



COVID-19 INFECTION SURVEY: CRF4 INDIVIDUAL PARTICIPANT - COMPLETE AT ENROLMENT FOR EACH CONSENTING PARTICIPANT IF COMPLETING FOR A CHILD BY A PARENT/CARER PROXY, REMEMBER "YOU" IS THE PARTICIPANT

Unique house- hold code										pant f birth	D	D	M	M	М	Υ	Υ	Y	Y				
Unique part- icipant code										ate/time f visit	D	D M	/	1	W 2	2 (0	2	Υ	h	h	: m	n m
Swab □Yes taken □No	If yes: barcode									If yes: shipment	ID												
Blood □Yes taken □No	If yes: barcode									If yes: shipment	ID												
Date/time samples taken D D M M M Y Y Y Y h h h : m m																							
A: RECORDING OF SIGNED CONSENT OPTIONS FROM ICF																							
1. Did the par																							
 Did the participant consent to 5 visits (enrolment plus 4 follow-up) (Q6 on consent form)? 																							
3. Did the participant consent to visits until end of the study																							
·	(Q7 on consent form)? — Yes — No. 1. Did the participant consent to be approached for other studies (Q8 on consent form)? — Ves — No.																						
· ·																							
If yes to Q5: (a) Did they consent to fingerprick samples (Q9 on consent form)? ☐ Yes ☐ No																							
(b) <u>If yes</u> : did they consent to future use of blood samples (Q10 on consent form)?																							
6. <i>If swab ONLY household:</i> Is the participant 16y or older?																							
for COVID-19 on a nose and throat swab (Q9 on consent form)?																							
	(b) <u>If y</u>	<u>es</u> : did	they	cons	ent to	o fut	ure	use o	of b	lood sam	ples	(Q1	0 c	n c	ons	ent	for	m)?	•		Yes		No
					В	: D	ΕM	OG	R	APHICS	}												
1. What is you	ır sex?	□ Ma	ale 🗆	Fem	nale																		
 What is your sex?																							
2. What is you	_	 vnat is your etnnic group? wnite (select one) □ English, Welsh, Scottish, Northern Irish or British □ Irish □ Gypsy or Irish Traveller 															G	yps	y or	ller			
2. What is you	_			☐ Any other white background, specify																			
2. What is you	_		Any o	other			_	ound	d, s		OI L												_
2. What is you	_		Any o lixed /	other ' <i>mult</i>	iple e	ethn	ic gr	ound oups	d, s s				Af	rica	an		. W	hite	e and		sian		
2. What is you	_		Any o lixed / White Any o	other mult e and other	iple e I Blac Mixe	e <i>thn</i> ck C ed/m	<i>ic gr</i> aribl ultip	ound oups bean	d, s s	pecify	nd E	Black	Af	rica	an		W	hite	e and		sian		_
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2. What is you	_		Any of the Africa Africa	other multer other other other Africa	iple of Black Mixed An Black Asia Asia an, Can, Can, Can, Can, Can, Can, Can,	ethn ck C ed/m ritish Pakis an ba aribi	ic gr aribb aultip stani ackg bear bear	round coups cean cle ba round or E	d, s s ackg d, s	pecify □ White a ground, s _l □ Banç specify: ck British	nd E peci	Black fy: _ eshi			□ C	hin	ese	!		d As			_
2. What is you	_		Any of White Any of Sian of Indian Any of Any of Africa Any of An	other multer and other other Africa an	iple ending in the second in t	ethn ck C ed/m ritish Pakis an ba arib arib kk, A	ic gr aribb aultip stani ackg bear bear	round coups cean cle ba round or E	d, s s ackg d, s	pecify □ White a ground, s _l □ Bang specify:	nd E peci	Black fy: _ eshi			□ C	hin	ese	!		d As			_
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2. What is you (select one	_		Any of lixed / White Any of lack, / Africa Any of there example Any of the control of the contro	other multiperate and other mother other o	iple en Black Ban, Can Black Black grounders g	ethnn ck C ed/m ritish Pakis nn ba aribi carib carib kk, A up	ic gr aribh nultip n sstani sstani dackg bear frica	round round round round n or E	d, s	pecify □ White a ground, sp □ Bang specify: ck British ribbean band	nd Epeci	Black fy: _ eshi grour	nd,	spo	□ C	hin@	ese	,		aA b			
2. What is you (select one) 1. What is you	<u>. </u>		Any of lixed / White Any of Indian In	other multiperand	iple e Blace	ethnn ckk C ed/m ritish Pakis an ba aribh aribh kk, A up iic gi	ic gr aribb nultip n stani ackg bear bear frica	round out of the country of the coun	d, s d, s d, s Blace Cal	pecify □ White a ground, specify: ck British AND Nowhere yo	nd Epeci plad acke	Black fy: _ eshi	nd,	spo	cof y	hine //: _	ese	,		aA b	one		_
