invasive ventilation
- Extra corporeal life support (ECLS)
- High-flow nasal cannula oxygen therapy
- Dialysis/Hemofiltration
- Medications (e.g. dopamine, epinephrine, vasopressin, neuromuscular blocking agents, antibiotics)
- Tracheostomy
- Nitric oxide inhalation
- Prone positioning (lying flat with the chest down and the back up)
- I did not require any intervention(s)/procedure(s) during my hospitalization
- Don’t know/not sure
- Other

77. Did you experience any complications during your hospitalization?

- No
- Yes
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78. What complication(s) did you experience during your hospitalization?

Check all that apply

- Pneumonia
- Acute Respiratory Distress Syndrome (ARDS)
- Pneumothorax (collapsed lung)
- Pleural effusion (water on the lungs)
- Bronchiolitis (infection of the lung bronchioles)
- Meningitis/Encephalitis (infection of the brain/spinal cord)
- Seizure
- Stroke
- Congestive heart failure
- Heart infection (e.g. endocarditis, myocarditis, pericarditis)
- Cardiac arrhythmia (heart rate abnormality)
- Cardiac ischemia (reduced blood flow to heart)
- Cardiac arrest
- Bacteremia (bacteria in the blood stream)
- Coagulation/clotting disorder
- Anemia
- Rhabdomyolysis/Myositis (breakdown/inflammation of muscle tissue)
- Kidney injury/failure
- Gastrointestinal hemorrhage/bleed
- Pancreas infection (e.g. pancreatitis)
- Liver injury/failure
- Hyperglycemia (elevated blood sugar)
- Hypoglycemia (reduced blood sugar)
- Don’t know/not sure
- Other

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Continue later
# GENCOV Study Intake and Baseline Questionnaire

## Section 4: Health Outcomes Questions

80. Considering your decision to learn your genome sequencing results, please answer the following questions:

<table>
<thead>
<tr>
<th>Q.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know which options are available to me.</td>
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<tr>
<td>I know the benefits of each option.</td>
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</tr>
<tr>
<td>I know the risks and side effects of each option.</td>
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<tr>
<td>I am clear about which benefits matter most to me.</td>
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<tr>
<td>I am clear about which risks and side effects matter most.</td>
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<tr>
<td>I am clear about which is more important to me (the benefits or the risks and side effects).</td>
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<tr>
<td>I have enough support from others to make a choice.</td>
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<tr>
<td>I am choosing without pressure from others.</td>
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<tr>
<td>I have enough advice to make a choice.</td>
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<tr>
<td>I am clear about the best choice for me.</td>
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<tr>
<td>I feel sure about what to choose.</td>
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<tr>
<td>This decision is easy for me to make.</td>
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<td>I feel I have made an informed choice.</td>
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<td>My decision shows what is important to me.</td>
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<tr>
<td>I expect to stick with my decision.</td>
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<tr>
<td>I am satisfied with my decision.</td>
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</tbody>
</table>
## GENCOV Study Intake and Baseline Questionnaire

### 81. Please answer the following questions about genomic sequencing

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Disagree Nor Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a variant in a gene that affects a person's risk of a disease is found, that disease can always be prevented or cured.</td>
<td></td>
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<tr>
<td>A health care provider can tell a person their exact chance of developing a disease based on the results from genome sequencing.</td>
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<tr>
<td>Scientists know how all variants of genes will affect a person's chances of developing diseases.</td>
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<tr>
<td>Even if a person has a variant in a gene that affects their risk of a disease, they may not develop that disease.</td>
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<tr>
<td>Genome sequencing is a routine test that most people can have through their physician's office.</td>
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<tr>
<td>Genome sequencing may find variants in a person's genes that they can pass on to their children.</td>
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<tr>
<td>Genome sequencing may give a person information about their chances of developing several different diseases.</td>
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<tr>
<td>Genome sequencing may find variants in a person's genes that will increase their chance of developing a disease in their lifetime.</td>
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<tr>
<td>Genome sequencing may find variants in a person's genes that will decrease their chance of developing a disease in their lifetime.</td>
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<tr>
<td>Genome sequencing may find variants in a person's genes that may determine how they respond to certain medicines.</td>
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<tr>
<td>A person's health habits, like diet and exercise, can affect whether or not their genes cause diseases.</td>
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</tbody>
</table>
GENCOV Study Intake and Baseline Questionnaire

Please tell me which answer option best describes how you have been feeling in the past week. Don’t take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought out response.

82. I feel tense or ‘wound up’:
   - Most of the time
   - A lot of the time
   - From time to time, occasionally
   - Not at all

83. I still enjoy the things I used to enjoy:
   - Definitely as much
   - Not quite so much
   - Only a little
   - Hardly at all

84. I get a sort of frightened feeling as if something awful is about to happen:
   - Very definitely and quite badly
   - Yes, but not too badly
   - A little, but it doesn’t worry me
   - Not at all

85. I can laugh and see the funny side of things:
   - As much as I always could
   - Not quite so much now
   - Definitely not as much now
   - Not at all

86. Worrying thoughts go through my mind:
   - A great deal of the time
   - A lot of the time
   - From time to time but not too often
   - Only occasionally

87. I feel cheerful:
   - Not at all
   - Not often
   - Sometimes
   - Most of the time

88. I can sit at ease and feel relaxed:
   - Definitely
   - Usually
   - Not often
   - Not at all

89. I feel as if I am slowed down:
90. I get a sort of frightened feeling like 'butterflies' in the stomach:
- Not at all
- Occasionally
- Quite often
- Very often

91. I have lost interest in my appearance:
- Definitely
- I don't take as much care as I should
- I may not take quite as much care
- I take just as much care as ever

92. I feel restless as if I have to be on the move:
- Very much indeed
- Quite a lot
- Not very much
- Not at all

93. I look forward with enjoyment to things:
- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

94. I get sudden feelings of panic:
- Very often indeed
- Quite often
- Not very often
- Not at all

95. I can enjoy a good book or radio or TV program:
- Often
- Sometimes
- Not often
- Very seldom
GENCOV Study Intake and Baseline Questionnaire

Choose one option for each questionnaire item.

96. In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

The following items are about activities you might do during a typical day.
Does your health now limit you in these activities? If so, how much?

97. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.
- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

98. Climbing several flights of stairs.
- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

99. Accomplished less than you would like.
- Yes
- No

100. Were limited in the kind of work or other activities.
- Yes
- No

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

101. Accomplished less than you would like.
- Yes
- No
102. Did work or activities less carefully than usual?
   - Yes
   - No

103. During the past 4 weeks, how much did pain interfere with your normal work (including work outside the home and housework)?
   - Not at all
   - A little bit
   - Moderately
   - Quite a bit
   - Extremely

These questions are about how you have been feeling during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

104. Have you felt calm & peaceful?
   - All of the time
   - Most of the time
   - A good bit of the time
   - Some of the time
   - A little of the time
   - None of the time

105. Did you have a lot of energy?
   - All of the time
   - Most of the time
   - A good bit of the time
   - Some of the time
   - A little of the time
   - None of the time

106. Have you felt down-hearted and blue?
   - All of the time
   - Most of the time
   - A good bit of the time
   - Some of the time
   - A little of the time
   - None of the time

107. Has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?
   - All of the time
   - Most of the time
   - Some of the time
   - A little of the time
   - None of the time
GENCOV Study Intake and Baseline Questionnaire

Please choose the answer that best represents your response.

108. How often do you have someone help you read hospital materials?
- Always
- Often
- Sometimes
- Occasionally
- Never

109. How often do you have problems learning about your medical condition because of difficulty understanding written information?
- Always
- Often
- Sometimes
- Occasionally
- Never

110. How often do you have a problem understanding what is told to you about your medical condition?
- Always
- Often
- Sometimes
- Occasionally
- Never

111. How confident are you filling out medical forms by yourself?
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Extremely
GENCOV Study Intake and Baseline Questionnaire

Please answer the following questions by selecting one response to each statement.

