



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

Unique house-hold code, Participant suffix, Participant date of birth

Date/time of visit

A: CONSENT OPTIONS

1. Did the participant consent to join the study (Q1-67 on consent form)?
2. Did the participant consent to 5 follow-up visits (Q7 on consent form)?
3. Did the participant consent to 16 follow-up visits (Q8 on consent form)?
4. Did the participant consent to blood samples (Q9 on consent form)?
If yes, did the participant consent to future use of blood samples (Q10 on consent form)?

B: DEMOGRAPHICS

1. Sex
2. Ethnic group
White
Mixed / multiple ethnic groups
Asian or Asian British
Black, African, Caribbean or Black British
Other ethnic group

C: GP DETAILS

1. Does the participant have a GP?
If yes GP name (if known):
GP address:

D: EMAIL FOR VOUCHERS

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