



## 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.COV@sinaihealth.ca.

#### 1. Study ID

Your study ID can be found in the first line of your study invitation email, it has 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

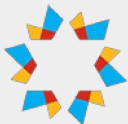
If something else, please indicate your gender identity using the text box provided

Page 1 of 50

Continue later



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4. How many children have you given birth to?

☐ 0

☐ 1

☐ 2

☐ 3

☒ 4 or more


5. Are you currently pregnant?

☐ No

☐ Yes

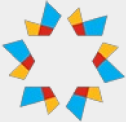
Page 2 of 50

[Continue later](#)



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6. How far along are you in your pregnancy (i.e. gestational age) in weeks?

Page 3 of 50

[Continue later](#)



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## GENCOV Study Intake and Baseline Questionnaire

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, Trinidadian, 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

Page 4 of 50

[Continue later](#)



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## GENCOV Study Intake and Baseline Questionnaire

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:

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11. Genetic testing

☐ No

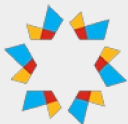
☐ Yes

Page 5 of 50

[Continue later](#)



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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.*

Page 6 of 50

[Continue later](#)



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## GENCOV Study Intake and Baseline Questionnaire


14. Hereditary Genetic Condition(s) (e.g. cystic fibrosis, muscular dystrophy, sickle cell anemia, Marfan syndrome)

☐ No  
☐ Yes

Page 7 of 50

[Continue later](#)

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15. What is the name of the genetic condition(s) you have?

16. Age at diagnosis of hereditary condition

Page 8 of 50

[Continue later](#)



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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

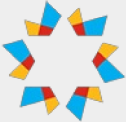
20. Diabetes

☐ No  
☐ Yes

Page 9 of 50

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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)


Page 10 of 50

[Continue later](#)



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## GENCOV Study Intake and Baseline Questionnaire

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

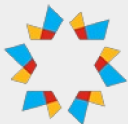
24. Kidney Problem(s) (e.g. chronic kidney disease, kidney failure)

☐ No  
☐ Yes

Page 11 of 50

Continue later

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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

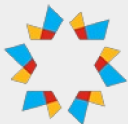
☐ Yes

Page 12 of 50

[Continue later](#)



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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

Page 13 of 50

[Continue later](#)



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## GENCOV Study Intake and Baseline Questionnaire

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

Page 14 of 50

[Continue later](#)

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## 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.*

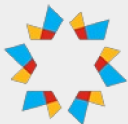
☐ No, I never smoked

☐ No, but I used to smoke (former smoker)

☐ Yes, I currently smoke

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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

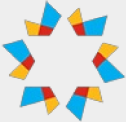
☐ Other

Page 16 of 50

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44. Approximately how many packs of cigarettes per day do/did you smoke?


Page 17 of 50

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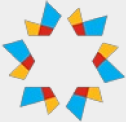
## GENCOV Study Intake and Baseline Questionnaire

45. Approximately how many cartridges do/did you finish in your vaporizer/E-cigarette per week?

Page 18 of 50

Continue later

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46. Approximately how much cannabis do/did you smoke per week?

*e.g. 2-3 joints per week*

Page 19 of 50

Continue later



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## GENCOV Study Intake and Baseline Questionnaire

47. 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

48. Are you currently taking any medication(s)?

- ☐ No
- ☐ Yes

If yes, please list what medication(s) you are currently taking

49. If you have any other medical disorder(s) or health issue(s) that were not captured above, please describe them here:

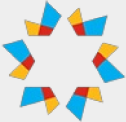
Page 20 of 50



[Continue later](#)



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**GENCOV Study Intake and Baseline Questionnaire**

50. Are the other medical condition(s)/health issue(s) you described resolved or current?


☐ Resolved

☐ Current

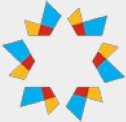
☐ I listed medical condition(s)/health issue(s) above that are both resolved and current

Page 21 of 50

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**GENCOV Study Intake and Baseline Questionnaire**

51. Please indicate which of the medical condition(s)/health issue(s) you listed are current

Page 22 of 50

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## 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

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

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"

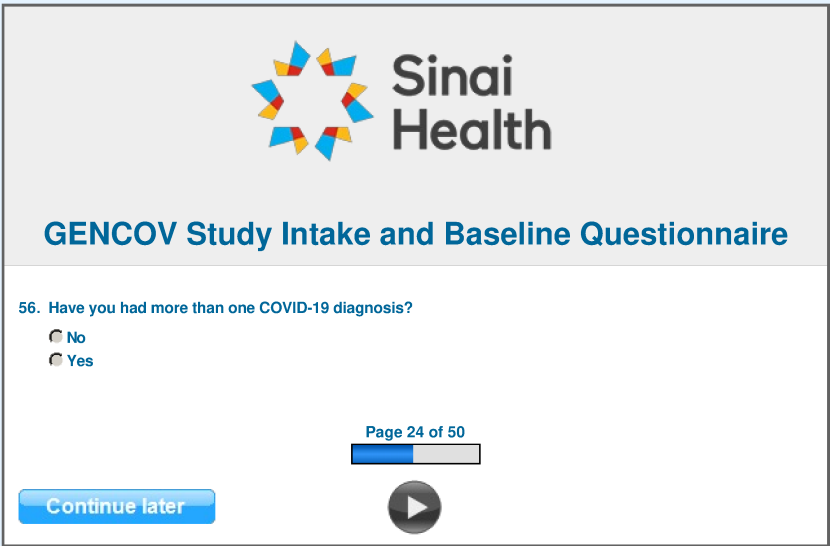
Page 23 of 50



Continue later



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The screenshot displays a web-based questionnaire interface. At the top, the Sinai Health logo is shown, consisting of a colorful starburst icon and the text "Sinai Health". Below the logo, the title "GENCOV Study Intake and Baseline Questionnaire" is displayed in a blue font. The main content area contains question 56: "Have you had more than one COVID-19 diagnosis?". There are two radio button options: "No" and "Yes". The "No" option is selected. Below the question, a progress bar indicates "Page 24 of 50". At the bottom left, there is a blue button labeled "Continue later". At the bottom center, there is a play button icon. At the bottom right, the text "Online Survey Software Powered by NoviSystems.com" is visible.

