





COVID-19 INFECTION SURVEY: CRF3 INDIVIDUAL PARTICIPANT – COMPLETE AT ENROLMENT FOR EACH CONSENTING PARTICIPANT

Unique house- hold code														Par suf	ticipant fix		Partici of birth	pant da n	te	D	D	M M	M	Υ	Υ	Υ	Υ	
Date visit	e/time of t	D	D	M	М	M	Υ	Υ	Υ	Υ	1	h I	h :	m	m													
	A: CONSENT OPTIONS																											
1.	Did the p	ent to	nt to join the study (Q1-67 on consent form)?													☐ Yes ☐ No												
2.	Did the p	ent to	nt to 5 follow-up visits (Q7 on consent form)?														□ Ye	S	□ No									
3.	Did the p	ent to	nt to 16 follow-up visits (Q8 on consent form)?														□ Ye	S	□ r	No								
4. Did the participant conser							t to blood samples (Q9 on consent form)? Not applicable (2-15y)													□ Ye	S		No					
If yes, did the participant							consent to future use of blood samples (Q10 on consent form)?													☐ Yes ☐ No								
B: DEMOGRAPHICS																												
1.	Sex		l Ма	le	□ F	ema	ale																					
2.	2. Ethnic group						White ☐ English, Welsh, Scottish, Northern Irish or British ☐ Irish ☐ Gyp ☐ Any other white background, specify													iypsy	or Ir	ish T	rave	eller		_		
							Mixed / multiple ethnic groups ☐ White and Black African ☐ White and Asian ☐ Any other Mixed/multiple background, specify:																					
							Asian or Asian British ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chi ☐ Any other Asian background, specify:																		_			
							Black, African, Caribbean or Black British ☐ African ☐ Caribbean ☐ Any other Black, Black British or Caribbean background, specify:																			_		
							Other ethnic group ☐ Arab ☐ Any other ethnic group, specify																		_			
													C:	: GI	P DI	ETAILS												
1.	Does the	par	ticip	ant	hav	e a G	SP?							□ Y	'es			lo										
	If yes GP name (if known):																											
	GP address:																											
											D	: EN	ЛΑ	IL I	FOR	VOU	CHI	ERS										
1.	1. Please record email address for vouchers, or whether they would prefer to receive by post (in which case enter 'POST').																											
	Email:																											
COMPLETED BY: Name							Signature									Date												
												D	D	M	M	M	2	0	2									