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Description automatically generated with medium confidence

**UNIVERSITY OF DENVER**

**COVID-19/CONCUSSION**

**STUDY**

Year 2 Study Visit Report

**Participant Information**

* First Name: {{ first\_name }}
* Last Name: {{ last\_name }}

**Study Visit Information**

* Date of Year 1

Study Visit: {{ start\_date }}

**Demographics & Medical History**

* Geographic Location: During your first study visit on **{{ start\_date }}**, you reported living in **{{ state\_of\_residence }}.**
* Employment Status: During your first study visit on **{{ start\_date }}**, you reported being **{{ employment\_status }}**.
* Marital Status: During your first study visit on **{{ start\_date }}**, you reported that you were **{{ marital\_status }}**.
* Current Diseases/Conditions: During your first study visit on **{{ start\_date }}**, you reported the following medical conditions: **{{ current\_diseases\_conditions }}**
* Family History: During your first study visit on **{{ start\_date }}**, you reported a family history of: **{{ family\_history }}**
* Immune Related Conditions: During your first study visit on **{{ start\_date }}**, you reported taking the following immune related conditions: **{{ immune\_related\_conditions }}**
* Medications/Supplements: During your first study visit on **{{ start\_date }}**, you reported taking the following medications/supplements: **{{ current\_medications\_supplements }}**

**COVID-19 Vaccination History**

During your first study visit, you reported receiving **{{ vaccine\_number }}** COVID-19 vaccination(s) and/or a booster shot. In the table below, each vaccination # is shown in column 1 and the date associated with each vaccination is shown in column 2.

|  |  |
| --- | --- |
| **Vaccination #** | **Vaccination Date** |
| {%tr for row in vaccine\_rows %} |  |
| {{ row.label }} | {{ row.date }} |
| {%tr endfor %} |  |

Please report any new vaccinations/boosters in the survey, after the last date listed above.

**COVID-19 History**

During your first study visit, you reported **{{ covid\_number }}** COVID-19 incidence(s). In the table below, each incidence # is shown in column 1, the date associated with each incidence is shown in column 2, and the symptom(s) you indicated were still ongoing at your first study visit on, **{{ start\_date }}**, are listed in column 3.

|  |  |  |
| --- | --- | --- |
| **Incidence #** | **Date of Incidence** | **Ongoing Symptoms** |
| {%tr for row in covid\_rows %} | | |
| {{ row.label }} | {{ row.date }} | {{ row.symptoms }} |
| {%tr endfor %} | | |

**Concussion History**

During your first study visit, you reported **{{ tbi\_number }}** brain injury/injuries. In the table below, each brain injury # is shown in column 1, the date associated with each injury is shown in column 2, and the symptoms you indicated were still ongoing at your first study visit on, **{{ start\_date }}**, are listed in column 3.

|  |  |  |
| --- | --- | --- |
| **Incidence #** | **Date of Incidence** | **Ongoing Symptoms** |
| {%tr for row in tbi\_rows %} | | |
| {{ row.label }} | {{ row.date }} | {{ row.symptoms }} |
| {%tr endfor %} | | |