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56. Have you had more than one COVID-19 diagnosis?

☒ No


☐ Yes

Page 24 of 50

Continue later



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


## GENCOV Study Intake and Baseline Questionnaire


57. When was your first COVID-19 diagnosis?




58. When was your second COVID-19 diagnosis?



Page 25 of 50



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## GENCOV Study Intake and Baseline Questionnaire

59. Did you receive a COVID-19 vaccination?


☐ No

☐ Yes

Page 26 of 50

[Continue later](#)

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## GENCOV Study Intake and Baseline Questionnaire

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



Page 27 of 50

[Continue later](#)


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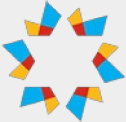
**GENCOV Study Intake and Baseline Questionnaire**

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



Page 28 of 50

[Continue later](#) 


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

Page 29 of 50

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## GENCOV Study Intake and Baseline Questionnaire

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

Page 30 of 50

[Continue later](#)



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## 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

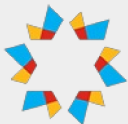
☐ 5-6 days

☐ 1 week or longer

Page 31 of 50

[Continue later](#)

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**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


Page 32 of 50

[Continue later](#)



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## GENCOV Study Intake and Baseline Questionnaire

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

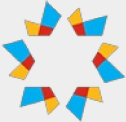
☐ 1 week or longer

Page 33 of 50

[Continue later](#)



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

☐ No

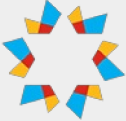
☐ Yes

Page 34 of 50

[Continue later](#)





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**Sinai Health**


**GENCOV Study Intake and Baseline Questionnaire**

71. On what date were you admitted to the emergency department?

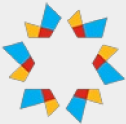


Page 35 of 50

Continue later



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**Sinai Health**

**GENCOV Study Intake and Baseline Questionnaire**


72. Were you hospitalized as a result of your COVID-19 infection?

☐ No

☐ Yes

Page 36 of 50

[Continue later](#)



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## 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 canula 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

Page 37 of 50



[Continue later](#)



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## GENCOV Study Intake and Baseline Questionnaire

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


Page 38 of 50



[Continue later](#)



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## GENCOV Study Intake and Baseline Questionnaire

79. Did you have any of the following test(s) performed during your hospitalization:


*Check all that apply*

- ☐ Chest CT
- ☐ Chest X-ray
- ☐ Electrocardiogram (ECG/EKG)
- ☐ Echocardiogram (ultrasound of the heart)
- ☐ Ultrasound
- ☐ I did not have any test(s) performed during my hospitalization
- ☐ Don't know/not sure
- ☐ Other

Page 39 of 50

[Continue later](#)

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## 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

|  | Strongly Agree        | Agree                 | Neither Agree nor Disagree | Disagree              | Strongly Disagree     |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| I know which options are available to me.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I know the benefits of each option.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I know the risks and side effects of each option.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am clear about which benefits matter most to me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am clear about which risks and side effects matter most.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am clear about which is more important to me (the benefits or the risks and side effects). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I have enough support from others to make a choice.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am choosing without pressure from others.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I have enough advice to make a choice.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am clear about the best choice for me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I feel sure about what to choose.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| This decision is easy for me to make.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I feel I have made an informed choice.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| My decision shows what is important to me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I expect to stick with my decision.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am satisfied with my decision.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

Page 40 of 50

Continue later



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## GENCOV Study Intake and Baseline Questionnaire

81. Please answer the following questions about genomic sequencing

|  | Strongly Disagree     | Disagree              | Neither Disagree nor Agree | Agree                 | Strongly Agree        |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| 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.        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| A health care provider can tell a person their exact chance of developing a disease based on the results from genome sequencing.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Scientists know how all variants of genes will affect a person's chances of developing diseases.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Even if a person has a variant in a gene that affects their risk of a disease, they may not develop that disease.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing is a routine test that most people can have through their physician's office.                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may find variants in a person's genes that they can pass on to their children.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may give a person information about their chances of developing several different diseases.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may find variants in a person's genes that will increase their chance of developing a disease in their lifetime. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may find variants in a person's genes that will decrease their chance of developing a disease in their lifetime. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may find variants in a person's genes that may determine how they respond to certain medicines.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| A person's health habits, like diet and exercise, can affect whether or not their genes cause diseases.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

Page 41 of 50

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## 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:

- ☐ Nearly all the time
- ☐ Very often
- ☐ Sometimes
- ☐ Not at all

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

Page 42 of 50

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## 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

Page 43 of 50

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## 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

Page 44 of 50



Continue later



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## 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
116. My COVID-19 antibody results should always match the COVID-19 swab results.
- ☐ 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.

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

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


Page 45 of 50

Continue later



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## GENCOV Study Intake and Baseline Questionnaire


123. 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
- ☐ Pessimistic

Page 46 of 50

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## 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

Page 47 of 50

Continue later



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## 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.

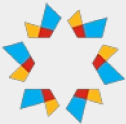
- ☐ Clinically actionable genetic conditions (i.e. conditions with known treatments/management options to delay onset or prevent disease entirely)  
☐ Rare genetic conditions (NOT clinically actionable)  
☐ Common conditions (e.g. Type 2 diabetes, coronary artery disease)  
☐ Carrier status (i.e. conditions 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

Page 48 of 50

Continue later



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**Sinai Health**

**GENCOV Study Intake and Baseline Questionnaire**

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

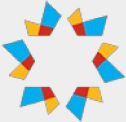
☐ Not sure

Page 49 of 50

[Continue later](#)



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**Sinai Health**

**GENCOV Study Intake and Baseline Questionnaire**

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

Page 50 of 50

Continue later



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## 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.CO.V@sinahealth.ca.