112. Having COVID-19 antibodies (i.e. positive serology results) means that I am protected from getting a COVID-19 infection in the future.
   - Strongly Disagree
   - Disagree
   - Neither Disagree nor Agree
   - Agree
   - Strongly Agree

113. Having a positive COVID-19 swab and not having COVID-19 antibodies (i.e. negative serology results) means that I am more susceptible to a COVID-19 infection in the future.
   - Strongly Disagree
   - Disagree
   - Neither Disagree nor Agree
   - Agree
   - Strongly Agree

114. The length of time after COVID-19 infection impacts whether my COVID-19 antibodies will be detectable.
   - Strongly Disagree
   - Disagree
   - Neither Disagree nor Agree
   - Agree
   - Strongly Agree

115. I may have been an asymptomatic carrier if I display no symptoms of COVID-19 infection but have a positive COVID-19 swab and antibody result.
   - Strongly Disagree
   - Disagree
   - Neither Disagree nor Agree
   - Agree
   - Strongly Agree

   - Strongly Disagree
   - Disagree
   - Neither Disagree nor Agree
   - Agree
   - Strongly Agree

117. NOT having COVID-19 antibodies (i.e. negative serology results) means that I never actually had a COVID-19 infection even if my COVID-19 swab was positive.
   - Strongly Disagree
   - Disagree
   - Neither Disagree not Agree
   - Agree
   - Strongly Agree

118. Scientists know everything there is to know about how COVID-19 antibodies work.
119. Serology testing for COVID-19 antibodies is available to everyone who gets tested for COVID-19.
- Strongly Disagree
- Disagree
- Neither Disagree nor Agree
- Agree
- Strongly Agree

120. If my COVID-19 antibody results are positive, I can reduce social distancing measures.
- Strongly Disagree
- Disagree
- Neither Disagree nor Agree
- Agree
- Strongly Agree

121. My COVID-19 viral strain result may change if I am eligible or not to receive the COVID-19 vaccine.
- Strongly Disagree
- Disagree
- Neither Disagree nor Agree
- Agree
- Strongly Agree

122. My COVID-19 viral strain result may impact the effectiveness of the COVID-19 vaccine.
- Strongly Disagree
- Disagree
- Neither Disagree nor Agree
- Agree
- Strongly Agree
Now, we would like to learn how you feel about genetics.

Which of the following words best describe what you feel about the developments arising from new discoveries in genetics (You may choose more than one word).

- Concerned
- Worried
- Optimistic
- Mixed feelings
- Enthusiastic
- Excited
- Confused
- Hopeful
- Cautious
- Horrified
- Indifferent
- Peasmistic
GENCOV Study Intake and Baseline Questionnaire

Next, we would like to learn a bit about your attitudes toward health care.

Do you agree or disagree with the following statements? (Please select only one response)

124. If the government has funded a health test or procedure, it is probably a worthwhile test to have.
   - Strongly agree
   - Agree
   - Neutral
   - Disagree
   - Strongly disagree

125. I think there are health tests and/or treatments that the government should fund, but they don't.
   - Strongly agree
   - Agree
   - Neutral
   - Disagree
   - Strongly disagree

126. The government wouldn't fund a health test or procedure if they were not sure of its benefits.
   - Strongly agree
   - Agree
   - Neutral
   - Disagree
   - Strongly disagree

127. The government will ensure a high-quality health care system.
   - Strongly agree
   - Agree
   - Neutral
   - Disagree
   - Strongly disagree

Now, we would like to ask you about new medical treatments.

128. Do you agree with the following statement:
   Modern medicine can cure almost any illness for people who have access to the most advanced technology and treatment.
   - Strongly agree
   - Agree
   - Neutral
   - Disagree
   - Strongly disagree
129. How important is it to you to be able to get the most advanced tests, drugs, medical procedures and equipment?
- Absolutely Essential
- Very Important
- Somewhat Important
- Not Important At All

Which of the following views is closest to your own?

130. Decisions about health care programs should be based primarily...
- ...On the advice of experts
- ...On the general public’s views

131. Decisions about health care programs should be based primarily...
- ...On scientific evidence about the risks and benefits involved
- ...On the moral and ethical issues involved
GENCOV Study Intake and Baseline Questionnaire

Section 5: Selection of Results from the GENCOV Study

Please indicate what information you wish to learn from the GENCOV study.

132. I would like to learn about my serology/COVID-19 antibody results
   - No
   - Yes

133. I would like to learn about clinically relevant findings for the following categories of genetic test results:
   - Check all that apply.
   - Please note that this decision is not final. If you wish, you may change your decision after speaking with the study Genetic Counsellor.
   - Clinically actionable genetic conditions (i.e. conditions with known treatments/management options to delay onset or prevent disease entirely)
   - Rare genetic conditions (NOT clinically actionable)
   - Common conditions (e.g. Type 2 diabetes, coronary artery disease)
   - Carrier status (i.e. conditions that do not affect you, but that you may carry and pass on to your children)
   - Drug reactions (i.e. how your body reacts to certain medications)
   - I do not want to learn about my genetic test results

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Continue later

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134. If you are found to have COVID-19 antibodies in your blood (i.e. your serology results come back positive), would you tell this information to your family members?

☐ No
☐ Yes
☐ Not sure
135. If we determined that one or more of your family members may have inherited the same genetic change/variant as we found in you, would you tell this information to your family members?

- No
- Yes
- Not sure
GENCOV Study Health Outcomes T1

This group of surveys will ask you about your feelings, thoughts, and experiences related to genetic testing, healthcare, and your results. These surveys will take approximately 5-10 minutes to complete.

If you have questions about the survey please do not hesitate to contact the study coordinator at (416) 586-4800 x 5738 or email GEN.COV@sinaihealth.ca.

1. Considering your decision to learn your genome sequencing results, please answer the following questions

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know which options are available to me.</td>
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<tr>
<td>I know the benefits of each option.</td>
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<tr>
<td>I know the risks and side effects of each option.</td>
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<tr>
<td>I am clear about which benefits matter most to me.</td>
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<tr>
<td>I am clear about which risks and side effects matter most.</td>
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<tr>
<td>I am clear about which is more important to me (the benefits or the risks and side effects).</td>
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<tr>
<td>I have enough support from others to make a choice.</td>
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<tr>
<td>I am choosing without pressure from others.</td>
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<tr>
<td>I have enough advice to make a choice.</td>
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<tr>
<td>I am clear about the best choice for me.</td>
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<tr>
<td>I feel sure about what to choose.</td>
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<tr>
<td>This decision is easy for me to make.</td>
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<tr>
<td>I feel I have made an informed choice.</td>
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<tr>
<td>My decision shows what is important to me.</td>
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<tr>
<td>I expect to stick with my decision.</td>
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<tr>
<td>I am satisfied with my decision.</td>
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</tr>
</tbody>
</table>
2. Please answer the following questions about genomic sequencing

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a variant in a gene that affects a person's risk of a disease is found, that disease can always be prevented or cured.</td>
<td>✗</td>
<td>✗</td>
<td></td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>A health care provider can tell a person their exact chance of developing a disease based on the results from genome sequencing.</td>
<td>✗</td>
<td>✗</td>
<td></td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Scientists know how all variants of genes will affect a person's chances of developing diseases.</td>
<td>✗</td>
<td>✗</td>
<td></td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Even if a person has a variant in a gene that affects their risk of a disease, they may not develop that disease.</td>
<td>✗</td>
<td>✗</td>
<td></td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Genome sequencing is a routine test that most people can have through their physician's office.</td>
<td>✗</td>
<td>✗</td>
<td></td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Genome sequencing may find variants in a person's genes that they can pass on to their children.</td>
<td>✗</td>
<td>✗</td>
<td></td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Genome sequencing may give a person information about their chances of developing several different diseases.</td>
<td>✗</td>
<td>✗</td>
<td></td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Genome sequencing may find variants in a person's genes that will increase their chance of developing a disease in their lifetime.</td>
<td>✗</td>
<td>✗</td>
<td></td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Genome sequencing may find variants in a person's genes that will decrease their chance of developing a disease in their lifetime.</td>
<td>✗</td>
<td>✗</td>
<td></td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Genome sequencing may find variants in a person's genes that may determine how they respond to certain medicines.</td>
<td>✗</td>
<td>✗</td>
<td></td>
<td>✗</td>
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</tr>
<tr>
<td>A person's health habits, like diet and exercise, can affect whether or not their genes cause diseases.</td>
<td>✗</td>
<td>✗</td>
<td></td>
<td>✗</td>
<td></td>
</tr>
</tbody>
</table>
3. I feel tense or 'wound up':
   - Most of the time
   - A lot of the time
   - From time to time, occasionally
   - Not at all

4. I still enjoy the things I used to enjoy:
   - Definitely as much
   - Not quite so much
   - Only a little
   - Hardly at all

5. I get a sort of frightened feeling as if something awful is about to happen:
   - Very definitely and quite badly
   - Yes, but not too badly
   - A little, but it doesn't worry me
   - Not at all

6. I can laugh and see the funny side of things:
   - As much as I always could
   - Not quite so much now
   - Definitely not as much now
   - Not at all

7. Worrying thoughts go through my mind:
   - A great deal of the time
   - A lot of the time
   - From time to time but not too often
   - Only occasionally

8. I feel cheerful:
   - Not at all
   - Not often
   - Sometimes
   - Most of the time

9. I can sit at ease and feel relaxed:
   - Definitely
   - Usually
   - Not often
   - Not at all

10. I feel as if I am slowed down:
11. I get a sort of frightened feeling like 'butterflies' in the stomach:
- Not at all
- Occasionally
- Quite often
- Very often

12. I have lost interest in my appearance:
- Definitely
- I don't take as much care as I should
- I may not take quite as much care
- I take just as much care as ever

13. I feel restless as if I have to be on the move:
- Very much indeed
- Quite a lot
- Not very much
- Not at all

14. I look forward with enjoyment to things:
- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

15. I get sudden feelings of panic:
- Very often indeed
- Quite often
- Not very often
- Not at all

16. I can enjoy a good book or radio or TV program:
- Often
- Sometimes
- Not often
- Very seldom
Thank you for your continued commitment to the GENCOV Study: Implementation of serological and molecular tools to inform COVID-19 patient management.

