COVID-19 INFECTION SURVEY: CRF2 INDIVIDUAL PARTICIPANT – COMPLETE AT EACH VISIT
IF COMPLETING FOR A CHILD BY A PARENT/CARER PROXY, REMEMBER "YOU" IS THE PARTICIPANT

Unique household code													Participant date of birth	*D*	*D*	*M*	*M*	*M*	*Y*	*Y*	*Y*	*Y*
Unique participant code														Date/time of visit	*D*	*D*	*M*	*M*	*M*	2	0	2	*Y*		*h*	*h*	*:*	*m*	*m*
Swab taken ☐Yes ☐No	If yes: barcode												If yes: shipment ID																
Blood taken ☐Yes ☐No	If yes: barcode												If yes: shipment ID																
Date/time samples taken	*D*	*D*	*M*	*M*	*M*	*Y*	*Y*	*Y*	*Y*		*h*	*h*	*:*	*m*	*m*	Timing of visit ☐Enrolment ☐Follow-up													

A: WORK, SCHOOL AND NURSERY

1. What is your current working status in your main job? *(select one)*
   - ☐ Employed and currently working (including if on leave or sick leave for less than 4 weeks)
   - ☐ Employed and currently not working (e.g on leave due to the COVID-19 pandemic (furloughed); sick leave for 4 weeks or longer, or maternity/paternity leave)
   - ☐ Self-employed and currently working (include if on leave or sick leave for less than 4 weeks)
   - ☐ Self-employed and currently not working (e.g. on leave due to the COVID-19 pandemic (furloughed); sick leave for 4 weeks or longer or maternity/paternity leave)
   - ☐ Looking for paid work and able to start
   - ☐ Not working and not looking for work (including voluntary work)
   - ☐ Retired
   - ☐ Child under 5y not attending nursery, pre-school, childminder
   - ☐ Child under 5y attending nursery, pre-school, childminder
   - ☐ 5y and older in full-time education

2. Where are you mainly currently working now? *(select one)*
   - ☐ Not applicable, not currently working
   - ☐ Working from home (in the same grounds or building as your home)
   - ☐ Working somewhere else (not at your home)
   - ☐ Both (working from home and working somewhere else)

3. On how many days a week on average are you currently working somewhere else (not at your home, defined as the same grounds or building as your home), or currently attending, in person, your place of full-time education, school, nursery, pre-school or childminder?
   ☐ N/A (not working/in education etc) ☐ 0 ☐ up to 1 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

4. How do you mainly get to and from work/nursery/school? (*select one)*: if use multiple modes, choose the longest part of your journey in time)
   ☐ N/A (not working/in education etc)
   ☐ Underground, metro, light rail, tram ☐ Train ☐ Bus, minibus, coach ☐ Motorbike, scooter or moped
   ☐ Car or van ☐ Taxi/minicab ☐ Bicycle ☐ On foot ☐ Other method

5. On average how easy is it to maintain 1-2m between yourself and other people at your place of work/full-time education/school/nursery, etc? *(select one)*
   - ☐N/A (not working/in education etc)
   - ☐Easy to maintain 2m, it is not a problem to stay this far away from other people
   - ☐Relatively easy to maintain 2m, most of the time I can be 2m away from other people
   - ☐Difficult to maintain 2m, but I can usually be at least 1m from other people
   - ☐Very difficult to be more than 1m away, as my work means I am in close contact with others on a regular basis

B: YOUR HEALTH STATUS

1. Have you had any of the following symptoms in the last 7 days? ☐ Yes ☐ No

If yes: Which symptoms have you had in the last 7 days?			Date of first symptom onset:	*D*	*D*	*M*	*M*	*M*	2	0	2	*Y*
Fever	☐ Yes	☐ No	Headache	☐ Yes	☐ No							
Muscle ache (myalgia)	☐ Yes	☐ No	Nausea/vomiting	☐ Yes	☐ No							
Fatigue (weakness/tiredness)	☐ Yes	☐ No	Abdominal pain	☐ Yes	☐ No							
Sore throat	☐ Yes	☐ No	Diarrhoea	☐ Yes	☐ No							
Cough	☐ Yes	☐ No	Loss of taste	☐ Yes	☐ No							
Shortness of breath	☐ Yes	☐ No	Loss of smell	☐ Yes	☐ No							

2. Are you currently self-isolating due to COVID-19? (meaning you are not leaving your home) *(select one)*
   - ☐ No
   - ☐ Yes because you have/have had symptoms of COVID-19
   - ☐ Yes because you live with someone who has/has had symptoms, but you haven't had them yourself

3. Do you currently think you have symptoms consistent with COVID-19 infection? ☐ Yes ☐ No

C: CONTACTS WITH OTHER PEOPLE

1. In the last 28 days, have you been in direct contact, in person, with someone that you definitely know, because they had a positive test result, was infected with COVID-19 at the time you were in contact with them? ☐ Yes ☐ No

   If yes: (a) Date of last contact of this type | *D* | *D* | *M* | *M* | *M* | 2 | 0 | 2 | *Y* |

