Population-based age-stratified seroepidemiological investigation protocol for COVID-19 virus infection

Form 1: Report Form for all participants

Unique ID	

1. Data Collector Information	
Name of data collector	
Data collector Institution	
Data collector telephone number	
Mobile number	
Email	
Form completion date (DD/MM/YYYY)	___/___/___
Date of interview with informant (DD/MM/YYYY)	___/___/___

2. Identifier information	
First name	
Surname	
Sex	□ Male □ Female □ Not known
Date of Birth (DD/MM/YYYY)	___/___/___
Telephone (mobile) number	
Age (years, months)	
Email	
Country of residence	
Nationality	
Ethnicity (optional)	
Occupation	
Have you had contact with a anyone with suspected or confirmed COVID-19 virus infection?	□ Yes □ No □ Unknown If Yes, dates of last contact (DD/MM/YYYY): ___/___/___

3. Symptom history	
In the past (X) months, have you had any of the following: COMMENT: (X) period to cover time since emergence of COVID-19 virus to date of data collection	
Fever ≥38°C	□ Yes □ No
Chills	□ Yes □ No
Fatigue	□ Yes □ No
Muscle ache (myalgia)	□ Yes □ No
Sore throat	□ Yes □ No
Cough	□ Yes □ No
Runny nose (rhinorrea)	□ Yes □ No
Shortness of breath (dyspnea)	□ Yes □ No
Wheezing	□ Yes □ No
Chest pain	□ Yes □ No
Other respiratory symptoms	□ Yes □ No
Headache	□ Yes □ No
Nausea/vomiting	□ Yes □ No

Abdominal pain	□ Yes □ No
Diarrhea	□ Yes □ No
Did any of these symptoms require you to seek medical attention?	□ Yes □ No □ Unknown
Did any of these symptoms require you to miss work or school?	□ Yes □ No □ Unknown
Did any of these symptoms require you to be hospitalized?	□ Yes □ No □ Unknown

Contains items 1-3 (Form 1 "Report Form for all participants") from the full document "Population-based age-stratified seroepidemiological investigation protocol for COVID-19 virus infection"