We ask that you complete this survey so that we may better understand your experiences after learning your COVID-19 antibody and genetic test results. We would also like to gather some additional information about you that is important for analyzing our data. The online questionnaire will take approximately 15-25 minutes to complete. Please note that you will be able to save your responses and return later to complete the questionnaire using the link provided in your survey invitation email.

Please note that this survey has skip logic. Therefore, depending on your responses to certain questions, some pages/questions may be skipped.

If you have questions about the survey please do not hesitate to contact the study coordinator at (416) 586-4800 x 5738 or email GEN.COVI@sinalhealth.ca.

1. Were you born in Canada?
   - ☑ No
   - ☑ Yes
GENCOV Study Health Outcomes T2

2. In what country were you born?

Page 2 of 45

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3. Did you travel within 1 month prior to your COVID-19 diagnosis?
   - ☐ No
   - ☑ Yes
4. Did you travel within or outside of Canada?
   - [ ] Within Canada
   - [x] Outside of Canada
5. Where did you travel to within Canada?
   Travel within Canada would be considered outside of Ontario
6. Where did you travel outside of Canada?

Please indicate your specific travel destination below (e.g. "Texas" or "Bahamas")

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7. What primary mode of transportation did you use to reach your destination?
- Airplane
- Train
- Automobile (e.g., car, bus)
- Boat
- Other

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10. Please provide the following information for each individual living in your household:

<table>
<thead>
<tr>
<th>Person</th>
<th>How old is this person?</th>
<th>What is this person’s relationship to you?</th>
<th>Was this person diagnosed with COVID-19?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>15</td>
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</tbody>
</table>
We have some additional questions about your medical history that we did not previously ask you, but that are important for us to collect for our research. Please kindly provide us with responses to the additional medical history questions below. If you are unsure about a certain medical condition/intervention, please select “Unsure.”

11. Have you ever had an organ transplant?
  - No
  - Yes
  - Unsure
GENCOV Study Health Outcomes T2

Have you ever had any of the following...

13. Gallbladder disease
   - No
   - Yes
   - Unsure

14. Pancreatic disease
   - No
   - Yes
   - Unsure

15. A continuous positive airway pressure (CPAP) machine
   - No
   - Yes
   - Unsure

16. Myocardial Infarction/heart attack
   - No
   - Yes
   - Unsure

17. Have you had any of the following heart surgeries/interventions:
   Check all that apply
   - Coronary artery bypass
   - Balloon angioplasty or percutaneous coronary intervention
   - Unsure
   - I have not had any heart surgeries/interventions
   - Other

18. Peripheral vascular disease
   - No
   - Yes
   - Unsure

19. Stroke
   - No
   - Yes
   - Unsure
20. Have you experienced any persisting symptoms since your initial COVID-19 diagnosis?
   Persisting symptoms are those that lasted 2 months (~8 weeks) or longer
   ☐ No
   ☐ Yes
## GENCOV Study Health Outcomes T2

21. Please indicate which of the following symptoms **persisted** and for approximately how long the symptoms persisted after your initial COVID-19 diagnosis. If you did not experience a persisting symptom, please check "not applicable".

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Not applicable/did not experience this persisting symptom</th>
<th>Symptom lasted 2 months</th>
<th>Symptom lasted 3 months</th>
<th>Symptom lasted 4 months</th>
<th>Symptom lasted 5 months</th>
<th>Symptom lasted 6 months</th>
<th>Symptom lasted 7 months or longer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td></td>
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<tr>
<td>Cough (with sputum/phlegm)</td>
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<tr>
<td>Cough (with bloody sputum/phlegm)</td>
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<tr>
<td>Cough (without sputum/phlegm or blood)</td>
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<tr>
<td>Sore throat</td>
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<tr>
<td>Runny nose/nasal congestion</td>
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<tr>
<td>Ear pain</td>
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<td>Wheezing</td>
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<tr>
<td>Chest pain</td>
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<td>Muscle aches</td>
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<td>Joint pain</td>
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<td>Fatigue</td>
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<tr>
<td>Shortness of breath</td>
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<td>Headache</td>
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<tr>
<td>Altered consciousness/confusion</td>
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<td>Seizures</td>
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<td>Abdominal pain</td>
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<tr>
<td>Vomiting/nausea</td>
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<td>Diarrhea</td>
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<tr>
<td>Conjunctivitis (pink eye)</td>
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<td>Skin rash</td>
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<td>Loss of taste</td>
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<td>Loss of smell</td>
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</table>

22. Did you experience any other **persisting** symptoms as a result of your COVID-19 infection that were not listed above?

- [ ] No
- [x] Yes
23. Have you received another diagnosis of COVID-19 since your initial COVID-19 infection (i.e. have you been re-infected with COVID-19)?

- No
- Yes
24. What was the date of diagnosis of your subsequent COVID-19 infection?

<table>
<thead>
<tr>
<th>Date of COVID-19 diagnosis</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
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<tbody>
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</tbody>
</table>
25. Did you choose to learn your COVID-19 antibody (serology) results as a part of the GENCOV study?
   - No
   - Yes
26. Did you receive a COVID-19 vaccination?
- No
- Yes
27. Did you take the COVID-19 vaccine before learning any COVID-19 antibody (serology) results?
- Yes
- No
26. Why didn't you take the COVID-19 vaccine after you learned your COVID-19 antibody (serology) results?
   - The vaccine was not available to me
   - I do not need the vaccine since I have COVID-19 antibodies
   - I do not need the vaccine since I do not have COVID-19 antibodies
   - Other
29. **Why did you take the COVID-19 vaccine after you learned your COVID-19 antibody (serology) results?**

- Because my COVID-19 antibody results were negative (no antibodies for COVID-19 found)
- Because my COVID-19 antibody results were positive (antibodies for COVID-19 found)
- Because my COVID-19 antibody results were inconclusive
- I made this decision independent of my COVID-19 antibody results
- Other
30. Since you responded to our first survey (the "baseline/intake" survey), how many doses of the COVID-19 vaccine have you received?

- None, I was fully vaccinated at the time of the first survey.
- 1
- 2
31. Was the vaccine you received for your second dose the same as the one you received for your first dose?
   e.g. You received Pfizer for both dose 1 AND 2.
   ☐ No
   ☐ Yes
32. Which COVID-19 vaccine did you receive for your second dose?

- Pfizer
- Moderna
- AstraZeneca
- I am not sure
- Other
33. Which COVID-19 vaccine did you receive for your first dose?
- Pfizer
- Moderna
- AstraZeneca
- I am not sure
- Other

34. Which COVID-19 vaccine did you receive for your second dose?
- Pfizer
- Moderna
- AstraZeneca
- I am not sure
- Other
35. When did you receive the first dose of the COVID-19 vaccine?

<table>
<thead>
<tr>
<th>Date of first dose of the COVID-19 vaccine</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th>Date of second dose of the COVID-19 vaccine</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
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</thead>
</table>

36. When did you receive the second dose of the COVID-19 vaccine?
37. Did you experience any of the following side effect(s) as a direct result of the first dose of the COVID-19 vaccine?
- Fever and/or chills
- Tiredness
- Headache
- Pain, swelling, or redness at the site of injection
- I did not experience any side effects as a direct result of the first dose of the COVID-19 vaccine
- Other
38. How long after the administration of the first dose of the vaccine did you start experiencing symptoms?
- Less than 24 hours
- 1-2 days
- 3-4 days
- 5-6 days
- 1 week or longer

39. How long did your symptom(s) last after the administration of the first dose of the vaccine?
- Less than 24 hours
- 1-2 days
- 3-4 days
- 5-6 days
- 1 week or longer
40. Did you experience any of the following side effect(s) as a direct result of the second dose of the COVID-19 vaccine?