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

|  | Strongly Agree        | Agree                 | Neither Agree nor Disagree | Disagree              | Strongly Disagree     |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| I know which options are available to me.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I know the benefits of each option.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I know the risks and side effects of each option.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am clear about which benefits matter most to me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am clear about which risks and side effects matter most.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am clear about which is more important to me (the benefits or the risks and side effects). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I have enough support from others to make a choice.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am choosing without pressure from others.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I have enough advice to make a choice.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am clear about the best choice for me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I feel sure about what to choose.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| This decision is easy for me to make.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I feel I have made an informed choice.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| My decision shows what is important to me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I expect to stick with my decision.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am satisfied with my decision.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

Page 1 of 3



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## GENCOV Study Health Outcomes T1

2. Please answer the following questions about genomic sequencing

|  | Strongly Disagree     | Disagree              | Neither Disagree nor Agree | Agree                 | Strongly Agree        |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| 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.        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| A health care provider can tell a person their exact chance of developing a disease based on the results from genome sequencing.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Scientists know how all variants of genes will affect a person's chances of developing diseases.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Even if a person has a variant in a gene that affects their risk of a disease, they may not develop that disease.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing is a routine test that most people can have through their physician's office.                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may find variants in a person's genes that they can pass on to their children.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may give a person information about their chances of developing several different diseases.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may find variants in a person's genes that will increase their chance of developing a disease in their lifetime. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may find variants in a person's genes that will decrease their chance of developing a disease in their lifetime. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may find variants in a person's genes that may determine how they respond to certain medicines.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| A person's health habits, like diet and exercise, can affect whether or not their genes cause diseases.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

Page 2 of 3



[Continue later](#)



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## GENCOV Study Health Outcomes T1

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.

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:

- ☐ Nearly all the time
- ☐ Very often
- ☐ Sometimes
- ☐ Not at all

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

Page 3 of 3

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## GENCOV Study Health Outcomes T2

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.COV@sinaihealth.ca](mailto:GEN.COV@sinaihealth.ca).

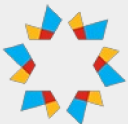
1. Were you born in Canada?

- ☐ No  
☐ Yes

Page 1 of 45




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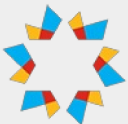
**GENCOV Study Health Outcomes T2**

2. In what country were you born?

Page 2 of 45



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**GENCOV Study Health Outcomes T2**


3. Did you travel within 1 month prior to your COVID-19 diagnosis?

☐ No

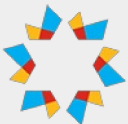
☐ Yes

Page 3 of 45





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**GENCOV Study Health Outcomes T2**

4. Did you travel within or outside of Canada?


☒ Within Canada

☐ Outside of Canada

Page 4 of 45




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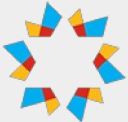
**GENCOV Study Health Outcomes T2**

**5. Where did you travel to within Canada?**  
*Travel within Canada would be considered outside of Ontario*

Page 5 of 45



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**GENCOV Study Health Outcomes T2**

6. Where did you travel outside of Canada?

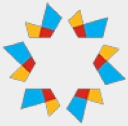
Please indicate your specific travel destination below (e.g. "Texas" or "Bahamas")

Page 6 of 45



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**GENCOV Study Health Outcomes T2**

7. What primary mode of transportation did you use to reach your destination?

☐ Airplane


☐ Train


☐ Automobile (e.g. car, bus)

☐ Boat


☐ Other

Page 7 of 45





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## GENCOV Study Health Outcomes T2

8. What type of residence do you currently live in?

☐ Personal residence


☐ Long term care facility

☐ Other

9. How many other people live in your household?

Page 8 of 45

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### GENCOV Study Health Outcomes T2

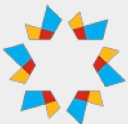
10. Please provide the following information for each individual living in your household:

|           | How old is this person? | What is this person's relationship to you? | Was this person diagnosed with COVID-19? |
|-----------|-------------------------|--|--|
| Person 1  | <input type="text"/>    | <input type="text"/>                       | <input type="text"/>                     |
| Person 2  | <input type="text"/>    | <input type="text"/>                       | <input type="text"/>                     |
| Person 3  | <input type="text"/>    | <input type="text"/>                       | <input type="text"/>                     |
| Person 4  | <input type="text"/>    | <input type="text"/>                       | <input type="text"/>                     |
| Person 5  | <input type="text"/>    | <input type="text"/>                       | <input type="text"/>                     |
| Person 6  | <input type="text"/>    | <input type="text"/>                       | <input type="text"/>                     |
| Person 7  | <input type="text"/>    | <input type="text"/>                       | <input type="text"/>                     |
| Person 8  | <input type="text"/>    | <input type="text"/>                       | <input type="text"/>                     |
| Person 9  | <input type="text"/>    | <input type="text"/>                       | <input type="text"/>                     |
| Person 10 | <input type="text"/>    | <input type="text"/>                       | <input type="text"/>                     |
| Person 11 | <input type="text"/>    | <input type="text"/>                       | <input type="text"/>                     |
| Person 12 | <input type="text"/>    | <input type="text"/>                       | <input type="text"/>                     |
| Person 13 | <input type="text"/>    | <input type="text"/>                       | <input type="text"/>                     |
| Person 14 | <input type="text"/>    | <input type="text"/>                       | <input type="text"/>                     |
| Person 15 | <input type="text"/>    | <input type="text"/>                       | <input type="text"/>                     |

Page 9 of 45



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**GENCOV Study Health Outcomes T2**

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

Page 10 of 45





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## GENCOV Study Health Outcomes T2

12. What type of organ transplant did you have?

- ☐ Heart
- ☐ Kidney
- ☐ Liver
- ☐ Pancreas
- ☐ Intestine
- ☐ Lung
- ☐ Eye (cornea)
- ☐ Blood/bone marrow
- ☐ Blood vessel
- ☐ Other

Page 11 of 45

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## 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

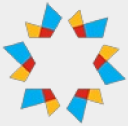
19. Stroke

- ☐ No  
☐ Yes  
☐ Unsure

Page 12 of 45



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**GENCOV Study Health Outcomes T2**


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

Page 13 of 45



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## 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"*

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

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

- ☐ No  
☐ Yes

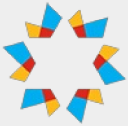


If yes, please tell us what other symptom(s) you had and approximately how long the symptom(s) lasted

Page 14 of 45



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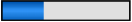
**GENCOV Study Health Outcomes T2**


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

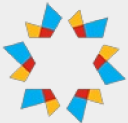
☐ Yes

Page 15 of 45





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Health

GENCOV Study Health Outcomes T2

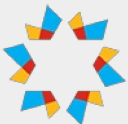
24. What was the date of diagnosis of your subsequent COVID-19 infection?

|                            | Day                  | Month                | Year                 |
|----------------------------|----------------------|----------------------|----------------------|
| Date of COVID-19 diagnosis | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Page 16 of 45



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**GENCOV Study Health Outcomes T2**

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

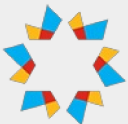
☐ No

☐ Yes

Page 17 of 45



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**GENCOV Study Health Outcomes T2**

26. Did you receive a COVID-19 vaccination?

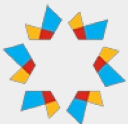
☐ No

☐ Yes

Page 18 of 45



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**GENCOV Study Health Outcomes T2**

27. Did you take the COVID-19 vaccine before learning any COVID-19 antibody (serology) results?

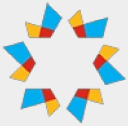
☐ No

☐ Yes

Page 19 of 45



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**GENCOV Study Health Outcomes T2**

28. 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

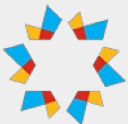
☐ I do not need the vaccine since I have COVID-19 antibodies

☐ I do not need the vaccine since I do not have COVID-19 antibodies

☐ Other

Page 20 of 45

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**GENCOV Study Health Outcomes T2**

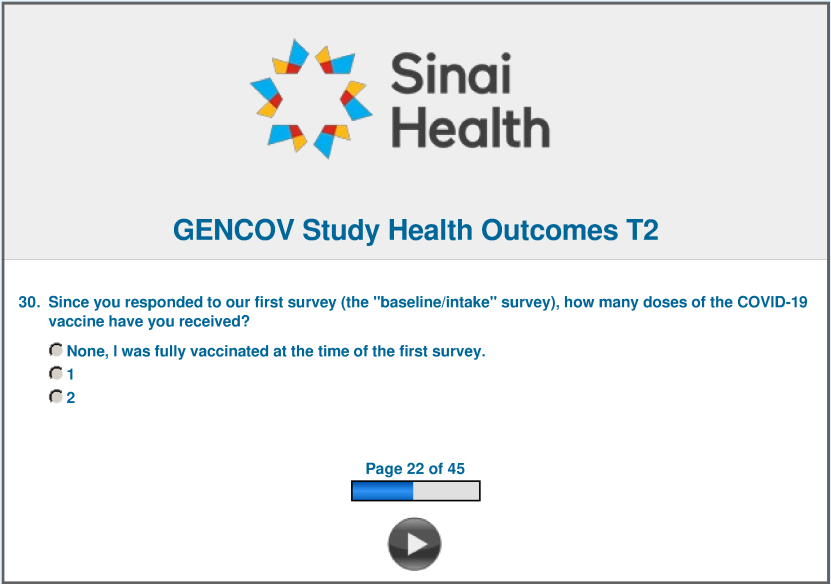
29. Why did you take the COVID-19 vaccine after you learned your COVID-19 antibody (serology) results?

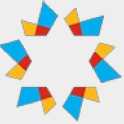
- ☐ Because my COVID-19 antibody results were negative (no antibodies for COVID-19 found)
- ☐ Because my COVID-19 antibody results were positive (antibodies for COVID-19 found)
- ☐ Because my COVID-19 antibody results were inconclusive
- ☐ I made this decision independent of my COVID-19 antibody results
- ☐ Other

Page 21 of 45

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 **Sinai Health**

**GENCOV Study Health Outcomes T2**

30. Since you responded to our first survey (the "baseline/intake" survey), how many doses of the COVID-19 vaccine have you received?

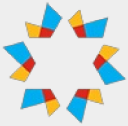
☐ None, I was fully vaccinated at the time of the first survey.

☐ 1

☐ 2

Page 22 of 45

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**GENCOV Study Health Outcomes T2**

31. Was the vaccine you received for your second dose the same as the one you received for your first dose?

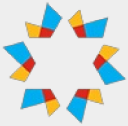
*e.g. You received Pfizer for both dose 1 AND 2.*

☐ No

☐ Yes

Page 23 of 45

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**GENCOV Study Health Outcomes T2**

32. Which COVID-19 vaccine did you receive for your second dose?

☐ Pfizer


☐ Moderna


☐ AstraZeneca

☐ I am not sure

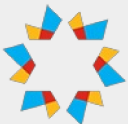
☐ Other

Page 24 of 45





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**GENCOV Study Health Outcomes T2**

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

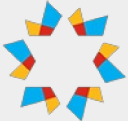
☐ I am not sure

☐ Other

Page 25 of 45



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Sinai

Health


GENCOV Study Health Outcomes T2

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

|  | Day                  | Month                | Year                 |
|--|----------------------|----------------------|----------------------|
| Date of first dose of the COVID-19 vaccine | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Page 26 of 45

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# Sinai Health

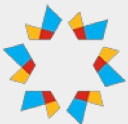
## GENCOV Study Health Outcomes T2

36. When did you receive the second dose of the COVID-19 vaccine?

|   | Day                  | Month                | Year                 |
|---|----------------------|----------------------|----------------------|
| Date of second dose of the COVID-19 vaccine | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Page 27 of 45

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**Sinai Health**

**GENCOV Study Health Outcomes T2**

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

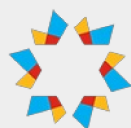
☐ I did not experience any side effects as a direct result of the first dose of the COVID-19 vaccine

☐ Other

Page 28 of 45



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**Sinai  
Health**

## GENCOV Study Health Outcomes T2

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?

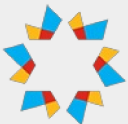
- ☐ Less than 24 hours
- ☐ 1-2 days
- ☐ 3-4 days
- ☐ 5-6 days
- ☐ 1 week or longer

Page 29 of 45



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**Sinai Health**

**GENCOV Study Health Outcomes T2**

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

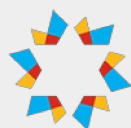
☐ I did not experience any side effects as a direct result of the second dose of the COVID-19 vaccine

☐ Other

Page 30 of 45



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**Sinai  
Health**

## GENCOV Study Health Outcomes T2

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

Page 31 of 45



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## GENCOV Study Health Outcomes T2

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

|  | Strongly Agree        | Agree                 | Neither Agree nor Disagree | Disagree              | Strongly Disagree     |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| I know which options are available to me.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I know the benefits of each option.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I know the risks and side effects of each option.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am clear about which benefits matter most to me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am clear about which risks and side effects matter most.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am clear about which is more important to me (the benefits or the risks and side effects). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I have enough support from others to make a choice.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am choosing without pressure from others.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I have enough advice to make a choice.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am clear about the best choice for me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I feel sure about what to choose.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| This decision is easy for me to make.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I feel I have made an informed choice.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| My decision shows what is important to me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I expect to stick with my decision.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am satisfied with my decision.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

Page 32 of 45



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## GENCOV Study Health Outcomes T2

44. Please answer the following questions about genomic sequencing

|  | Strongly Disagree     | Disagree              | Neither Disagree nor Agree | Agree                 | Strongly Agree        |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| 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.        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| A health care provider can tell a person their exact chance of developing a disease based on the results from genome sequencing.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Scientists know how all variants of genes will affect a person's chances of developing diseases.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Even if a person has a variant in a gene that affects their risk of a disease, they may not develop that disease.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing is a routine test that most people can have through their physician's office.                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may find variants in a person's genes that they can pass on to their children.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may give a person information about their chances of developing several different diseases.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may find variants in a person's genes that will increase their chance of developing a disease in their lifetime. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may find variants in a person's genes that will decrease their chance of developing a disease in their lifetime. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may find variants in a person's genes that may determine how they respond to certain medicines.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| A person's health habits, like diet and exercise, can affect whether or not their genes cause diseases.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

Page 33 of 45



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## 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:

- ☐ Nearly all the time
- ☐ Very often
- ☐ Sometimes
- ☐ Not at all

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

Page 34 of 45



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### GENCOV Study Health Outcomes T2

59. 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:

|   | Not at all            | A little              | Somewhat              | A good deal           | A great deal          |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| How upset did you feel about your genomic sequencing results?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How anxious or nervous did you feel about your genomic sequencing results?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How sad did you feel about your genomic sequencing results?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How happy did you feel about your genomic sequencing results?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How relieved did you feel about your genomic sequencing results?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How much did you feel that you understood clearly your choices for disease prevention or early detection?                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How helpful was the information received from your genomic sequencing results in planning for the future?                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How frustrated did you feel that there are no definite disease prevention guidelines for you?                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How uncertain did you feel about what your genomic sequencing results mean for you?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How uncertain did you feel about what your genomic sequencing results mean for your child(ren) and/or family's risk of disease? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How concerned did you feel that your genomic sequencing results would affect your insurance status?                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How concerned did you feel that your genomic sequencing results would affect your employment status?                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page 35 of 45



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## 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

Page 36 of 45



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GENCOV Study Health Outcomes T2

72. How well do you understand your genomic sequencing results?

- ☐ Not at all
- ☐ A little bit
- ☐ Moderately
- ☐ Quite a bit
- ☐ Extremely

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

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





**Sinai  
Health**

## 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

Page 38 of 45



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## 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 not Agree
- ☐ Agree
- ☐ Strongly Agree

82. Scientists know everything there is to know about how COVID-19 antibodies work.

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

83. 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

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

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

85. 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

86. 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

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

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

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

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

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

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

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

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

91. 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

92. Different COVID-19 vaccines generate different COVID-19 antibody responses

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

93. Different COVID-19 viral variants produce different COVID-19 antibody responses

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

94. Mixing two different types of vaccines will results in a better antibody response

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


95. 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

Page 39 of 45



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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...

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

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

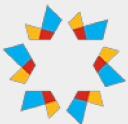
☐ I did not speak with health care provider about my COVID-19 antibody results

☐ Other

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

Page 40 of 45





**Sinai Health**

**GENCOV Study Health Outcomes T2**

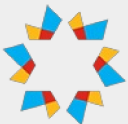
99. What type of healthcare provider did you speak with because of your COVID-19 antibody results?

Page 41 of 45





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**Sinai Health**

**GENCOV Study Health Outcomes T2**

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

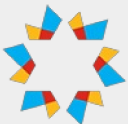
☐ A healthcare provider referred me for follow-up

☐ Other

Page 42 of 45




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**Sinai Health**

**GENCOV Study Health Outcomes T2**

101. What other actions have you taken because of your COVID-19 antibody results?

Page 43 of 45



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### GENCOV Study Health Outcomes T2

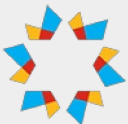
102. How have the following behaviours changed since you learned your [COVID-19 antibody results](#) from the study?

|   | Increased             | Decreased             | Stayed the same       |
|---|-----------------------|-----------------------|-----------------------|
| Social distancing in public settings                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hand hygiene (e.g. washing hands, using hand sanitizer)         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Diet  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exercise  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Smoking   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Number of social activities outside of the home                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Going outside of the home to your workplace                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Essential activities outside the home (e.g. groceries)          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other activities outside the home (e.g. non-essential shopping) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page 44 of 45



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**GENCOV Study Health Outcomes T2**

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

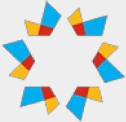
103. In your opinion, compared to other women/men your age in the general population, what are your chances of developing cancer over your lifetime?

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

Page 45 of 45



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**Sinai Health**


**GENCOV Health Outcomes T3**

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

Page 1 of 61



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## GENCOV Health Outcomes T3

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"*

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

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

- ☐ No  
☐ Yes

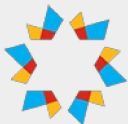
If yes, please tell us what other symptom(s) you had and approximately how long the symptom(s) lasted

Page 2 of 61



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**GENCOV Health Outcomes T3**


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

Page 3 of 61





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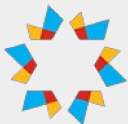
GENCOV Health Outcomes T3

5. What was the date of diagnosis of your subsequent COVID-19 infection?

|                            | Day                  | Month                | Year                 |
|----------------------------|----------------------|----------------------|----------------------|
| Date of COVID-19 diagnosis | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Page 4 of 61

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**GENCOV Health Outcomes T3**

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

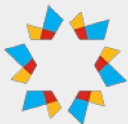
☐ No

☐ Yes

Page 5 of 61



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**GENCOV Health Outcomes T3**

7. Did you receive a COVID-19 vaccination?


☐ No

☐ Yes

Page 6 of 61



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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).

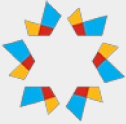
☐ 1

☒ 2

Page 7 of 61



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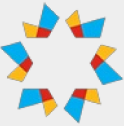
9. Was the vaccine you received for your second dose the same as the one you received for your first dose?  
*e.g. You received Pfizer for both dose 1 AND 2.*

☐ No  
☐ Yes

Page 8 of 61



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**GENCOV Health Outcomes T3**

10. Which COVID-19 vaccine did you receive for your second dose?

☐ Pfizer


☐ Moderna


☐ AstraZeneca

☐ I am not sure

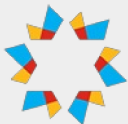
☐ Other

Page 9 of 61





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**GENCOV Health Outcomes T3**

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

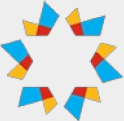
Page 10 of 61





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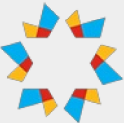
GENCOV Health Outcomes T3

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

|  | Day                  | Month                | Year                 |
|--|----------------------|----------------------|----------------------|
| Date of first dose of the COVID-19 vaccine | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Page 11 of 61

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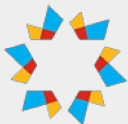
GENCOV Health Outcomes T3

14. When did you receive the second dose of the COVID-19 vaccine?

|   | Day                  | Month                | Year                 |
|---|----------------------|----------------------|----------------------|
| Date of second dose of the COVID-19 vaccine | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Page 12 of 61

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**GENCOV Health Outcomes T3**

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

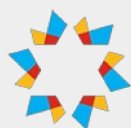
☐ I did not experience any side effects as a direct result of the first dose of the COVID-19 vaccine

☐ Other

Page 13 of 61



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### GENCOV Health Outcomes T3

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

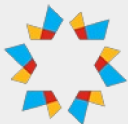
17. How long did your symptom(s) last after the administration of the first dose of the vaccine?

- ☐ Less than 24 hours
- ☐ 1-2 days
- ☐ 3-4 days
- ☐ 5-6 days
- ☐ 1 week or longer

Page 14 of 61



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**GENCOV Health Outcomes T3**

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

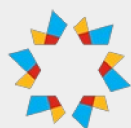
☐ Other

Page 15 of 61





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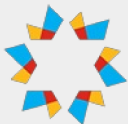
### GENCOV Health Outcomes T3

19. 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
20. 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

Page 16 of 61



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**GENCOV Health Outcomes T3**

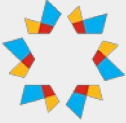
21. Did you take the COVID-19 vaccine before learning any COVID-19 antibody (serology) results?

☐ No

☐ Yes

Page 17 of 61

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**GENCOV Health Outcomes T3**

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

Page 18 of 61

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**Sinai Health**

**GENCOV Health Outcomes T3**

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

Page 19 of 61

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## GENCOV Health Outcomes T3

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

|  | Strongly Agree        | Agree                 | Neither Agree nor Disagree | Disagree              | Strongly Disagree     |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| I know which options are available to me.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I know the benefits of each option.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I know the risks and side effects of each option.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am clear about which benefits matter most to me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am clear about which risks and side effects matter most.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am clear about which is more important to me (the benefits or the risks and side effects). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I have enough support from others to make a choice.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am choosing without pressure from others.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I have enough advice to make a choice.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am clear about the best choice for me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I feel sure about what to choose.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| This decision is easy for me to make.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I feel I have made an informed choice.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| My decision shows what is important to me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I expect to stick with my decision.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am satisfied with my decision.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

Page 20 of 61



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## GENCOV Health Outcomes T3

25. Please answer the following questions about genomic sequencing

|  | Strongly Disagree     | Disagree              | Neither Disagree nor Agree | Agree                 | Strongly Agree        |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| 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.        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| A health care provider can tell a person their exact chance of developing a disease based on the results from genome sequencing.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Scientists know how all variants of genes will affect a person's chances of developing diseases.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Even if a person has a variant in a gene that affects their risk of a disease, they may not develop that disease.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing is a routine test that most people can have through their physician's office.                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may find variants in a person's genes that they can pass on to their children.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may give a person information about their chances of developing several different diseases.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may find variants in a person's genes that will increase their chance of developing a disease in their lifetime. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may find variants in a person's genes that will decrease their chance of developing a disease in their lifetime. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Genome sequencing may find variants in a person's genes that may determine how they respond to certain medicines.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| A person's health habits, like diet and exercise, can affect whether or not their genes cause diseases.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

Page 21 of 61



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### 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:

- ☐ Nearly all the time
- ☐ Very often
- ☐ Sometimes
- ☐ Not at all

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

Page 22 of 61



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GENCOV Health Outcomes T3

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:

|   | Not at all            | A little              | Somewhat              | A good deal           | A great deal          |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| How upset did you feel about your genomic sequencing results?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How anxious or nervous did you feel about your genomic sequencing results?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How sad did you feel about your genomic sequencing results?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How happy did you feel about your genomic sequencing results?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How relieved did you feel about your genomic sequencing results?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How much did you feel that you understood clearly your choices for disease prevention or early detection?                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How helpful was the information received from your genomic sequencing results in planning for the future?                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How frustrated did you feel that there are no definite disease prevention guidelines for you?                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How uncertain did you feel about what your genomic sequencing results mean for you?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How uncertain did you feel about what your genomic sequencing results mean for your child(ren) and/or family's risk of disease? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How concerned did you feel that your genomic sequencing results would affect your insurance status?                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How concerned did you feel that your genomic sequencing results would affect your employment status?                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





## 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

Page 24 of 61



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GENCOV Health Outcomes T3

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:

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

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## 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.

