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Basic data collected by the medical services of the City of Basel

Personal data:

- Name
- Date of Birth
- Gender
- Place of living: address
- Contact information: phone
- Nationality
- Current profession: what and where
- Past profession: what, where, and until when
- Date of getting disease
- Hospitalisation: yes/no, if yes exact dates

Known baseline diseases and risk factors

- Respiratory tract e.g. COPD
- Cancer
- Diabetes mellitus
- Immunosuppression: acquired and medication
- Transplantation
- Cardiac disease
- Others diseases

- Drinking: yes/no, if yes: amount per day
- Smoking: yes/no, if yes: amount per day

Travel related questions

Did you travel within the last 2 weeks?

- overnight stay: yes/no, if yes: duration
- own apartment: yes/no, if yes: where
- hotel: yes/no, if yes: where and room number
- camping: yes/no, if yes: where

Living related questions

- single house: yes/no
- apartment house: yes/no, if yes: size of the building, amount of apartments, amount of floors, empty apartments
- Contact for apartment houses
- construction year of the building
- plumbing system: construction year, type of heating, water temperature, boiler system

Potential sources of infections at place of living

- Water probing sites: amounts and locations
- Showers: used and unused
- Inhalation equipment: yes/no
- Air conditioner: yes/no
- Humidifier: yes/no
- Fountains: yes/no

- Garden: yes/no, if yes: rain collection, sprinkler, garden hose

Potential sources of infections close to place of living

- Water spray: yes/no
- Air conditioning cooling towers: yes/no
- Fountains: yes/no

Work related questions

- Name of company
- Location
- Do you work with water? Contact with water?

Potential sources of infection at the working place

- Water-taps: amount, used/unused
- Showers: amount, used/unused
- Inhalation equipment: yes/no
- Air conditioner: yes/no
- Humidifier: yes/no
- Aerosol equipment: yes/no
- Room fountain: yes/no
- Garden: yes/no, if yes: rain collection, sprinkler, garden hose

Potential infections sources close to the place of working

- Aerosol equipment: yes/no
- Air conditioning cooling towers: yes/no
- Fountains: yes/no

Potential other sources

Did you visit any of the places within the last 2 weeks? If yes: where?

- Nursing home: yes/no
- Aquarium: yes/no
- Car washing facility: yes/no
- Shopping center: yes/no
- Gym/Spa: yes/no
- Hair stylist: yes/no
- Market with aerosol equipment: yes/no
- Sauna/Wellness facility: yes/no
- Hospital: yes/no
- Sport facility: yes/no
- Swimming or whirlpool: yes/no
- Dentist: yes/no

Do you go walking on a regular basis? If yes: Where?