2. What is you (select one) 1. What is you	ur current w		Any of lixed / White Any of Indian In	other multiperand	iple e Blace	ethnn ckk C ed/m ritish Pakis an ba aribh aribh kk, A up iic gi	ic gr aribb nultip n stani ackg bear bear frica	round out of the country of the coun	d, s d, s d, s Blace Cal	pecify □ White a ground, specify: ck British AND Nowhere yo	nd Epeci plad acke	Black fy: _ eshi	nd,	spo	cof y	hine //: _	ese	,		aA b	one)	_

	☐ Employed and currently not working (e.g. on leave due to	to the COVID-19 pandemic	(furloughed);
	sick leave for 4 weeks or longer, or maternity/paternity le	eave)	(<u>go to C3</u>)
	☐ Self-employed and currently working (include if on leave	or sick leave for less than	4 weeks) (go to C3)
	☐ Self-employed and currently not working (e.g. on leave of	due to the COVID-19 pande	emic;
	sick leave for 4 weeks or longer or maternity/paternity le	eave)	(<u>go to C3</u>)
	☐ Looking for paid work and able to start		(go to Section D)
	□ Not in paid work and not looking for paid work (include d	loing voluntary work here)	(go to Section D)
	☐ Retired (include doing voluntary work here)	,	(go to C2)
	☐ Child under 4-5y not attending nursery, pre-school, child	lminder	(go to Section D)
	☐ Child under 4-5y attending nursery, pre-school, childmin		(<u>go to C8</u>)
	☐ 4-5y and older at school/home-school (including if temporal)		2 if 16y or older, otherwise C8)
	☐ Attending college or other further education provider (inc		
			(<u>go to C2</u>)
	☐ Attending university (including if temporarily absent)		(<u>go to C2</u>)
2.	Do you have any paid employment in addition to this, or as	s part of an apprenticeship?	?
			go to Section D if Retired)
3.	If currently working at all, or currently employed/self-emplo	yed but not working at the	moment:
	(a) What is the title of your main job or business?		
	(e.g. primary school teacher, car mechanic,		ļ
	district nurse, structural engineer etc.)		
	(b) What do you mainly do in your main job or business?		
	ease describe as fully as possible.		1
	r example, please indicate if you have any		
mai	nagement responsibilities)		
	(c) Which of these employment sectors do you work in? (se		
		th care (go to C4)	
	·-	sport (incl. storage, logistic pitality (e.g. hotel, restaurar	
	•	onal services (e.g. hairdres	
		ncial services (e.g. nandres	
		service or Local Governme	•
	S .	entertainment or recreatio	
	☐ Other employment sector, specify		vorking in Health or Social care)
	If 'Health care': Is that currently	·-	ndary care (e.g. hospital)
	(select one)		, (3 1)
5.	Do you currently work in a nursing care home or a resident	tial care home?	□ Yes □ No
6.	Does your current role primarily involve direct contact, in pe	erson, with patients/clients/	/residents/service
	users/customers on a day-to-day basis? (Please answer 'n	o' if primarily office-based)	□ Yes □ No
7.	If currently working now (see C1, C2): Currently, do you ge	enerally work (<u>select one</u> : it	currently self-isolating, choose
	where you would usually work when not self-isolating)		
	$\hfill \square$ From home (in the same grounds or building as your hom	ie)	(go to Section D)
	☐ Somewhere else (not at your home)		(<u>go to C8</u>)
	☐ Both (work from home and work somewhere else)		(<u>go to C8</u>)
	If currently working not at your home, or in education or atte		-
	days of the week are you currently working somewhere els	•	_
	building as your home), or currently attending, in person, you	•	
	childminder? (select one: if currently self-isolating, choose	where you would usually w	
	□ 0 □ 1		□ 5 □ 6 □ 7
	If currently working not at your home, or in education or atter		
	from work/nursery/education provider? (select one only: if us	se multiple modes, choose t	the longest part of your journey
	in time)		
	e e e e e e e e e e e e e e e e e e e		Motorbike, scooter or moped
			On foot
10.	If currently working or in education or attending school or n	•	•
	between yourself and other people at your place of work/e		tc? (<u>select one</u>)
	☐ Easy to maintain 2m, it is not a problem to stay this far av		
	Relatively easy to maintain 2m, most of the time you can	•	ople
	Difficult to maintain 2m, but you can usually be at least 1	·	
	□Very difficult to be more than 1m away, as your work mea	ans you are in close contact	et with others on a regular basis

			D: \	YOUR HEAL	TH STAT	US	TOD	AY					
1. F	lave you had any	of these s	symptoms	in the last 7 da	ys?								
	er (including high perature)	□ Yes	□ No	Headache		Yes	□ No		Muscle	ache	□ Yes	□ No	
	akness/tiredness	□ Yes	□No	More trouble than usual	sleeping	⁄es	□ No		Loss of or eatin than us	_	□ Yes	□ No	
Nau	sea/vomiting	☐ Yes	□ No	Abdominal pa	ain 🗆 `	Yes -	□ No		Diarrho	ea	☐ Yes	□ No	
_	e throat	☐ Yes	□ No	Runny nose/s	sneezing 🗆 `	⁄es	□ No		Cough		☐ Yes	□ No	
Sho	rtness of breath	□ Yes	□ No	Noisy breathi (wheezing)	ng \Box	Yes	□ No		Loss of	taste	□ Yes	□ No	
Los	s of smell	☐ Yes	□ No										
	(a) Please confirm	: have yo	u had any	of these sympto	ms in the la	st 7	days?	□ Y	es 🗆 No)			
	(b) If yes: what wa	s the ear	iest date t	hat any of these	symptoms fi	st st	tarted o	r be	came	D D M	M M 2	0 2	
	worse that		•									0 2 /	
2.	Are you currently	self-isola	ting due to	COVID-19 (me	aning you are	not	leaving	g you	ur home	;)? (<u>select</u>	<u>t one</u>)		
	□ No												
	☐ Yes because yo												
	☐ Yes because yo	ou live with	n someone	e who has/has ha	ad symptoms	or a	positiv	e tes	st, but yo	ou haven't	had sympt	toms	
	yourself												
	☐ Yes, for other re		•	•	increased ris	< of (getting (COV	/ID-19 (e	e.g. having	g been in c	ontact	
	with a known case	•	•	•	. (()	" D.	40 (L ! - L !! \		
	☐ Yes, for other re								ng into r	iospital, si			
3.	Do you currently t	-										□ No	
4.	Do you have any				s or illnesses	lasti	ng or e	xpe	cted to I	ast 12 mc			
	(excluding any lo									0 - 10 -		□ No	
	If yes: (a) Do any	-			•		-		ay-to-da	y activities	s? <u>(select (</u>	<u>one</u>)	
_		☐ Yes,		□Yes, a little		I.	Not at a	II					
5.	Have you ever sn			<u> </u>								□No	
6.	Do you currently		•		Cigar □Pip	_	□\/one	10	cigarette	مم ⊐لامد	□Yes okah/shisha	□No	
	If yes: (a) please	uck all ula					•			±5 ⊔⊓00	JKan/SinSin	a pipes	
			E: C	ONTACT W	ITH OTHE	R	PEOP	<u> </u>					
1.	In the last 28 days had a positive tes	-			-				-	-		se they	
	If yes: (a) Date of	last conta	act of this	type:	DDM	M M	2 0	2	Υ				
	(b) Was thi	s last per	son you h	ad this type of co	ontact with	□ liv	ing in y	our	own ho	me □ ou	ıtside your	home	
2.	In the last 28 days	s, have yo	ou been in	direct contact, in	n person, with	n sor	neone	that	you thir	nk was inf	ected with		
	COVID-19 at the	•										,	
	someone who has been tested but you do not know the result; or someone who has tested negative? \(\subseteq \text{ Yes} \text{No} \)												
	If yes: (a) Date of	last conta	act of this	type:	D D M	M M	2 0	2	Y				
	. ,			ad this type of co							ıtside your		
3.	In the last 28 days	-	 '	•	or any reasor	ı (e.ç	g. for w	ork,	for a co	nsultation	or treatme	ent, to	
	visit someone, to		,	•								□No	
	If no: (a) In the las	-	-		-				ospital a	at all for a	-		
	for work, for cons											□No	
4.	In the last 28 days	-	<u>ou</u> been in	side a care/resid	dential home	tor a	ny reas	on (e.g. for	work, to v			
	take someone els	,							, .			□No	
	If no: (a) In the las				ially live with	peer	n inside	a c	are/resi	aential ho			
_	work, to visit some				1 -		'0 ' 6		•			□No	
5.	In the last 7 days, home, including s		ny hours a	day on average	nave you sp	ent v	vithin 2	m of	someo	ne else in	your		
6.	Over the last 7 da	ys, how r									ad physica	ال	
	contact with (e.g.	handshal	ke, hug, pe	ersonal care), inc	-		-				<u> </u>		
					□ 0		1-5		6-10	□ 11-20	□ 21 c	or more	

7.	Over the last 7 days, how mandshake, hug, personal ca						d physical c	contact w	vith (e.g.	
	riariadiana, riag, porconar oc	210), 111010	amig with		□ 1-5	•	i-10 □ 1	1-20	□ 21 oı	more
8.	Over the last 7 days, how ma (e.g. handshake, hug, perso							ad physic	cal conta	ct with
	(e.g. Haridshake, hug, person	nai carc),	moradin		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	1-20	□ 21 oı	more
9.	Over the last 7 days, how ma	any <u>childr</u>	en and y	oung adults <18y	not living	in your h				
	physical, contact with in pers	son, e.g. v	vith socia	• •				4.00	- 04	
10	Over the leat 7 days have	م ما داده	. 40.00.		☐ 1-5			1-20	21 0	
10.	Over the last 7 days, how may with in person, e.g. with soci			(select one)						
11	Over the last 7 days, how my	ony oldor	adulta 7		☐ 1-5			1-20	☐ 21 oi	more
11.	Over the last 7 days, how many physical, contact with in personal						lave you na	ad direct,	, <u>but not</u>	
	<u></u>	,		□ 0	□ 1-5	•	5-10 🗆 1	1-20	□ 21 oı	more
12.	In the last 7 days, how many home? (select one)		ve you s ∃None		_		uildings of a \Box 5 \Box 6		person's times o	more
13.	In the last 7 days, how many									
14.	buildings of your home? (sele In the last 7 days, how many						□ 5 □ 6 ing? <i>(select</i>		times or	more
	□None □ 1		2	□ 3 □ 4 □	5 [□ 6	☐ 7 times o	r more		
15.	In the last 7 days, how many (select one)			•			_	_	staurants	s, etc?
16	□None □ 1		2				☐ 7 times o		n hoon	ino of
16.	Do you generally wear any k COVID-19? (<u>select one</u> : if cu	urrently se	elf-isolatii	ng, choose what y	ou would	l usually d	do when no	t self-iso		ise oi
	Not going to place of workMy face is already covered			Yes, always (e.g. religious or		s, sometir easons)	nes 🗆 N	lever		
17.	Do you generally wear any k	ind of fac	e coverir	ng or mask when y	ou are ir	n other en				
	shops, or using public transp			OVID-19? (select	one: if cu	irrently se	elf-isolating,	choose	what yo	u
	would usually do when not s Not going to other enclose			r using public tran	sport					
	☐ Yes, always		s, someti	mes			□ Never			
	☐ Yes, always☐ My face is already covered		s, someti	mes	cultural r	easons)	□ Never	•		
		d for othe	s, someti r reasons	mes		,	□ Never			
1.		d for other	s, someti r reasons	mes s (e.g. religious or	N AND	YOU	□ Never	□ Yes	□N	0
1.	☐ My face is already covered	F: Cou have ha	s, someti r reasons OVID- ad COVII	mes s (e.g. religious or 19 INFECTIO D-19? (<u>if not sure,</u>	N AND	YOU o)		□ Yes	□ N M 2 0	
1.	Do you know or think that you If yes: (a) What was the earli	F: Cou have hatiest date v	s, someti r reasons OVID- ad COVII when you	mes s (e.g. religious or 19 INFECTIO D-19? (<i>if not sure,</i> u knew or thought	N AND select N you first	YOU o) had COV	ID-	□ Yes		2 Y
1.	Do you know or think that you fix yes: (a) What was the earling: (b) Did you have any so (c) If yes: Did you have	F: Cou have had iest date was symptoms any of t	s, sometic r reasons COVID- ad COVII when you s when you the follow	mes (e.g. religious or 19 INFECTIO) D-19? (<i>if not sure</i> , u knew or thought ou first knew or th	N AND select N you first ought yo	YOU O had COV u had CO	ID- D E	□ Yes	M 2 0	2 Y
1.	Do you know or think that you lf yes: (a) What was the earling: (b) Did you have any so (c) If yes: Did you have (answer Yes or No for	F: Cou have had iest date was symptoms any of t	s, sometic r reasons COVID- ad COVII when you s when you the follow	mes (e.g. religious or 19 INFECTIO) D-19? (if not sure, u knew or thought ou first knew or thought ring symptoms where the sure of the sur	N AND select N you first ought yo	YOU O had COV u had CO	ID- D E	□ Yes	M 2 0 □ N	2 Y
1.	Do you know or think that you fix yes: (a) What was the earling: (b) Did you have any so (c) If yes: Did you have	F: Cou have had iest date was symptoms we any of the each one	s, sometic r reasons COVID- ad COVII when you s when you the follow	mes (e.g. religious or 19 INFECTIO) D-19? (<i>if not sure</i> , u knew or thought ou first knew or th	N AND select N you first ought yo	you had COV u had CO rst had C	ID- D E	☐ Yes ☐ M M ☐ Yes	M 2 0	2 Y
1.	Do you know or think that you figure (a) What was the earling (b) Did you have any so (c) figure (answer Yes or No for Fever (including high temperature)	F: Cou have had iest date was symptoms we any of the each one	s, sometic reasons COVID- ad COVII when you s when y the follow e)	mes (e.g. religious or 19 INFECTIO) D-19? (if not sure, u knew or thought ou first knew or thought wing symptoms where the dache More trouble	N AND select N you first ought you en you fi	byou had COV u had CO rst had Co	ID- VID-19? OVID-19? Muscle actions of ap	☐ Yes ☐ Yes ☐ Yes ☐ He	M 2 0 □ N □ Yes	2 Y
1.	Do you know or think that you see that the second of the s	F: Cou have had iest date was symptoms we any of the each one	s, sometic r reasons COVID- ad COVII when you s when you the follow e)	mes (e.g. religious or 19 INFECTIO) D-19? (if not sure, u knew or thought ou first knew or thought ou first knew or thought headache More trouble sleeping than	N AND select N you first ought you	byou had COV u had CO rst had Co	ID- OVID-19? OVID-19? Muscle acting I	☐ Yes☐ Yes☐ Yes☐ Pene	M 2 0 □ N	2 Y
1.	Do you know or think that you figure (a) What was the earling (b) Did you have any so (c) figure (answer Yes or No for Fever (including high temperature)	F: Cou have had iest date was symptoms we any of the each one	s, sometic reasons COVID- ad COVII when you s when y the follow e)	mes (e.g. religious or 19 INFECTIO) D-19? (if not sure, u knew or thought ou first knew or thought wing symptoms where the dache More trouble	N AND select N you first ought you en you fi ☐ Yes ☐ Yes	b YOU o) had COV u had CO rst had Co □ No	ID- VID-19? OVID-19? Muscle actions of ap	☐ Yes☐ M M☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	M 2 0 □ N □ Yes	2 Y
1.	Do you know or think that you see that the search of the s	F: Cou have had iest date we symptoms we any of the reach one of the Yes	s, sometic reasons cOVID- ad COVII when you s when y the follow e) \[\text{No} \] No	mes (e.g. religious or 19 INFECTIO) D-19? (if not sure, u knew or thought ou first knew or the ring symptoms where the sure of	N AND select N you first ought you en you fi ☐ Yes ☐ Yes	o) had COV u had CO rst had Co No	ID- VID-19? OVID-19? Muscle action or eating I than usua	☐ Yes☐ M M☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	M 2 0 □ N □ Yes	2 Y 0 No
1.	Do you know or think that you lif yes: (a) What was the earling: (b) Did you have any some (c) lif yes: Did you have (answer Yes or No for Fever (including high temperature) Weakness/tiredness Nausea/vomiting	F: Cou have had iest date was symptoms any of the each one of	s, sometic reasons covided Cov	mes (e.g. religious or 19 INFECTIO) D-19? (if not sure, u knew or thought ou first knew or thought ou first knew or thought headache More trouble sleeping than usual Abdominal pair Runny nose/	select N you first ought you en you fi Yes Yes Yes	byou o) had COV u had CO rst had Co No No	ID- OVID-19? OVID-19? Muscle act than usua Diarrhoea	☐ Yes☐ Yes☐ Yes☐ Yes☐ Pehe☐ Pehe☐ Pehe☐ Pehe☐ Pehe☐ Pehe☐ Peh☐ Peh	M 2 0 □ N □ Yes □ Yes	2 Y 0 No
1.	Do you know or think that you see the search of the search	F: Cou have had iest date was symptoms any of the each one of	s, sometic reasons COVID- ad COVII when you s when y the follow e) No No	mes (e.g. religious or 19 INFECTIO) D-19? (if not sure, u knew or thought ou first knew or thought ou first knew or thought Headache More trouble sleeping than usual Abdominal pair Runny nose/ sneezing Noisy breathing	select N you first ought you en you fi Yes Yes Yes Yes	byou o) had COV u had CO rst had Co No No	ID- OVID-19? OVID-19? Muscle acting I than usua Diarrhoea Cough	☐ Yes☐ Yes☐ Yes☐ Yes☐ Pehe☐ Pehe☐ Pehe☐ Pehe☐ Pehe☐ Pehe☐ Peh☐ Peh	M 2 0 □ N □ Yes □ Yes	2 Y 0 No
1.	Do you know or think that you If yes: (a) What was the earling: (b) Did you have any so (c) If yes: Did you have (answer Yes or No for Fever (including high temperature) Weakness/tiredness Nausea/vomiting Sore throat	re any of treach one Yes Yes Yes Yes Yes Yes	s, sometic reasons OVID- ad COVII when you he followed No No No	mes (e.g. religious or 19 INFECTIO) D-19? (if not sure, u knew or thought ou first knew or thought ou first knew or thought had summer the summer of the sum	select N you first ought you en you fi Yes Yes Yes Yes	b YOU o) had COV u had CO rst had Co No No No No	ID- OVID-19? OVID-19? Muscle ac Loss of ap or eating I than usua Diarrhoea Cough Loss of ta	□ Yes □ Yes □ Yes □ He □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	M 2 0□ N□ Yes□ Yes□ Yes□ Yes□ Yes	2 Y 0 No No No No
1.	Do you know or think that you If yes: (a) What was the earling: (b) Did you have any second (c) If yes: Did you have (answer Yes or No for Fever (including high temperature) Weakness/tiredness Nausea/vomiting Sore throat Shortness of breath Loss of smell (d) Did you contact the	reach one Yes Yes Yes Yes Yes Yes Yes Hes H	s, sometic reasons cOVID- ad COVIII when you selve followers No No No No No No No No nen you tellowers	mes (e.g. religious or 19 INFECTIO) D-19? (if not sure, u knew or thought ou first knew or thought ou first knew or though symptoms where the seping than usual Abdominal pair Runny nose/sneezing Noisy breathing (wheezing)	select N you first ought you en you fi Yes Yes Yes Yes OVID-19	you o) had COV u had CO rst had Co I No I No I No I No I No I No I O (e.g. 111	ID- OVID-19? OVID-19? Muscle ac Loss of ap or eating I than usua Diarrhoea Cough Loss of ta	□ Yes □ Yes □ Yes □ He □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	M 2 0 □ N □ Yes	2 Y 0 No No No No No
1.	Do you know or think that you If yes: (a) What was the early 19: (b) Did you have any so (c) If yes: Did you have (answer Yes or No for Fever (including high temperature) Weakness/tiredness Nausea/vomiting Sore throat Shortness of breath Loss of smell (d) Did you contact the (e) Were you admitted	to for other F: Count have hat iest date we symptoms we any of the reach one with the re	s, sometic reasons covided COVIII ad COVIII when you s when y the followe b) No No No No No No No No No the followe covided to the follow	mes (e.g. religious or 19 INFECTIO) D-19? (if not sure, u knew or thought ou first knew or thought ou first knew or thought ou first knew or though symptoms where the seeping than usual Abdominal pair Runny nose/sneezing Noisy breathing (wheezing) hought you had Coyou thought you h	select N you first ought you en you fi Yes Yes Yes Yes OVID-19 mad COV	you o) had COV u had CO rst had Co rst had Co No No No No INo INo IO (e.g. 111	ID- VID-19? OVID-19? Muscle acting I than usua Diarrhoea Cough Loss of ta	□ Yes □ Yes □ Yes □ He □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	M 2 0□ N□ Yes□ Yes□ Yes□ Yes□ Yes	2 Y 0 No No No No No
	Do you know or think that you lif yes: (a) What was the earling: (b) Did you have any second (c) lif yes: Did you have (answer Yes or No for Fever (including high temperature) Weakness/tiredness Nausea/vomiting Sore throat Shortness of breath Loss of smell (d) Did you contact the (e) Were you admitted thave you ever had a swab to lif yes: (a) What was the results.	TECOU have had iest date was symptoms any of the each one any of the each one and a Yes are any of the each one and a Yes are any of the each one and a Yes are any of the each one and a Yes are any of the each one and a Yes are any of the each one and a Yes are any of the each of your est of y	s, sometic reasons covided COVIII ad COVIII when you s when y the followe b) No No No No No No No No tal when ur nose a	mes s (e.g. religious or 19 INFECTIO D-19? (if not sure, u knew or thought ou first knew or the ing symptoms where Headache More trouble sleeping than usual Abdominal pair Runny nose/ sneezing Noisy breathing (wheezing) hought you had Composed to test for sof all swab tests	select N you first ought you en you fi Yes Yes Yes Yes OVID-19 mad COVI you've ha	you o) had COV u had COV rst had Co rst had Co No No No No 1 (e.g. 111 ID-19? 1-19 infect ad? (sele	ID- OVID-19? OVID-19? Muscle action action? Cough Loss of taction? Cone Cone	☐ Yes☐ M M☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	M 2 0 □ Yes	2 Y 0 No No No No No No No
	Do you know or think that you lf yes: (a) What was the earling 19: (b) Did you have any second (answer Yes or No for Fever (including high temperature) Weakness/tiredness Nausea/vomiting Sore throat Shortness of breath Loss of smell (d) Did you contact the generation (e) Were you admitted Have you ever had a swab to lf yes: (a) What was the result one or more positive test(s)	TECOU have had iest date was symptoms any of the each one any of the each one and a Yes are any of the each one and a Yes are any of the each one and a Yes are any of the each one and a Yes are any of the each one and a Yes are any of the each one and a Yes are any of the each of your est of y	s, sometic reasons covided COVIII ad COVIII when you s when y the followe b) No No No No No No No No tal when ur nose a	mes (e.g. religious or 19 INFECTIO) D-19? (if not sure, u knew or thought ou first knew or thought ou first knew or thought sure trouble sleeping than usual Abdominal pair Runny nose/sneezing Noisy breathing (wheezing) hought you had Coyou thought you had throat to test for of all swab tests	select N you first ought you en you fi Yes Yes Yes Yes OVID-19 nad COVID you've hane or more	you o) had COV u had COV rst had Co rst had Co No No No No No Inc. 111 ID-19? Id-19 infect ad? (sele re negative r	ID- VID-19? OVID-19? Muscle action action? Cough Loss of taction? Ct one) Ve tests, but	☐ Yes☐ M M☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	M 2 0 □ Yes	2 Y 0 No No No No No No No
	Do you know or think that you lif yes: (a) What was the earling: (b) Did you have any second (c) lif yes: Did you have (answer Yes or No for Fever (including high temperature) Weakness/tiredness Nausea/vomiting Sore throat Shortness of breath Loss of smell (d) Did you contact the (e) Were you admitted thave you ever had a swab to lif yes: (a) What was the results.	Tes I Yes I Ye	s, sometic reasons covided Cov	mes (e.g. religious or 19 INFECTIO) D-19? (if not sure, u knew or thought ou first knew or thought ou first knew or thought wing symptoms where the sleeping than usual abdominal pair Runny nose/sneezing Noisy breathing (wheezing) Noisy breathing (wheezing) hought you had Composed by the sof all swab tests of all swab tests or contact to the sof all swab tests or contact the swap tests or contact the swap test or	select N you first ought you en you fi Yes Yes Yes OVID-19 mad COVID you've have or more aiting for	you o) had COV u had COV rst had Co rst had Co No No No No No Included the control of the contro	ID- VID-19? OVID-19? Muscle action action? Cough Loss of taction? Ct one) Ve tests, but	□ Yes	M 2 0 □ Yes	2

	(c) If all tests negative: What was	the date	of last	negative test you	u've had	?	D D M M	M 2 0 2 Y				
3.	If yes to Q2: had a swab test of yo for COVID-19 using a lateral flow laboratory because the result sho	test: that	t's the t	est you can do y	ourself a	ind you d		d it to a				
4.	Have you ever had a blood test to					10 / /		□ Yes □ No				
	If yes: (a) What was the result/we			•				vora positivo				
	□ One or more p□ All tests failed	ositive te	Si(S)			all results	e tests, but none w	vere positive				
	(b) Where was the test dor	ne? (if mo	ore thar		•		ent positive test,					
	(select one)						rwise the most red					
				6 (e.g. GP, hospi	,			me test				
	(c) <u>If any tests positive</u> : Wh	hat was th	ne date	of first positive to	est you'v	e had?	D D M M	M 2 0 2 Y				
	(d) <i><u>If all tests negative</u>:</i> Wh	nat was th	e date	of last negative t	test you'v	ve had?	D D M M	M 2 0 2 Y				
5.	Would you describe yourself as h	-	_	•		•	cing symptoms mo	ore than 4				
	weeks after you first had COVID-				-			∣Yes □ No				
	If yes: (a) Does this reduce your	•	•			•		•				
