

Information and contact details

First name:

Last Name:

Phone number 1:

Phone number 2:

Address:

.....

Laboratory ID: | S | R | A | S | | | | | |

Participant ID: | | | | | | | | | | | | | |

(Participant ID: First 3 letters Last name then first 3 letters First name, Sex (M/F), Year of birth)

NB: The Participant ID must be identical to the one reported on the survey form

Contact persons

First name:

Last name:

Family Relationship:

Phone number:

First name:

Last name:

Family Relationship:

Phone number:

Important: This sheet "Information and contact details" is to be detached from the survey sheet after completion and to be kept under lock and key!

Survey Sheet

Inclusion date: |__| |__| | / | |__| |__| | / | |__| |__| |

Laboratory ID: |_S_|_|A_|_|R_|_|S_|_| |__| |__| |__| |__|

Participant ID: |__| |__| |__| |__| |__| |__| |__| |__| |__| |__|

(Participant ID: First 3 letters Last name then first 3 letters First name, Sex (M/F), Year of birth)

Inclusion place:

Investigator ID: _____

1. Sociodemographic characteristics

Q101. Age (years): |__| |__|

Q102. Gender: Male¹ Female²

Q103. Nationality: Togolese¹ Others² (Specify):

Q104. Profession: Airport professionals¹ Customs² Taxi driver³ Moto taxi driver⁴ Health professional⁵
 Merchants⁶ Patient⁷ Hotel professional⁸ Other⁹:

If health professional

Q104.1. Function: Physician¹ Medical assistant² Nurse³ Midwife⁴ Pharmacy auxiliaries⁵
 Other⁹:

Q104.2. Exercice place : CHU Campus¹ Clinique Biasa² Clinique l'espérance³ Clinique Autel d'Elie⁴
 CHU Sylvanus Olympio⁵ Others⁶ (Specify):

Q105. Marital status : Single¹ Married² Divorced³ Widowed⁴

Q106. Study level: Out of school⁰ Primary¹ Secondary² Superior³

2. Epidemiological link

Q201. Concept of travel outside Togo in the last two months: Yes¹ No⁰

Q201.1. If yes, date of return to Togo: |__| |__| | / | |__| |__| | / | |__| |__| |

Q202. Concept of contact with an infected person: Yes¹ No⁰

Q202.1. If Yes, link with this person:

Q203. BCG vaccination status: Vaccinated¹ Not vaccinated⁰ Don't know⁹⁹

Q204. How many people have you had contact with for 30 minutes or more in the past 48 hours? |__| |__|

Q205. How many people have you had contact with for 30 minutes or more in the past 48 hours without barrier measures? |__| |__|

Q206. How many people do you live with in your household? |__| |__|

Q207. How many people do you live with in your room? |__| |__|

3. Knowledge, Attitudes and Practices towards COVID-19

Q301. Have you ever heard of COVID-19? Yes¹ No⁰

Q301.1. If yes, how? Media¹ Word of mouth² Others³ (Specify):

Q302. A person with the virus can infect others even if they do not have symptoms: True¹ False²

Q302. Concept of preventive self-medication against COVID-19

Q302.1. Taking Chloroquine / Hydroxychloroquine? Yes¹ No⁰

Q302.2. Taking azithromycin? Yes¹ No⁰

Q302.3. Taking traditional medicine preparation? : Yes¹ No⁰

Q302.4. Daily vitamin C intake? Yes¹ No⁰

Q303. Protective measures used: Social distancing¹ Hand hygiene²

Wearing a fabric mask³ Wearing a surgical mask⁴

FFP⁵ mask port No protection⁰

4. Symptoms (If applicable)

Q401. Have you had in the past 15 days or are you currently experiencing any of the following signs?

None ⁰ Fever¹ Headache² Joint / muscle pain (body aches) ³ Sore throat⁴

Rhinorrhea⁵ Breathing difficulties (shortness of breath) ⁶ Anosmia (difficulty perceiving odors) ⁷

Ageusia (difficulty perceiving the taste of food) ⁸ Abdominal pain⁹ Diarrhea¹⁰ Cough¹¹

Unusual fatigue¹² Others (Specify) ¹³: _____

Q402. Start date of symptoms (DD-MM-YYYY): | ____ | ____ | - | ____ | ____ | - | ____ | ____ | ____ | ____ |

Q403. Temperature today (Degrees Celsius): | ____ | ____ | . | ____ |

Q404. Have you contacted a health professional since the onset of symptoms? Yes¹ No⁰

Q404.1. If yes to question 404, how? By calling "111" ¹ By calling my attending physician²

By going to a health center³

5. Biological examination

Q501. Date of collection (DD-MM-YYYY): | ____ | ____ | - | ____ | ____ | - | ____ | ____ | ____ | ____ |

Q501.1. PCR result: Negative⁰ Positive¹ Doubtful²

Q501.2. RDT results: Absence of antibodies⁰ IgG¹ IgM²