

Questionnaire

Household members:

Date of first symptoms:

Date of positive swab:

Daily telephone assessment of symptoms for at least 14 days:

→ In case of progression inform infectious disease doctor ←

Date							
Progression (yes/no)							
Fever							
Cough							
Dyspnea							
Loss of sense of smell or taste							
Diarrhea							
Feeling unwell							
Headache							
Others							

Date							
Progression (yes/no)							
Fever							
Cough							
Dyspnea							
Loss of sense of smell or taste							
Diarrhea							
Feeling unwell							
Headache							
Others							

Hospital Admission: Date

Where: