



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

FOR EACH CONSENTING PARTICIPANT IF COMPLETING FOR A CHILD BY A PARENT/CARER PROXY, REMEMBER "YOU" IS THE PARTICIPANT.

	COMII LL		10		11 /	· Oi		UL	<i>, , ,</i>	1171	/LI1	1/	CAIN		r NOX 1, 1	/LIV	/I I I I I	וטו			,,	10	1111	_		IOII		
Unique house- hold code											ticipant e of birth	D	D	Λ.	1 1	1 1	1 Y	Υ	Y	Y								
Unique part- icipant code									Date/time of visit	D D		ММ		M 2		0	0 2 Y		h	h	: m	n m						
				Δ:	RE	CC)R	DI	NG	OF	SIG	λ£	JED	CO	DNSENT	[0	РΤ	10	NS	E	RO	М	CF					
	A: RECORDING OF SIGNED CONSENT OPTIONS FROM ICF																											
														□N														
2.														□N														
3.														0														
4.	(Q9 on consent form)? □ Yes □ No														0													
5.	Did the participant consent to blood samples (Q10 on consent form)?												Yes	□N	0													
6.	6. Did the participant consent to future use of blood samples (Q11 on consent form)?												Yes	□N	0													
											B:	D	EMO	OG	RAPHIC	S												
1.	What is y	/ou	r se	x?				□ N	/lale			F	emal	е														
2.	What is	you	r et	hnic	c gr	oupʻ	?	Wh	ite																			
(select one) ☐ English, Welsh, Scottish, Northern Irish or British ☐ Irish ☐ Gypsy or Irish Trave												avelle	r															
	☐ Any other white background, specify																											
	Mixed / multiple ethnic groups																											
	□ White and Black Caribbean □ White and Black African □ White and Asian																											
	☐ Any other Mixed/multiple background, specify:																											
	□ Indian □ Pakistani □ Bangladeshi □ Chinese																											
	□ 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																					
								□ A	ny c	other	ethni	C (group	, sp	ecify										_			
													C:	WC	DRK													
1.	If you are	e cu	ırreı	ntlv	wo	rkind	a. c	or cu	urrer	ntlv ei	olam	ve	d/sel	f-em	ployed but	t not	wo	rkir	ng a	t the	e m	ome	ent. v	wha	t is t	the ti	tle of	_
	•			•		•				•		-			car mecha				_									
	(write N/A if not currently working or employed/self-employed but not working)																											
2.	What you	u m	ainl	y d	o in	you	r m	nain	job	or bu	sines	SS	?															
(please describe as fully as possible. For example,																												
please indicate if you have a								ny management																				
	<u>responsi</u>	bilit	ies.	Wr	rite i	N/A	if n	ot v	vork	ing, a	is ab	οv	<u>′e</u>)															

Version 7.0 Date: 18 September 2020 IRAS Project ID: 283248 Page: 1 of 2

3.	Which of these occupations/sectors do you work in □ N/A as not currently working and not currently e □ Teaching and education	,										
	☐ Social care☐ Retail sector (incl. wholesale)	 ☐ Transport (incl. storage, logistic) ☐ Hospitality (e.g. hotel, restaurant, cafe) 										
	☐ Food production and agriculture (incl. farming)☐ Information technology and communication	□ Personal se□ Financial se										
	☐ Manufacturing or construction	☐ Civil service	☐ Civil service or Local Government									
	□ Armed forces□ Other occupation sector, specify	☐ Arts, entert	ainment or	recreation				_				
4.	Do you currently work in a nursing care home or a		□ Yes	□N	0							
5.	Do you currently work in healthcare (providing me ☐ Yes, in primary care, e.g. GP, dentist ☐ Yes, in other healthcare settings, e.g.			a community)? n secondary cai		-						
6.	Does your current role primarily involve direct con users/customers on a day-to-day basis? (<i>Please</i> a	•	-			□ Yes	□N	0				
	D. VOLID		TATUC									
	D: YOUR	HEALTH S	TATUS									
1.	Do you have any physical or mental health conditi	ions or illnesses	s lasting or	expected to las			re? □ No					
	If yes: (a) Do any of your conditions or illnesses re ☐ Yes, a lot ☐ Yes, a lot	-	ty to carry-o □ Not at		activities? (<u>t</u>	tick one	<u>e</u>)					
2.	Have you ever smoked cigarettes regularly?				□Y	es	□No					
3.	Do you currently smoke or vape at all? (select all	<i>that apply</i>) □Ye ⊦Yes, vape/e-ci	•		, cigar □ kah/shisha ∣	Yes, p	ipe □No					
	E: •	GP DETAIL	S									
1.	Do you have a GP?	☐ Yes [□ No									
	If yes: GP name (if known):											
	GP surgery name:											
	GP surgery address:											
	F: CONTACT DETAILS FOR	VOUCHER	S AND F	RESULTS R	ETURN							
1.	Email address for vouchers:											
	□ No email address											
2.	Do you have a mobile number you like to receive to parent/carers mobile number for children, identi					ts can b □ Yes						
	Mobile number (add country code if non-UK mobil	e):										
CC	MPLETED BY: Name (study worker) Signature	e (study worke	r)	Date								
				D D	M M M	2 0	2	Y				
	·			<u>, , , , , , , , , , , , , , , , , , , </u>								