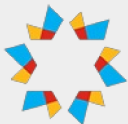
55. We are interested in learning about experiences with discrimination, by this we mean being unfairly prevented from doing something, or being treated unfairly.

|  | Have you ever worried about discrimination because of genome sequencing results? |                       | Have you ever experienced discrimination because of genome sequencing results? |                       |
|--|--|-----------------------|--|-----------------------|
|  | No   | Yes                   | No   | Yes                   |
| At school  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| At work  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| When getting hired or getting a job?                 | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| When establishing a relationship                     | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| When making choices about having children            | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| When getting medical care                            | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| When getting custody or access to your children      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| By a life insurance company                          | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| By a long term disability insurance company or agent | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| By a mortgage company or agent                       | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| By a member of your family                           | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| By a friend  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| By your spouse                                       | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| By a boy/girl friend                                 | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| By your community                                    | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| By your religious organization                       | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| By your doctor                                       | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| By other health care professionals                   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| By a genetic counselling service                     | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| By a blood bank                                      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| By an adoption agency                                | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| Other (you will be asked to specify)                 | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |

Page 26 of 61



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**GENCOV Health Outcomes T3**

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

Page 27 of 61



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## GENCOV Health Outcomes T3

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...](#)

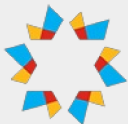
Please check all that apply

- ☐ 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

Page 28 of 61




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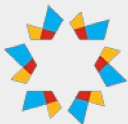
**GENCOV Health Outcomes T3**

59. What type of healthcare provider did you speak with because of your genome sequencing results?

Page 29 of 61



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**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

Page 30 of 61





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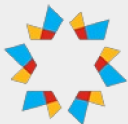
**GENCOV Health Outcomes T3**

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

Page 31 of 61



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**GENCOV Health Outcomes T3**

62. Because of my [COVID-19 antibody \(serology\)](#) results...

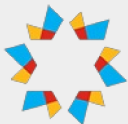
*Please check all that apply*

- ☐ 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)

Page 32 of 61




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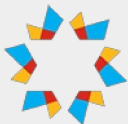
**GENCOV Health Outcomes T3**

63. What type of healthcare provider did you speak with because of your COVID-19 antibody results?

Page 33 of 61



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**GENCOV Health Outcomes T3**


64. Why did you speak with a healthcare provider about your COVID-19 antibody results?

Select all that apply

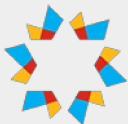
- ☐ I did not understand my results
- ☐ I felt it required medical follow-up
- ☐ I wanted my results placed in my medical records
- ☐ A healthcare provider referred me for follow-up
- ☐ Other

Page 34 of 61






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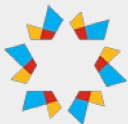
**GENCOV Health Outcomes T3**

65. What other actions have you taken because of your COVID-19 antibody results?

Page 35 of 61



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**GENCOV Health Outcomes T3**

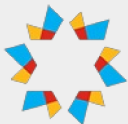
66. Because of my viral strain results...

*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)

Page 36 of 61


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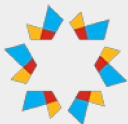
**GENCOV Health Outcomes T3**

67. What type of healthcare provider did you speak with because of your viral strain results?

Page 37 of 61



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**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

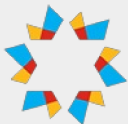
Page 38 of 61





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Health**

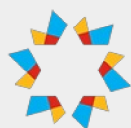
**GENCOV Health Outcomes T3**

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

Page 39 of 61



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Health**

### GENCOV Health Outcomes T3

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

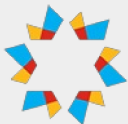
*Please check all that apply*

- ☐ 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

Page 40 of 61




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**Sinai Health**

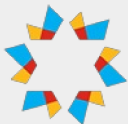
**GENCOV Health Outcomes T3**

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

Page 41 of 61



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**Sinai Health**


**GENCOV Health Outcomes T3**


72. Why did you speak with a healthcare provider about your polygenic risk score results?

Select all that apply

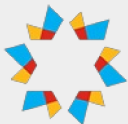
- ☐ I did not understand my results
- ☐ I felt it required medical follow-up
- ☐ I wanted my results placed in my medical records
- ☐ A healthcare provider referred me for follow-up
- ☐ Other

Page 42 of 61






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**Sinai Health**

**GENCOV Health Outcomes T3**

73. What other actions have you taken because of your polygenic risk score results?

Page 43 of 61



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### GENCOV Health Outcomes T3

74. Which healthcare providers were able to help you understand your [genome sequencing](#) 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 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?

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

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?

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 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](#)?