   (b) Was this last person you had this type of contact with ☐ living in your own home ☐ outside your home

2. In the last 28 days, have you been in direct contact, in person, with someone that you think was infected with COVID-19 at the time you were in contact with them – this could include someone who has not been tested or someone who has been tested but you do not know the result or they have tested negative? ☐ Yes ☐ No

   If yes: (a) Date of last contact of this type | *D* | *D* | *M* | *M* | *M* | 2 | 0 | 2 | *Y* |

   (b) Was this last person you had this type of contact with ☐ living in your own home ☐ outside your home

3. In the last 28 days, have you, or anyone you usually live with, been inside a hospital for any reason (e.g. for work, for consultation or treatment, to visit someone, to take someone else)? *(select one)*
   ☐Yes, I have ☐No I haven't, but someone else I usually live with has ☐No, no one in my home has

4. In the last 28 days, have you, or anyone usually live with, been inside a nursing care home or residential care home for any reason (e.g. for work, to visit someone, to take someone else)? *(select one)*
   ☐Yes, I have ☐No I haven't, but someone else I usually live with has ☐No, no one in my home has

5. Over the last 7 days, how many children and young adults <18y not living in your home have you had physical contact with (e.g. handshake, personal care), including with PPE if you wear it? *(select one)*
   ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21 or more

6. Over the last 7 days, how many adults 18-69y not living in your home have you had physical contact with (e.g. handshake, personal care), including with PPE if you wear it? *(select one)*
   ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21 or more

7. Over the last 7 days, how many older adults 70y and over not living in your home have you had physical contact with (e.g. handshake, personal care), including with PPE if you wear it? *(select one)*
   ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21 or more

8. Over the last 7 days, how many children and young adults <18y not living in your home have you had direct contact with in person, with social distancing only? (*select one)* ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21 or more

9. Over the last 7 days, how many adults 18-69y not living in your home have you had direct contact with in person, with social distancing only? (*select one)* ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21 or more

10. Over the last 7 days, how many older adults 70y and over not living in your home have you had direct contact with in person, with social distancing only? *(select one)* ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21 or more

11. Do you mainly wear any kind of face covering or mask when you are outside your home, because of COVID-19? *(select one)*
    - ☐ No
    - ☐ Yes, at work/school only
    - ☐ Yes, in other situations only (including public transport, shops)
    - ☐ Yes, usually both at work/school and in other situations
    - ☐ My face is already covered for other reasons (e.g. religious or cultural reasons)

D: COVID-19 INFECTION

1. Do you think you have had COVID-19 (if not sure, select No)? □ Yes □ No

If yes: (a) Did you have any symptoms? □ Yes □ No

(b) Date of first symptoms: *D D M M M* 2 0 2 *Y*

(c) Which of these symptoms did you have?

Fever	☐ Yes	☐ No	Headache	☐ Yes	☐ No
Muscle ache (myalgia)	☐ Yes	☐ No	Nausea/vomiting	☐ Yes	☐ No
Fatigue (weakness/tiredness)	☐ Yes	☐ No	Abdominal pain	☐ Yes	☐ No
Sore throat	☐ Yes	☐ No	Diarrhoea	☐ Yes	☐ No
Cough	☐ Yes	☐ No	Loss of taste	☐ Yes	☐ No
Shortness of breath	☐ Yes	☐ No	Loss of smell	☐ Yes	☐ No

(d) Did you contact the NHS when you thought you had COVID-19 (e.g. 111, GP, Walk-in Centre, A&E)? □ Yes □ No

(e) Were you admitted to hospital? □ Yes □ No

2. Other than in this study, have you had a swab test of your nose and throat to test for COVID-19? □ Yes □ No

If yes: (a) What was the result/were the results of all tests you've had? *(select one)*

□ One or more positive test(s) □ One or more negative tests, but none positive

□ All tests failed □ Waiting for all results

(b) *If any test positive:* Date of first positive test you've had *D D M M M* 2 0 2 *Y*

(c) *If all tests negative:* Date of last negative test you've had *D D M M M* 2 0 2 *Y*

3. Other than in this study, Have you had a blood test to test for COVID-19 antibodies? □ Yes □ No

If yes: (a) What was the result/were the results of all tests you've had? *(select one)*

□ One or more positive test(s) □ One or more negative tests, but none positive

□ All tests failed □ Waiting for all results

(b) Where was the test done? *(if more than one test, provide for the most recent positive test, otherwise the most recent negative test, otherwise the most recent test)*

(select one) □ In the NHS (e.g. GP, hospital) □Private lab □Home test

(c) *If any test positive:* Date of first positive test you've had *D D M M M* 2 0 2 *Y*

(d) *If all tests negative:* Date of last negative test you've had *D D M M M* 2 0 2 *Y*

4. Have you been outside of the UK since April? □ Yes □ No

If yes: (a) Country (last) _____ (b) Date last outside the UK *D D M M M* 2 0 2 *Y*

COMPLETED BY: Name (study worker)	Signature (study worker)	Date
		D D M M M 2 0 2 *Y*