- [ ] Fever and/or chills
- [ ] Tiredness
- [ ] Headache
- [ ] Pain, swelling, or redness at the site of injection
- [ ] I did not experience any side effects as a direct result of the second dose of the COVID-19 vaccine
- [ ] Other
41. How long after the administration of the second dose of the vaccine did you start experiencing symptoms?
- Less than 24 hours
- 1-2 days
- 3-4 days
- 5-6 days
- 1 week or longer

42. How long did your symptom(s) last after the administration of the second dose of the vaccine?
- Less than 24 hours
- 1-2 days
- 3-4 days
- 5-6 days
- 1 week or longer
43. Considering your decision to learn your genome sequencing results, please answer the following questions:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know which options are available to me.</td>
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<tr>
<td>I know the benefits of each option.</td>
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<tr>
<td>I know the risks and side effects of each option.</td>
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<tr>
<td>I am clear about which benefits matter most to me.</td>
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<tr>
<td>I am clear about which risks and side effects matter most.</td>
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<tr>
<td>I am clear about which is more important to me (the benefits or the risks and side effects).</td>
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<td>I have enough support from others to make a choice.</td>
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<tr>
<td>I am choosing without pressure from others.</td>
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<tr>
<td>I have enough advice to make a choice.</td>
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<tr>
<td>I am clear about the best choice for me.</td>
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<td>I feel sure about what to choose.</td>
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<tr>
<td>This decision is easy for me to make.</td>
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<td>I feel I have made an informed choice.</td>
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<td>My decision shows what is important to me.</td>
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<td>I expect to stick with my decision.</td>
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<tr>
<td>I am satisfied with my decision.</td>
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</tbody>
</table>
44. Please answer the following questions about genomic sequencing:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Disagree nor Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a variant in a gene that affects a person’s risk of a disease is found, that disease can always be prevented or cured.</td>
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<tr>
<td>A health care provider can tell a person their exact chance of developing a disease based on the results from genome sequencing.</td>
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<tr>
<td>Scientists know how all variants of genes will affect a person’s chances of developing diseases.</td>
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<tr>
<td>Even if a person has a variant in a gene that affects their risk of a disease, they may not develop that disease.</td>
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<tr>
<td>Genome sequencing is a routine test that most people can have through their physician’s office.</td>
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<tr>
<td>Genome sequencing may find variants in a person’s genes that they can pass on to their children.</td>
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<tr>
<td>Genome sequencing may give a person information about their chances of developing several different diseases.</td>
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<tr>
<td>Genome sequencing may find variants in a person’s genes that will increase their chance of developing a disease in their lifetime.</td>
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<tr>
<td>Genome sequencing may find variants in a person’s genes that will decrease their chance of developing a disease in their lifetime.</td>
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<tr>
<td>Genome sequencing may find variants in a person’s genes that may determine how they respond to certain medicines.</td>
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<tr>
<td>A person’s health habits, like diet and exercise, can affect whether or not their genes cause diseases.</td>
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</table>
GENCOV Study Health Outcomes T2

Please tell me which answer option best describes how you have been feeling in the past week. Don’t take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought out response.

45. I feel tense or 'wound up':
   - Most of the time
   - A lot of the time
   - From time to time, occasionally
   - Not at all

46. I still enjoy the things I used to enjoy:
   - Definitely as much
   - Not quite so much
   - Only a little
   - Hardly at all

47. I get a sort of frightened feeling as if something awful is about to happen:
   - Very definitely and quite badly
   - Yes, but not too badly
   - A little, but it doesn’t worry me
   - Not at all

48. I can laugh and see the funny side of things:
   - As much as I always could
   - Not quite so much now
   - Definitely not as much now
   - Not at all

49. Worrying thoughts go through my mind:
   - A great deal of the time
   - A lot of the time
   - From time to time but not too often
   - Only occasionally

50. I feel cheerful:
   - Not at all
   - Not often
   - Sometimes
   - Most of the time

51. I can sit at ease and feel relaxed:
   - Definitely
   - Usually
   - Not often
   - Not at all

52. I feel as if I am slowed down:
53. I get a sort of frightened feeling like 'butterflies' in the stomach:
- Not at all
- Occasionally
- Quite often
- Very often

54. I have lost interest in my appearance:
- Definitely
- I don't take as much care as I should
- I may not take quite as much care
- I take just as much care as ever

55. I feel restless as if I have to be on the move:
- Very much indeed
- Quite a lot
- Not very much
- Not at all

56. I look forward with enjoyment to things:
- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

57. I get sudden feelings of panic:
- Very often indeed
- Quite often
- Not very often
- Not at all

58. I can enjoy a good book or radio or TV program:
- Often
- Sometimes
- Not often
- Very seldom
<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>A good deal</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>How upset did you feel about your genomic sequencing results?</td>
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<td>How anxious or nervous did you feel about your genomic sequencing results?</td>
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<td>How sad did you feel about your genomic sequencing results?</td>
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<tr>
<td>How happy did you feel about your genomic sequencing results?</td>
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<tr>
<td>How relieved did you feel about your genomic sequencing results?</td>
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<tr>
<td>How much did you feel that you understood clearly your choices for disease prevention or early detection?</td>
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<td>How helpful was the information received from your genomic sequencing results in planning for the future?</td>
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<td>How frustrated did you feel that there are no definite disease prevention guidelines for you?</td>
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<tr>
<td>How uncertain did you feel about what your genomic sequencing results mean for you?</td>
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<tr>
<td>How uncertain did you feel about what your genomic sequencing results mean for your child(ren) and/or family's risk of disease?</td>
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<tr>
<td>How concerned did you feel that your genomic sequencing results would affect your insurance status?</td>
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<tr>
<td>How concerned did you feel that your genomic sequencing results would affect your employment status?</td>
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</table>
GENCOV Study Health Outcomes T2

Choose one option for each questionnaire item.

60. In general, would you say your health is:
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor

The following items are about activities you might do during a typical day.

Does your health now limit you in these activities? If so, how much?

61. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all

62. Climbing several flights of stairs.
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

63. Accomplished less than you would like.
   - Yes
   - No

64. Were limited in the kind of work or other activities.
   - Yes
   - No

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

65. Accomplished less than you would like.
   - Yes
   - No
66. Did work or activities less carefully than usual?
- Yes
- No

67. During the past 4 weeks, how much did pain interfere with your normal work (including work outside the home and housework)?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

These questions are about how you have been feeling during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

68. Have you felt calm & peaceful?
- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

69. Did you have a lot of energy?
- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

70. Have you felt down-hearted and blue?
- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

71. Has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?
- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
GENCOV Study Health Outcomes T2

73. Please indicate how useful you found your personal genome sequencing results for the following items:

<table>
<thead>
<tr>
<th>Item</th>
<th>Not at all useful</th>
<th>Slightly useful</th>
<th>Moderately useful</th>
<th>Very useful</th>
<th>Extremely useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helped me feel like I have more control over my health</td>
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<tr>
<td>Helped me to get a better perspective on my health status</td>
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<tr>
<td>Helped reduce my chances of getting sick</td>
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<td>Informed decisions I make about my medical care</td>
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<tr>
<td>Informed my reproductive decisions</td>
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<tr>
<td>Informed my end of life planning (e.g., whether you get or change your advanced directive/living will)</td>
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<tr>
<td>Helped explain a condition that I have</td>
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<td>Helped explain a family history of disease</td>
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<tr>
<td>Reassured me that I am healthy</td>
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<tr>
<td>Gives me information about specific diseases that I am concerned about</td>
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<tr>
<td>Helped tailor treatment(s) to me specifically</td>
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<tr>
<td>Helped me learn more about the risk of passing on a disease to my children or other descendants</td>
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<tr>
<td>Informed my plans for school or career</td>
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<td>Helped me or my family mentally prepare for the future</td>
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<tr>
<td>Contributed to my self-knowledge</td>
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<tr>
<td>Helped me feel more in control of my life</td>
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<tr>
<td>Simply provided interesting information</td>
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<tr>
<td>Satisfied my curiosity</td>
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<td>Helped me to use social programs, resources and services</td>
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<tr>
<td>Improved communication with family members</td>
<td></td>
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<tr>
<td>Feel good about helping the medical community</td>
<td></td>
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</tr>
<tr>
<td>Feel good about having information for family members</td>
<td></td>
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</tr>
</tbody>
</table>
GENCOV Study Health Outcomes T2

74. Before learning your COVID-19 antibody (serology) results, did you expect your results to be:
- Positive (COVID-19 antibodies detected)
- Negative (COVID-19 antibodies NOT detected)
- Inconclusive (Unable to determine if COVID-19 antibodies are present)
- Don't know/Unsure

75. Did/do you expect your COVID-19 antibody (serology) results to change over time?
- No
- Yes
- Don't know/Unsure
GENCOV Study Health Outcomes T2

Please answer the following questions by selecting one response to each statement.

