Form: COVID-19 Symptoms - Enrollment

Did the participant experience any COVID-19 symptoms prior to or at enrollment?	Yes ◯
	No ◯

If "No", end of form.

Fever	Yes ◯
If "No", go to Fatigue/Malaise	No ◯
Onset date	_____
Maximum temperature	Fixed Unit: C
	_____

Overall

Fatigue/Malaise	Yes ◯
If "No", go to Myalgia	No ◯
Onset date	_____
Maximum severity	Mild ◯
	Moderate ◯
	Severe ◯

Myalgia	Yes ◯
If "No", go to Chills	No ◯
Onset date	_____
Maximum severity	Mild ◯
	Moderate ◯
	Severe ◯

Chills	Yes ◯
If "No", go to Headache	No ◯
Onset date	_____
Maximum severity	Mild ◯
	Moderate ◯
	Severe ◯

Head

Headache	Yes ◯
If "No", go to Nausea/Vomiting	No ◯
Onset date	_____
Maximum severity	Mild ◯
	Moderate ◯
	Severe ◯

Gastrointestinal

Nausea/Vomiting	Yes ◯
If "No", go to Diarrhea/Abdominal pain	No ◯
Onset date	_____

Form: COVID-19 Symptoms - Enrollment

Maximum severity	Mild ⚪
	Moderate ⚪
	Severe ⚪

| Diarrhea/Abdominal pain | Yes ⚪ |
| If "No", go to Cough | No ⚪ |

Onset date _____

Maximum severity	Mild ⚪
	Moderate ⚪
	Severe ⚪

Lungs

| Cough | Yes ⚪ |
| If "No", go to Chest congestion/Shortness of breath | No ⚪ |

Onset date _____

Maximum severity	Mild ⚪
	Moderate ⚪
	Severe ⚪

| Chest congestion/Shortness of breath | Yes ⚪ |
| If "No", go to Pharyngitis/Rhinorrhea | No ⚪ |

Onset date _____

Maximum severity	Mild ⚪
	Moderate ⚪
	Severe ⚪

ENT

| Pharyngitis/Rhinorrhea | Yes ⚪ |
| If "No", go to Anosmia/Ageusia | No ⚪ |

Onset date _____

Maximum severity	Mild ⚪
	Moderate ⚪
	Severe ⚪

| Anosmia/Ageusia | Yes ⚪ |
| If "No", end of form. | No ⚪ |

Onset date _____

Maximum severity	Mild ⚪
	Moderate ⚪
	Severe ⚪

This module contains Form "COVID-19 Symptoms - Enrollment" (pages 2-3) from the full document "Prospective Study of Acute Immune Responses to SARS COV-2 Infection"