	COVID-19? (select one		Yes, a		□Yes,			Not at all				
	(b) Have you had any of th any pre-existing sympto											
	Fever 🗆 🗅 🗅	Yes □ N	10 I	Headache	☐ Yes	□ No	Muscle ache	☐ Yes ☐ No				
	Weakness/tiredness □ `	Yes □ N	10 I	Nausea/vomiting	□ Yes	□ No	Abdominal pain	☐ Yes ☐ No				
	Diarrhoea 🗆 `	Yes □ N	10 I	Loss of appetite	☐ Yes	□ No	Loss of taste	☐ Yes ☐ No				
	Loss of smell \(\sime\)	Yes □ N	10	Sore throat	☐ Yes	□ No	Cough	☐ Yes ☐ No				
	Shortness of breath □ `	Yes □ N	10	Chest pain	☐ Yes	□ No	Palpitations	☐ Yes ☐ No				
	Vertigo/dizziness □ `	Yes □ N	10 ,	Worry/anxiety	□ Yes	□No	Low mood/not enjoying anything	□ Yes □ No				
	Trouble sleeping	Yes □ N		Memory loss or confusion	□ Yes	□No	Difficultly concentrating	□ Yes □ No				
6.	Have you ever been vaccinated a	against Co	OVID-1	9?		□ Yes	□ No ((if no go to F7)				
	If yes to Q6: (b) how many doses of any vaccine have you received to date, including any booster doses? □ 1 □ 2 □ 3 or more											
	(c) What type of vaccination did y	you have	for you	,	ect one)		□ Do	on't know type				
	□ Pfizer/BioNTech			□ Moderna								
	□ Oxford/AstraZene□ Sinovac	eca		☐ Janssen\Johr				ovavax				
	□ Sinovac □ From a research s	study/trial		☐ Sputnik☐ Other, specify		Valneva	U 31	nopharm				
	(d) What was the date of your fi	•				ne day of	the DDMM	M 2 0 2 Y				
mc	onth, put the 15 th)		£		/	\						
	(e) What type of vaccination did y□ Pfizer/BioNTech	you nave	for you	r secona aose? ☐ Moderna	(<u>seiect o</u>	<u>ne</u>)		on't know type				
	□ Oxford/AstraZene	rca		☐ Janssen\Johr	nson&.lol	hnson	□ No	ovavax				
	□ Sinovac	,ou		□ Sputnik		Valneva		nopharm				
	☐ From a research s	study/trial		☐ Other, specify								
	(f) What was the date of your sec the month, put the 15 th)	cond vaco	cination	? (if you can't re	member	the day o	of DDMM	M 2 0 2 Y				
	(g) What type of vaccination did y	you have	for you	r third dose? <i>(se</i>	lect one))	□ Do	on't know type				
	☐ Pfizer/BioNTech			☐ Moderna								
	□ Oxford/AstraZene	eca		□ Janssen\Johr	nson&Jol	hnson		ovavax				
	□ Sinovac			☐ Sputnik		Valneva	□ Si	nopharm				
	From a roce	earch stud		☐ Other,								
						e dav ot i	rne l					
	(h) What was the date of your the month, put the 15 th)						D D WI W					
	 (h) What was the date of your the month, put the 15th) (i) What type of vaccination did you 			fourth dose? (se			D D WI W	M = 0 = 2 on't know type				
	 (h) What was the date of your the month, put the 15th) (i) What type of vaccination did you Pfizer/BioNTech 	ou have f		fourth dose? (se	elect one	·)		on't know type				
	 (h) What was the date of your the month, put the 15th) (i) What type of vaccination did you 	ou have f		fourth dose? (se	e <i>lect one</i> nson&Joh	·)						

	(j) What was the date of your fourth vaccination? (if you can't remember the day of the month, put the 15 th)	D	D	M	М	M	2	0	2	Υ
7.	Have you been vaccinated against flu since September 2021? (this is commonly known flu vaccination') ☐ Yes ☐ No	n as	the	ʻflu	jab	' or	'se	asc	nal	
8.	Have you been outside of the UK since April 2020?				Ye	s 🗆	No			
	If yes: (a) Last country visited to the UK	d D	D	М	М	М	2	0	2	Υ
	G: CONTACT DETAILS FOR VOUCHERS AND RESULT	SR	囯	ΓUI	RN					
1.	Do you have an email address that we can use to contact you about the study, for exar vouchers? Please be aware that we would like to use this email to send you your test reshared email address, except when children need to use their parents email address			o it	sho	ould		t be	a	<u>?</u>)
	If yes to Q1 (a) Email:									
	(c) How would you prefer to receive vouchers for the study?				□F	Pap	er (b	оу р	ost	:)
	(d) Are you happy to receive your test results by email? \Box Yes					٧o				
2.	Do you have a mobile number we can use to contact you (about this study only)?						Yes	s [∃ N	o
	If yes: (a) Mobile number (add country code if non-UK mobile):									
C	OMPLETED BY: Name (study worker) Signature (study worker) Dat	e								
		D	M	M	M	2	0		2	Υ