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 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:

Page 44 of 61

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### GENCOV Health Outcomes T3

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 health care provider about my COVID-19 vaccination
- ☐ Other

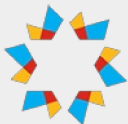
84. If you selected "Medical Specialist" above, please specify which type of medical specialist in the free text box below:

Page 45 of 61



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**Sinai Health**

**GENCOV Health Outcomes T3**

85. What type of healthcare provider did you speak with because of your COVID-19 vaccination?

Page 46 of 61





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**Sinai  
Health**

**GENCOV Health Outcomes T3**

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

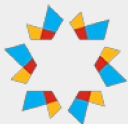
☐ A healthcare provider referred me for follow-up

☐ Other

Page 47 of 61



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**Sinai Health**


**GENCOV Health Outcomes T3**

87. What other actions have you taken because of your COVID-19 vaccination?

Page 48 of 61



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GENCOV Health Outcomes T3


88. How have the following behaviours changed since you learned your [genome sequencing results](#) from the study:

|          | Because of my genome sequencing results: |                       |                       |
|----------|--|-----------------------|-----------------------|
|          | Increased                                | Decreased             | Stayed the same       |
| Diet     | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> |
| Exercise | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> |
| Smoking  | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> |

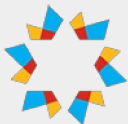
89. More specifically, how have the following behaviours changed since you learned your [polygenic risk score \(PRS\) for common conditions](#) from the study:

|          | Because of my Polygenic Risk Score (PRS) results: |                       |                       |
|----------|---|-----------------------|-----------------------|
|          | Increased   | Decreased             | Stayed the same       |
| Diet     | <input type="radio"/>                             | <input type="radio"/> | <input type="radio"/> |
| Exercise | <input type="radio"/>                             | <input type="radio"/> | <input type="radio"/> |
| Smoking  | <input type="radio"/>                             | <input type="radio"/> | <input type="radio"/> |

Page 49 of 61



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**Sinai Health**

**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:

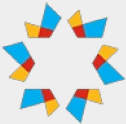
91. Which of the following best describes your current diet?

*Check all that apply*

- ☐ Omnivore/no specific dietary restrictions
- ☐ Vegetarian
- ☐ Vegan
- ☐ Pescatarian
- ☐ Ketotarian
- ☐ Paleotarian
- ☐ Dairy-free
- ☐ Gluten-free
- ☐ Other

Page 50 of 61

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**Sinai Health**

**GENCOV Health Outcomes T3**

**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)**

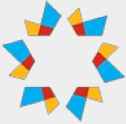
☐ **Yes, I currently smoke**

Page 51 of 61





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**Sinai Health**


**GENCOV Health Outcomes T3**

93. 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

Page 52 of 61



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**Sinai Health**

**GENCOV Health Outcomes T3**

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

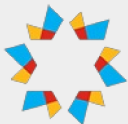
☐ Cannabis

☐ Other

Page 53 of 61

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**Sinai Health**

**GENCOV Health Outcomes T3**

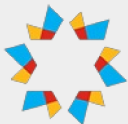
96. Approximately how many packs of cigarettes per day do/did you smoke?

Page 54 of 61






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**Sinai Health**

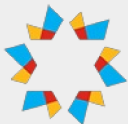
**GENCOV Health Outcomes T3**

97. Approximately how many cartridges do/did you finish in your vaporizer/E-cigarette per week?

Page 55 of 61



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**Sinai Health**

**GENCOV Health Outcomes T3**


98. Approximately how much cannabis do/did you smoke per week?

*e.g. 2-3 joints per week*

Page 56 of 61



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GENCOV Health Outcomes T3


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

|   | Because of my COVID-19 antibody (serology) results: |                       |                       |
|---|---|-----------------------|-----------------------|
|   | Increased   | Decreased             | Stayed the same       |
| Social distancing in public settings.                           | <input type="radio"/>                               | <input type="radio"/> | <input type="radio"/> |
| Hand hygiene (for example, washing hands, using hand sanitizer) | <input type="radio"/>                               | <input type="radio"/> | <input type="radio"/> |
| Diet  | <input type="radio"/>                               | <input type="radio"/> | <input type="radio"/> |
| Exercise  | <input type="radio"/>                               | <input type="radio"/> | <input type="radio"/> |
| Smoking   | <input type="radio"/>                               | <input type="radio"/> | <input type="radio"/> |
| Number of social activities outside of the home                 | <input type="radio"/>                               | <input type="radio"/> | <input type="radio"/> |
| Going outside of the home to your workplace                     | <input type="radio"/>                               | <input type="radio"/> | <input type="radio"/> |
| Essential activities outside the home (e.g. groceries)          | <input type="radio"/>                               | <input type="radio"/> | <input type="radio"/> |
| Other activities outside the home (e.g. non-essential shopping) | <input type="radio"/>                               | <input type="radio"/> | <input type="radio"/> |

Page 57 of 61



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## GENCOV Health Outcomes T3


100. How have the following behaviours changed since you learned your [viral strain results](#) from the study:

|   | Because of my viral strain results: |                       |                       |
|---|-------------------------------------|-----------------------|-----------------------|
|   | Increased                           | Decreased             | Stayed the same       |
| Social distancing in public settings.                           | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |
| Hand hygiene (for example, washing hands, using hand sanitizer) | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |
| Diet  | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |
| Exercise  | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |
| Smoking   | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |
| Number of social activities outside of the home                 | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |
| Going outside of the home to your workplace                     | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |
| Essential activities outside the home (e.g. groceries)          | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |
| Other activities outside the home (e.g. non-essential shopping) | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |

Page 58 of 61



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GENCOV Health Outcomes T3

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

|   | Because of getting the COVID-19 vaccine: |                       |                       |
|---|--|-----------------------|-----------------------|
|   | Increased                                | Decreased             | Stayed the same       |
| Social distancing in public settings.                           | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> |
| Hand hygiene (for example, washing hands, using hand sanitizer) | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> |
| Diet  | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> |
| Exercise  | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> |
| Smoking   | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> |
| Number of social activities outside of the home                 | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> |
| Going outside of the home to your workplace                     | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> |
| Essential activities outside the home (e.g. groceries)          | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> |
| Other activities outside the home (e.g. non-essential shopping) | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> |

Page 59 of 61

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### GENCOV Health Outcomes T3

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.

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

109. 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

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

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

111. 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

112. 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

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

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

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

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

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

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

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

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



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 results in a better antibody response

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

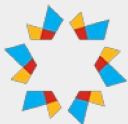
121. Receiving a mRNA vaccine results in higher antibody levels in comparison to non-mRNA vaccines

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

Page 60 of 61



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**Sinai Health**


**GENCOV Health Outcomes T3**

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

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

Page 61 of 61



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