76. Having COVID-19 antibodies (i.e. positive serology results) means that I am protected from getting a COVID-19 infection in the future.
   - Strongly Disagree
   - Disagree
   - Neither Disagree nor Agree
   - Agree
   - Strongly Agree

77. Having a positive COVID-19 swab and not having COVID-19 antibodies (i.e. negative serology results) means that I am more susceptible to a COVID-19 infection in the future.
   - Strongly Disagree
   - Disagree
   - Neither Disagree nor Agree
   - Agree
   - Strongly Agree

78. The length of time after COVID-19 infection impacts whether my COVID-19 antibodies will be detectable.
   - Strongly Disagree
   - Disagree
   - Neither Disagree nor Agree
   - Agree
   - Strongly Agree

79. I may have been an asymptomatic carrier if I display no symptoms of COVID-19 infection but have a positive COVID-19 swab and antibody result.
   - Strongly Disagree
   - Disagree
   - Neither Disagree nor Agree
   - Agree
   - Strongly Agree

80. My COVID-19 antibody results should always match the COVID-19 swab results.
   - Strongly Disagree
   - Disagree
   - Neither Disagree nor Agree
   - Agree
   - Strongly Agree

81. NOT having COVID-19 antibodies (i.e. negative serology results) means that I never actually had a COVID-19 infection even if my COVID-19 swab was positive.
   - Strongly Disagree
   - Disagree
   - Neither Disagree nor Agree
   - Agree
   - Strongly Agree

82. Scientists know everything there is to know about how COVID-19 antibodies work.
83. Serology testing for COVID-19 antibodies is available to everyone who gets tested for COVID-19.

84. If my COVID-19 antibody results are positive, I can reduce social distancing measures.

85. My COVID-19 viral strain result may change if I am eligible or not to receive the COVID-19 vaccine.

86. My COVID-19 viral strain result may impact the effectiveness of the COVID-19 vaccine.

87. The type of COVID-19 antibodies my body produces in response to a COVID-19 infection and a COVID-19 vaccination are the same.

88. Immunity (protection against future infection) acquired through previous COVID-19 infection is longer lasting than immunity acquired through vaccination.

89. If I have COVID-19 antibodies, I do not need to take a COVID-19 vaccine.

90. If I have COVID-19 antibodies after my first dose of the vaccine, I do not need to take the second dose of the vaccine.
<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Disagree nor Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>91. A higher level of COVID-19 antibodies produced after vaccination indicates a higher level of immunity/protection</td>
<td></td>
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</tr>
<tr>
<td>92. Different COVID-19 vaccines generate different COVID-19 antibody responses</td>
<td></td>
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</tr>
<tr>
<td>93. Different COVID-19 viral variants produce different COVID-19 antibody responses</td>
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</tr>
<tr>
<td>94. Mixing two different types of vaccines will results in a better antibody response</td>
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</tr>
<tr>
<td>95. Receiving a mRNA vaccine results in higher antibody levels in comparison to non-mRNA vaccines</td>
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</tbody>
</table>

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GENCOV Study Health Outcomes T2

Now, we would like to understand what actions you have taken because of the results you learned from this study. Have you done any of the following because of your COVID-19 antibody (serology) results that you learned from this study:

96. Because of my COVID-19 antibody results, I...

<table>
<thead>
<tr>
<th>Action</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spoke with my family doctor</td>
<td></td>
<td></td>
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<tr>
<td>Spoke with a medical specialist</td>
<td></td>
<td></td>
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<tr>
<td>Spoke with a genetics specialist</td>
<td></td>
<td></td>
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<tr>
<td>Spoke with another type of healthcare provider (you will be asked to specify)</td>
<td></td>
<td></td>
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<tr>
<td>Have had additional laboratory testing performed</td>
<td></td>
<td></td>
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<tr>
<td>Have made changes to my medications</td>
<td></td>
<td></td>
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<tr>
<td>Have made plans for my future (for example, financial decisions or long-term care arrangements)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have taken other actions (you will be asked to specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

97. Which healthcare providers were able to help you understand your COVID-19 antibody results?

Select all that apply

- [ ] Family Doctor
- [ ] Medical Specialist
- [ ] No health care providers were able to explain my results
- [ ] I did not speak with health care provider about my COVID-19 antibody results
- [ ] Other

98. If you selected “Medical Specialist,” please specify which type of medical specialist in the free text box below:

---

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Page 40 of 45
99. What type of healthcare provider did you speak with because of your COVID-19 antibody results?
100. Why did you speak with a healthcare provider about your COVID-19 antibody results?
Select all that apply
- I did not understand my results
- I felt it required medical follow-up
- I wanted my results placed in my medical records
- A healthcare provider referred me for follow-up
- Other
GENCOV Study Health Outcomes T2

101. What other actions have you taken because of your COVID-19 antibody results?
### GENCOV Study Health Outcomes T2

102. How have the following behaviours changed since you learned your COVID-19 antibody results from the study?

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Increased</th>
<th>Decreased</th>
<th>Stayed the same</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social distancing in public settings</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Hand hygiene (e.g. washing hands, using hand sanitizer)</td>
<td></td>
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<tr>
<td>Diet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
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<td></td>
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<tr>
<td>Number of social activities outside of the home</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Going outside of the home to your workplace</td>
<td></td>
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<tr>
<td>Essential activities outside the home (e.g. groceries)</td>
<td></td>
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<tr>
<td>Other activities outside the home (e.g. non-essential shopping)</td>
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</tr>
</tbody>
</table>
103. In your opinion, compared to other women/men your age in the general population, what are your chances of developing cancer over your lifetime?

- Much higher
- A little higher
- Average
- A little lower
- Much lower
- Do not know

Sinai Health

GENCOV Study Health Outcomes T2

The following question is about your disease risks you found through genomic sequencing.

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INTRO TEXT TBD

1. Have you experienced any persisting symptoms since your initial COVID-19 diagnosis?
   Persisting symptoms are those that lasted 2 months (~8 weeks) or longer
   - [ ] No
   - [ ] Yes
2. Please indicate which of the following symptoms persisted and for approximately how long the symptoms persisted after your initial COVID-19 diagnosis.

*If you did not experience a persisting symptom, please check "not applicable"*

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Not applicable/did not experience this persisting symptom</th>
<th>Symptom lasted 2 months</th>
<th>Symptom lasted 3 months</th>
<th>Symptom lasted 4 months</th>
<th>Symptom lasted 5 months</th>
<th>Symptom lasted 6 months</th>
<th>Symptom lasted 7 months or longer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Cough (with sputum/phlegm)</td>
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<td></td>
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<tr>
<td>Cough (with bloody sputum/phlegm)</td>
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<td></td>
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<tr>
<td>Cough (without sputum/phlegm or blood)</td>
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<td></td>
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<tr>
<td>Sore throat</td>
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<tr>
<td>Runny nose/nasal congestion</td>
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<tr>
<td>Ear pain</td>
<td></td>
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<tr>
<td>Wheezing</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Chest pain</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Muscle aches</td>
<td></td>
<td></td>
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<tr>
<td>Joint pain</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td></td>
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<td></td>
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<tr>
<td>Shortness of breath</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Headache</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Altered consciousness/confusion</td>
<td></td>
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<td></td>
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<tr>
<td>Seizures</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Abdominal pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting/nausea</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
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</tr>
<tr>
<td>Conjunctivitis (pink eye)</td>
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<tr>
<td>Skin rash</td>
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<tr>
<td>Loss of taste</td>
<td></td>
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</tr>
<tr>
<td>Loss of smell</td>
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</tr>
</tbody>
</table>

3. Did you experience any other persisting symptoms as a result of your COVID-19 infection that were not listed above?

- No
- Yes
If yes, please tell us what other symptom(s) you had and approximately how long the symptom(s) lasted.
4. Have you received another diagnosis of COVID-19 since your initial COVID-19 infection (i.e. have you been re-infected with COVID-19)?
   - No
   - Yes
5. What was the date of diagnosis of your subsequent COVID-19 infection?

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Date of COVID-19 diagnosis
6. Did you choose to learn your COVID-19 antibody (serology) results as a part of the GENCOV study?

- ☐ No
- ☐ Yes
GENCOV Health Outcomes T3

7. Did you receive a COVID-19 vaccination?
   ☐ No
   ☑ Yes

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8. Since you responded to the last survey (the "T2" survey), how many doses of the COVID-19 vaccine have you received?
   - None, I was fully vaccinated at the time of the last survey (T2).
   - 1
   - 2
9. Was the vaccine you received for your second dose the same as the one you received for your first dose?
   e.g. You received Pfizer for both dose 1 AND 2.
   ☐ No
   ☐ Yes
10. Which COVID-19 vaccine did you receive for your second dose?
- Pfizer
- Moderna
- AstraZeneca
- I am not sure
- Other
11. Which COVID-19 vaccine did you receive for your first dose?
   - Pfizer
   - Moderna
   - AstraZeneca
   - I am not sure
   - Other

12. Which COVID-19 vaccine did you receive for your second dose?
   - Pfizer
   - Moderna
   - AstraZeneca
   - I am not sure
   - Other
13. When did you receive the first dose of the COVID-19 vaccine?

<table>
<thead>
<tr>
<th>Date of first dose of the COVID-19 vaccine</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

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15. Did you experience any of the following side effect(s) as a direct result of the first dose of the COVID-19 vaccine?

- Fever and/or chills
- Tiredness
- Headache
- Pain, swelling, or redness at the site of injection
- I did not experience any side effects as a direct result of the first dose of the COVID-19 vaccine
- Other
16. How long after the administration of the first dose of the vaccine did you start experiencing symptoms?
- Less than 24 hours
- 1-2 days
- 3-4 days
- 5-6 days
- 1 week or longer

17. How long did your symptom(s) last after the administration of the first dose of the vaccine?
- Less than 24 hours
- 1-2 days
- 3-4 days
- 5-6 days
- 1 week or longer
18. Did you experience any of the following side effect(s) as a direct result of the second dose of the COVID-19 vaccine?

- Fever and/or chills
- Tiredness
- Headache
- Pain, swelling, or redness at the site of injection
- I did not experience any side effects as a direct result of the first dose of the COVID-19 vaccine
- Other
21. Did you take the COVID-19 vaccine before learning any COVID-19 antibody (serology) results?
   - No
   - Yes
22. Why didn't you take the COVID-19 vaccine after you learned your COVID-19 antibody (serology) results?
- The vaccine was not available to me
- I do not need the vaccine since I have COVID-19 antibodies
- I do not need the vaccine since I do not have COVID-19 antibodies
- Other
23. Why did you take the COVID-19 vaccine after you learned your COVID-19 antibody (serology) results?
- Because my COVID-19 antibody results were negative (no antibodies for COVID-19 found)
- Because my COVID-19 antibody results were positive (antibodies for COVID-19 found)
- Because my COVID-19 antibody results were inconclusive
- I made this decision independent of my COVID-19 antibody results
- Other
24. Considering your decision to learn your genome sequencing results, please answer the following questions.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know which options are available to me.</td>
<td></td>
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</tr>
<tr>
<td>I know the benefits of each option.</td>
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</tr>
<tr>
<td>I know the risks and side effects of each option.</td>
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</tr>
<tr>
<td>I am clear about which benefits matter most to me.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>I am clear about which risks and side effects matter most.</td>
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<td></td>
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</tr>
<tr>
<td>I am clear about which is more important to me (the benefits or the risks and side effects).</td>
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<tr>
<td>I have enough support from others to make a choice.</td>
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<tr>
<td>I am choosing without pressure from others.</td>
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<tr>
<td>I have enough advice to make a choice.</td>
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<tr>
<td>I am clear about the best choice for me.</td>
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<tr>
<td>I feel sure about what to choose.</td>
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<tr>
<td>This decision is easy for me to make.</td>
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<tr>
<td>I feel I have made an informed choice.</td>
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<tr>
<td>My decision shows what is important to me.</td>
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<tr>
<td>I expect to stick with my decision.</td>
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<tr>
<td>I am satisfied with my decision.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Statement</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neither Disagree nor Agree</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Once a variant in a gene that affects a person's risk of a disease is found, that disease can always be prevented or cured.</td>
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<tr>
<td>A health care provider can tell a person their exact chance of developing a disease based on the results from genome sequencing.</td>
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<tr>
<td>Scientists know how all variants of genes will affect a person's chances of developing diseases.</td>
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<tr>
<td>Even if a person has a variant in a gene that affects their risk of a disease, they may not develop that disease.</td>
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<tr>
<td>Genome sequencing is a routine test that most people can have through their physician's office.</td>
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<tr>
<td>Genome sequencing may find variants in a person's genes that they can pass on to their children.</td>
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<tr>
<td>Genome sequencing may give a person information about their chances of developing several different diseases.</td>
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<tr>
<td>Genome sequencing may find variants in a person's genes that will increase their chance of developing a disease in their lifetime.</td>
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</tr>
<tr>
<td>Genome sequencing may find variants in a person's genes that will decrease their chance of developing a disease in their lifetime.</td>
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</tr>
<tr>
<td>Genome sequencing may find variants in a person's genes that may determine how they respond to certain medicines.</td>
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<tr>
<td>A person's health habits, like diet and exercise, can affect whether or not their genes cause diseases.</td>
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</tr>
</tbody>
</table>
GENCOV Health Outcomes T3

Please tell me which answer option best describes how you have been feeling in the past week. Don't take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought out response.

26. I feel tense or 'wound up':
   - Most of the time
   - A lot of the time
   - From time to time, occasionally
   - Not at all

27. I still enjoy the things I used to enjoy:
   - Definitely as much
   - Not quite so much
   - Only a little
   - Hardly at all

28. I get a sort of frightened feeling as if something awful is about to happen:
   - Very definitely and quite badly
   - Yes, but not too badly
   - A little, but it doesn't worry me
   - Not at all

29. I can laugh and see the funny side of things:
   - As much as I always could
   - Not quite so much now
   - Definitely not as much now
   - Not at all

30. Worrying thoughts go through my mind:
   - A great deal of the time
   - A lot of the time
   - From time to time but not too often
   - Only occasionally

31. I feel cheerful:
   - Not at all
   - Not often
   - Sometimes
   - Most of the time

32. I can sit at ease and feel relaxed:
   - Definitely
   - Usually
   - Not often
   - Not at all

33. I feel as if I am slowed down:
34. I get a sort of frightened feeling like 'butterflies' in the stomach:
- Not at all
- Occasionally
- Quite often
- Very often

35. I have lost interest in my appearance:
- Definitely
- I don't take as much care as I should
- I may not take quite as much care
- I take just as much care as ever

36. I feel restless as if I have to be on the move:
- Very much indeed
- Quite a lot
- Not very much
- Not at all

37. I look forward with enjoyment to things:
- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

38. I get sudden feelings of panic:
- Very often indeed
- Quite often
- Not very often
- Not at all

39. I can enjoy a good book or radio or TV program:
- Often
- Sometimes
- Not often
- Very seldom
40. The following questions ask about how you felt after receiving your genomic sequencing results. Please indicate how much you had each specific feeling by clicking one answer for each question:

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>A good deal</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>How upset did you feel about your genomic sequencing results?</td>
<td></td>
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<tr>
<td>How anxious or nervous did you feel about your genomic sequencing results?</td>
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<tr>
<td>How sad did you feel about your genomic sequencing results?</td>
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<tr>
<td>How happy did you feel about your genomic sequencing results?</td>
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<tr>
<td>How relieved did you feel about your genomic sequencing results?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>How much did you feel that you understood clearly your choices for disease prevention or early detection?</td>
<td></td>
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<tr>
<td>How helpful was the information received from your genomic sequencing results in planning for the future?</td>
<td></td>
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<tr>
<td>How frustrated did you feel that there are no definite disease prevention guidelines for you?</td>
<td></td>
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</tr>
<tr>
<td>How uncertain did you feel about what your genomic sequencing results mean for you?</td>
<td></td>
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</tr>
<tr>
<td>How uncertain did you feel about what your genomic sequencing results mean for your child(ren) and/or family’s risk of disease?</td>
<td></td>
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<tr>
<td>How concerned did you feel that your genomic sequencing results would affect your insurance status?</td>
<td></td>
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<tr>
<td>How concerned did you feel that your genomic sequencing results would affect your employment status?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
GENCOV Health Outcomes T3

Choose one option for each questionnaire item.

41. In general, would you say your health is:
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor

The following items are about activities you might do during a typical day.

Does your health now limit you in these activities? If so, how much?

42. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all

43. Climbing several flights of stairs.
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

44. Accomplished less than you would like.
   - Yes
   - No

45. Were limited in the kind of work or other activities.
   - Yes
   - No

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

46. Accomplished less than you would like.
   - Yes
   - No
47. Did work or activities less carefully than usual?
   ☐ Yes
   ☐ No

48. During the past 4 weeks, how much did pain interfere with your normal work (including work outside the home and housework)?
   ☐ Not at all
   ☐ A little bit
   ☐ Moderately
   ☐ Quite a bit
   ☐ Extremely

These questions are about how you have been feeling during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

49. Have you felt calm & peaceful?
   ☐ All of the time
   ☐ Most of the time
   ☐ A good bit of the time
   ☐ Some of the time
   ☐ A little of the time
   ☐ None of the time

50. Did you have a lot of energy?
   ☐ All of the time
   ☐ Most of the time
   ☐ A good bit of the time
   ☐ Some of the time
   ☐ A little of the time
   ☐ None of the time

51. Have you felt down-hearted and blue?
   ☐ All of the time
   ☐ Most of the time
   ☐ A good bit of the time
   ☐ Some of the time
   ☐ A little of the time
   ☐ None of the time

52. Has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?
   ☐ All of the time
   ☐ Most of the time
   ☐ Some of the time
   ☐ A little of the time
   ☐ None of the time
53. How well do you understand your genomic sequencing results?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

54. Please indicate how useful you found your personal genome sequencing results for the following items:

<table>
<thead>
<tr>
<th>Item</th>
<th>Not at all useful</th>
<th>Slightly useful</th>
<th>Moderately useful</th>
<th>Very useful</th>
<th>Extremely useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helped me feel like I have more control over my health</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Helped me to get a better perspective on my health status</td>
<td></td>
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<tr>
<td>Helped reduce my chances of getting sick</td>
<td></td>
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<tr>
<td>Informed decisions I make about my medical care</td>
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<tr>
<td>Informed my reproductive decisions</td>
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<tr>
<td>Informed my end of life planning (e.g., whether you get or change your advanced directive/living will)</td>
<td></td>
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<tr>
<td>Helped explain a condition that I have</td>
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<tr>
<td>Helped explain a family history of disease</td>
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<tr>
<td>Reassured me that I am healthy</td>
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<tr>
<td>Gives me information about specific diseases that I am concerned about</td>
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<tr>
<td>Helped tailor treatment(s) to me specifically</td>
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<tr>
<td>Helped me learn more about the risk of passing on a disease to my children or other descendants</td>
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<tr>
<td>Informed my plans for school or career</td>
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<tr>
<td>Helped me or my family mentally prepare for the future</td>
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<tr>
<td>Contributed to my self-knowledge</td>
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<tr>
<td>Helped me feel more in control of my life</td>
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<tr>
<td>Simply provided interesting information</td>
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<tr>
<td>Satisfied my curiosity</td>
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<tr>
<td>Helped me to use social programs, resources and services</td>
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<tr>
<td>Improved communication with family members</td>
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<tr>
<td>Feel good about helping the medical community</td>
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<tr>
<td>Feel good about having information for family members</td>
<td></td>
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</tr>
</tbody>
</table>
GENCOV Health Outcomes T3

We are interested in learning about experiences with discrimination, by this we mean being unfairly prevented from doing something, or being treated unfairly.

56. We are interested in learning about experiences with discrimination, by this we mean being unfairly prevented from doing something, or being treated unfairly.

<table>
<thead>
<tr>
<th></th>
<th>Have you ever worried about discrimination because of genome sequencing results?</th>
<th>Have you ever experienced discrimination because of genome sequencing results?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>At school</td>
<td></td>
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<tr>
<td>At work</td>
<td></td>
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<tr>
<td>When getting hired or getting a job?</td>
<td></td>
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<tr>
<td>When establishing a relationship</td>
<td></td>
<td></td>
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<tr>
<td>When making choices about having children</td>
<td></td>
<td></td>
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<tr>
<td>When getting medical care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When getting custody or access to your children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By a life insurance company</td>
<td></td>
<td></td>
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<tr>
<td>By a long term disability insurance company or agent</td>
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<td></td>
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<tr>
<td>By a mortgage company or agent</td>
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<td></td>
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<tr>
<td>By a member of your family</td>
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<tr>
<td>By a friend</td>
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<tr>
<td>By your spouse</td>
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<td></td>
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<tr>
<td>By a boy/girl friend</td>
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<tr>
<td>By your community</td>
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<tr>
<td>By your religious organization</td>
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<tr>
<td>By your doctor</td>
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<tr>
<td>By other health care professionals</td>
<td></td>
<td></td>
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<tr>
<td>By a genetic counselling service</td>
<td></td>
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<tr>
<td>By a blood bank</td>
<td></td>
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<tr>
<td>By an adoption agency</td>
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<tr>
<td>Other (you will be asked to specify)</td>
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</tr>
</tbody>
</table>
56. Before learning your COVID-19 antibody (serology) results, did you expect your results to be:
- Positive (COVID-19 antibodies detected)
- Negative (COVID-19 antibodies NOT detected)
- Inconclusive (Unable to determine if COVID-19 antibodies are present)
- Don’t know/Unsure

57. Did/do you expect your COVID-19 antibody (serology) results to change over time?
- No
- Yes
- Don’t know/Unsure
Now, we would like to understand what actions you have taken because of the results you learned from this study. Have you done any of the following because of your results that you learned from the study:

58. Because of my genome sequencing results...
   Please check all that apply
   - I spoke with my family doctor
   - I spoke with a medical specialist
   - I spoke with a genetic specialist
   - I spoke with another type of healthcare provider (you will be asked to specify)
   - I have had additional laboratory testing performed
   - I have made changes to my medications
   - I have made plans for my future (for example, financial decisions or long-term care arrangements)
   - I have taken other actions (you will be asked to specify)
   - I have started to have yearly medical check-ups to be monitored for diseases that I am at risk for
   - I have had imaging test(s) to monitor for disease that I am at risk for (for example, colonoscopy)
   - I have had surgery to prevent disease that I may be at risk for
59. What type of healthcare provider did you speak with because of your genome sequencing results?
GENCOV Health Outcomes T3

60. Why did you speak with a healthcare provider about your genome sequencing results?
   Select all that apply
   - I did not understand my results
   - I felt it required medical follow-up
   - I wanted my results placed in my medical records
   - A healthcare provider referred me for follow-up
   - Other

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GENCOV Health Outcomes T3

61. What other actions have you taken because of your genome sequencing results?

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GENCOV Health Outcomes T3

62. Because of my COVID-19 antibody (serology) results...
Please check all that apply
- I spoke with my family doctor
- I spoke with a medical specialist
- I spoke with a genetic specialist
- I spoke with another type of healthcare provider (you will be asked to specify)
- I have had additional laboratory testing performed
- I have made changes to my medications
- I have made plans for my future (for example, financial decisions or long-term care arrangements)
- I have taken other actions (you will be asked to specify)
63. What type of healthcare provider did you speak with because of your COVID-19 antibody results?
**GENCOV Health Outcomes T3**

64. Why did you speak with a healthcare provider about your COVID-19 antibody results?
   Select all that apply
   - I did not understand my results
   - I felt it required medical follow-up
   - I wanted my results placed in my medical records
   - A healthcare provider referred me for follow-up
   - Other

---

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65. What other actions have you taken because of your COVID-19 antibody results?
66. Because of my viral strain results...

Please check all that apply

- I spoke with my family doctor
- I spoke with a medical specialist
- I spoke with a genetic specialist
- I spoke with another type of healthcare provider (you will be asked to specify)
- I have had additional laboratory testing performed
- I have made changes to my medications
- I have made plans for my future (for example, financial decisions or long-term care arrangements)
- I have taken other actions (you will be asked to specify)
67. What type of healthcare provider did you speak with because of your viral strain results?
GENCOV Health Outcomes T3

68. Why did you speak with a healthcare provider about your viral strain results? Select all that apply
- I did not understand my results
- I felt it required medical follow-up
- I wanted my results placed in my medical records
- A healthcare provider referred me for follow-up
- Other

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GENCOV Health Outcomes T3

69. What other actions have you taken because of your viral strain results?

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70. Because of my polygenic risk score (PRS) results...

Please check all that apply

- I spoke with my family doctor
- I spoke with a medical specialist
- I spoke with a genetic specialist
- I spoke with another type of healthcare provider (you will be asked to specify)
- I have had additional laboratory testing performed
- I have made changes to my medications
- I have made plans for my future (for example, financial decisions or long-term care arrangements)
- I have taken other actions (you will be asked to specify)
- I have started to have yearly medical check-ups to be monitored for diseases that I am at risk for
- I have had imaging test(s) to monitor for disease that I am at risk for (for example, colonoscopy)
- I have had surgery to prevent disease that I may be at risk for
GENCOV Health Outcomes T3

71. What type of healthcare provider did you speak with because of your polygenic risk score results?

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72. Why did you speak with a healthcare provider about your polygenic risk score results?
Select all that apply:
- I did not understand my results
- I felt it required medical follow-up
- I wanted my results placed in my medical records
- A healthcare provider referred me for follow-up
- Other
73. What other actions have you taken because of your polygenic risk score results?
74. Which healthcare providers were able to help you understand your *genome sequencing* results?
   - Family Doctor
   - Medical Specialist
   - No health care providers were able to explain my results
   - I did not speak with health care provider about my genome sequencing results
   - Other

75. If you selected "Medical Specialist" above, please specify which type of medical specialist in the free text box below:
   
76. Which healthcare providers were able to help you understand your *COVID-19 antibody* results?
   - Family Doctor
   - Medical Specialist
   - No health care providers were able to explain my results
   - I did not speak with health care provider about my COVID-19 antibody results
   - Other

77. If you selected "Medical Specialist" above, please specify which type of medical specialist in the free text box below:
   
78. Which healthcare providers were able to help you understand your *viral strain* results?
   - Family Doctor
   - Medical Specialist
   - No health care providers were able to explain my results
   - I did not speak with health care provider about my viral strain results
   - Other

79. If you selected "Medical Specialist" above, please specify which type of medical specialist in the free text box below:
   
80. Which healthcare providers were able to help you understand your *polygenic risk score for common conditions*?
   - Family Doctor
   - Medical Specialist
   - No health care providers were able to explain my results
   - I did not speak with health care provider about my polygenic risk score for common conditions
   - Other

81. If you selected "Medical Specialist" above, please specify which type of medical specialist in the free text box below:
82. Because of my COVID-19 vaccination...
Please check all that apply
- I spoke with my family doctor
- I spoke with a medical specialist
- I spoke with a genetic specialist
- I spoke with another type of healthcare provider (you will be asked to specify)
- I have had additional laboratory testing performed
- I have made changes to my medications
- I have made plans for my future (for example, financial decisions or long-term care arrangements)
- I have taken other actions (you will be asked to specify)

83. Which healthcare providers were able to help you understand your COVID-19 vaccination?
Select all that apply
- Family Doctor
- Medical Specialist
- No health care providers were able to explain my vaccination
- I did not speak with heath care provider about my COVID-19 vaccination
- Other

84. If you selected "Medical Specialist" above, please specify which type of medical specialist in the free text box below:
GENCOV Health Outcomes T3

85. What type of healthcare provider did you speak with because of your COVID-19 vaccination?
86. Why did you speak with a healthcare provider about your COVID-19 vaccination?
Select all that apply
☐ I felt it required medical follow-up
☐ I wanted my vaccination status placed in my medical records
☐ A healthcare provider referred me for follow-up
☐ Other
87. What other actions have you taken because of your COVID-19 vaccination?
**GENCOV Health Outcomes T3**

88. How have the following behaviours changed since you learned your **genome sequencing results** from the study:

<table>
<thead>
<tr>
<th>Diet</th>
<th>Increased</th>
<th>Decreased</th>
<th>Stayed the same</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

89. More specifically, how have the following behaviours changed since you learned your **polygenic risk score (PRS) for common conditions** from the study:

<table>
<thead>
<tr>
<th>Diet</th>
<th>Increased</th>
<th>Decreased</th>
<th>Stayed the same</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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GENCOV Health Outcomes T3

90. Please describe how your diet has changed as a result of learning your polygenic risk score (PRS) for common conditions results:

91. Which of the following best describes your current diet?
   Check all that apply:
   - Omnivore/no specific dietary restrictions
   - Vegetarian
   - Vegan
   - Pescatarian
   - Ketotarian
   - Paleotarian
   - Dairy-free
   - Gluten-free
   - Other
92. Do you smoke?
Includes cigarettes, vaping, cannabis, etc. If yes, you will be asked to specify.

☐ No, I never smoked
☐ No, but I used to smoke (former smoker)
☐ Yes, I currently smoke
GENCOV Health Outcomes T3

Q. Did you stop smoking as a result of learning your polygenic risk score (PRS) for common conditions?
   ☐ No, it was unrelated to my polygenic risk score (PRS) results
   ☐ Yes
94. How long have you been smoking/how long did you smoke for (in years)?

95. What do/did you smoke?
   Check all that apply
   - Cigarettes
   - E-cigarette/vape
   - Cannabis
   - Other
96. Approximately how many packs of cigarettes per day do/did you smoke?
97. Approximately how many cartridges do/did you finish in your vaporizer/E-cigarette per week?
GENCOV Health Outcomes T3

9. Approximately how much cannabis do/did you smoke per week?
   e.g. 2-3 joints per week

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99. How have the following behaviours changed since you learned your COVID-19 antibody results from the study:

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Increased</th>
<th>Decreased</th>
<th>Stayed the same</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social distancing in public settings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand hygiene (for example, washing hands, using hand sanitizer)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of social activities outside of the home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going outside of the home to your workplace</td>
<td></td>
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<tr>
<td>Essential activities outside the home (e.g., groceries)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Other activities outside the home (e.g., non-essential shopping)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
GENCOV Health Outcomes T3

100. How have the following behaviours changed since you learned your viral strain results from the study:

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Increased</th>
<th>Decreased</th>
<th>Stayed the same</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social distancing in public settings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand hygiene (for example, washing hands, using hand sanitizer)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of social activities outside of the home</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Going outside of the home to your workplace</td>
<td></td>
<td></td>
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<tr>
<td>Essential activities outside the home (e.g. groceries)</td>
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<tr>
<td>Other activities outside the home (e.g. non-essential shopping)</td>
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</tbody>
</table>
GENCOV Health Outcomes T3

How have the following behaviours changed *since being vaccinated* against COVID-19:

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Increased</th>
<th>Decreased</th>
<th>Stayed the same</th>
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</table>
Please answer the following questions by selecting one response to each statement.

102. Having COVID-19 antibodies (i.e. positive serology results) means that I am protected from getting a COVID-19 infection in the future.
   - Strongly Disagree
   - Disagree
   - Neither Disagree nor Agree
   - Agree
   - Strongly Agree

103. Having a positive COVID-19 swab and not having COVID-19 antibodies (i.e. negative serology results) means that I am more susceptible to a COVID-19 infection in the future.
   - Strongly Disagree
   - Disagree
   - Neither Disagree nor Agree
   - Agree
   - Strongly Agree

104. The length of time after COVID-19 infection impacts whether my COVID-19 antibodies will be detectable.
   - Strongly Disagree
   - Disagree
   - Neither Disagree nor Agree
   - Agree
   - Strongly Agree

105. I may have been an asymptomatic carrier if I display no symptoms of COVID-19 infection but have a positive COVID-19 swab and antibody result.
   - Strongly Disagree
   - Disagree
   - Neither Disagree nor Agree
   - Agree
   - Strongly Agree

106. My COVID-19 antibody results should always match the COVID-19 swab results.
   - Strongly Disagree
   - Disagree
   - Neither Disagree nor Agree
   - Agree
   - Strongly Agree

107. NOT having COVID-19 antibodies (i.e. negative serology results) means that I never actually had a COVID-19 infection even if my COVID-19 swab was positive.
   - Strongly Disagree
   - Disagree
   - Neither Disagree not Agree
   - Agree
   - Strongly Agree

108. Scientists know everything there is to know about how COVID-19 antibodies work.
109. Serology testing for COVID-19 antibodies is available to everyone who gets tested for COVID-19.

110. If my COVID-19 antibody results are positive, I can reduce social distancing measures.

111. My COVID-19 viral strain result may change if I am eligible or not to receive the COVID-19 vaccine.

112. My COVID-19 viral strain result may impact the effectiveness of the COVID-19 vaccine.

113. The type of COVID-19 antibodies my body produces in response to a COVID-19 infection and a COVID-19 vaccination are the same.

114. Immunity (protection against future infection) acquired through previous COVID-19 infection is longer lasting than immunity acquired through vaccination.

115. If I have COVID-19 antibodies, I do not need to take a COVID-19 vaccine.

116. If I have COVID-19 antibodies after my first dose of the vaccine, I do not need to take the second dose of the vaccine.
117. A higher level of COVID-19 antibodies produced after vaccination indicates a higher level of immunity/protection
- Strongly Disagree
- Disagree
- Neither Disagree nor Agree
- Agree
- Strongly Agree

118. Different COVID-19 vaccines generate different COVID-19 antibody responses
- Strongly Disagree
- Disagree
- Neither Disagree nor Agree
- Agree
- Strongly Agree

119. Different COVID-19 viral variants produce different COVID-19 antibody responses
- Strongly Disagree
- Disagree
- Neither Disagree nor Agree
- Agree
- Strongly Agree

120. Mixing two different types of vaccines will result in a better antibody response
- Strongly Disagree
- Disagree
- Neither Disagree nor Agree
- Agree
- Strongly Agree

121. Receiving a mRNA vaccine results in higher antibody levels in comparison to non-mRNA vaccines
- Strongly Disagree
- Disagree
- Neither Disagree nor Agree
- Agree
- Strongly Agree
122. In your opinion, compared to other women/men your age in the general population, what are your chances of developing cancer over your lifetime?
- Much higher
- A little higher
- Average
- A little lower
- Much lower
- Do not know