Appendix C: Weekly Questionnaire

In the week beginning xx/xx/xxxx have you experienced any of the following symptoms?		
1.1	I have had no symptoms	○ I have had no symptoms ○ I have had symptoms
1.2	Measured temperature above 38 °C	○ Yes ○ No
1.2.1	**If 'Measured temperature above 38 °C' is equal to 'Yes' answer this question:** Which days did you measure a temperature above 38 °C?	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
1.2.2	**If 'Measured temperature above 38 °C' is equal to 'Yes' answer this question:** Have you experienced a worsening of the above symptom?	○ Yes ○ No
1.3	Cough	○ Yes ○ No
1.3.1	**If 'Cough' is equal to 'Yes' answer this question:** Which days did you experience a cough?	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
1.3.2	**If 'Cough' is equal to 'Yes' answer this question:** Have you experienced a worsening of the above symptom?	○ Yes ○ No
1.4	Shortness of breath	○ Yes ○ No
1.4.1	**If 'Shortness of breath' is equal to 'Yes' answer this question:** Which days did you experience shortness of breath?	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

		☐ Sunday
1.4.2	**If 'Shortness of breath' is equal to 'Yes' answer this question:** Have you experienced a worsening of the above symptom?	○ Yes ○ No
1.5	Sore throat	○ Yes ○ No
1.5.1	**If 'Sore throat' is equal to 'Yes' answer this question:** Which days did you experience sore throat?	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
1.5.2	**If 'Sore throat' is equal to 'Yes' answer this question:** Have you experienced a worsening of the above symptom?	○ Yes ○ No
1.6	Blocked nose	○ Yes ○ No
1.6.1	**If 'Blocked nose' is equal to 'Yes' answer this question:** Which days did you experience blocked nose?	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
1.6.2	**If 'Blocked nose' is equal to 'Yes' answer this question:** Have you experienced a worsening of the above symptom?	○ Yes ○ No
1.7	Red eyes	○ Yes ○ No
1.7.1	**If 'Red eyes' is equal to 'Yes' answer this question:** Which days did you experience red eyes?	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
1.7.2	**If 'Red eyes' is equal to 'Yes' answer this question:**	○ Yes ○ No

	Have you experienced a worsening of the above symptom?	
1.8	Headache	○ Yes ○ No
1.8.1	**If 'Headache' is equal to 'Yes' answer this question:** Which days did you experience headache?	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
1.8.2	**If 'Headache' is equal to 'Yes' answer this question:** Have you experienced a worsening of the above symptom?	○ Yes ○ No
1.9	Joint pain	○ Yes ○ No
1.9.1	**If 'Joint pain' is equal to 'Yes' answer this question:** Which days did you experience joint pain?	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
1.9.2	**If 'Joint pain' is equal to 'Yes' answer this question:** Have you experienced a worsening of the above symptom?	○ Yes ○ No
1.10	Muscle pain	○ Yes ○ No
1.10.1	**If 'Muscle pain' is equal to 'Yes' answer this question:** Which days did you experience muscle pain?	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
1.10.2	**If 'Muscle pain' is equal to 'Yes' answer this question:** Have you experienced a worsening of the above symptom?	○ Yes ○ No
1.11	Fatigue	○ Yes ○ No

1.11.1	**If 'Fatigue' is equal to 'Yes' answer this question:** Which days did you experience fatigue?	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
1.11.2	**If 'Fatigue' is equal to 'Yes' answer this question:** Have you experienced a worsening of the above symptom?	○ Yes ○ No
1.12	Chills	○ Yes ○ No
1.12.1	**If 'Chills' is equal to 'Yes' answer this question:** Which days did you experience chills?	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
1.12.2	**If 'Chills' is equal to 'Yes' answer this question:** Have you experienced a worsening of the above symptom?	○ Yes ○ No
1.13	Nausea	○ Yes ○ No
1.13.1	**If 'Nausea' is equal to 'Yes' answer this question:** Which days did you experience nausea?	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
1.13.2	**If 'Nausea' is equal to 'Yes' answer this question:** Have you experienced a worsening of the above symptom?	○ Yes ○ No
1.14	Vomiting	○ Yes ○ No
1.14.1	**If 'Vomiting' is equal to 'Yes' answer this question:** Which days did you experience vomiting?	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

		☐ Saturday ☐ Sunday
1.14.2	**If 'Vomiting' is equal to 'Yes' answer this question:** Have you experienced a worsening of the above symptom?	○ Yes ○ No
1.15	Diarrhoea	○ Yes ○ No
1.15.1	**If 'Diarrhoea' is equal to 'Yes' answer this question:** Which days did you experience diarrhoea?	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
1.15.2	**If 'Diarrhoea' is equal to 'Yes' answer this question:** Have you experienced a worsening of the above symptom?	○ Yes ○ No
1.16	Loss of smell or taste	○ Yes ○ No
1.16.1	**If 'Loss of smell or taste' is equal to 'Yes' answer this question:** Which days did you experience loss of smell or taste?	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
1.16.2	**If 'Loss of smell or taste' is equal to 'Yes' answer this question:** Have you experienced a worsening of the above symptom?	○ Yes ○ No
1.17	Other symptoms	
2.1	Has your child changed medication this week?	○ Yes ○ No
2.1.1	**If 'Has your child changed medication this week?" if equal to 'Yes' answer this question:** What medication has changed and how?	

2.2	Was your child in contact with someone who is diagnosed with or suspected to have coronavirus?	○ Yes ○ No ○ Not known
2.3	Did your child visit the NHS because you were worried about coronavirus infection?	○ Yes ○ No ○ Not known
2.4	Did your child have a test for coronavirus?	○ Yes ○ No ○ Not known
2.5	Did your child have a confirmed diagnosis of coronavirus infection?	○ Yes ○ No ○ Not known
2.6	Was your child admitted to hospital because of a coronavirus infection?	○ Yes ○ No ○ Not known
2.6.1	**If 'Was your child admitted to hospital because of a coronavirus infection?' is equal to 'Yes' answer this question**: When was your child admitted?	dd-mm-yyyy
2.6.2	**If 'Was your child admitted to hospital because of a coronavirus infection?' is equal to 'Yes' answer this question:** How many days was your child admitted?	
2.7	Did you have to self-isolate your child because they had symptoms or because of medical advice related to coronavirus?	○ Yes ○ No ○ Not known
2.7.1	**If 'Did you have to self-isolate your child because they had symptoms or because of medical advice related to coronavirus?' is equal to 'Yes' answer this question:** How many days did you self-isolate your child this week?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
2.8	Were immunosuppressive drugs postponed because of coronavirus infection?	○ Yes ○ No ○ Not known
2.8.1	**If 'Were immunosuppressive drugs postponed because of coronavirus infection?' is equal to 'Yes' answer this question**: How many days did you	☐ 1 ☐ 2 ☐ 3 ☐ 4

	postpone the immunosuppressants this week?	☐ 5 ☐ 6 ☐ 7
2.9	Did your child miss any sports or fun activities because of the coronavirus pandemic?	○ Yes ○ No ○ Not known
2.9.1	**If 'Did your child miss any sports or fun activities because of the coronavirus pandemic?' is equal to Yes answer this question:** How many activities did your child miss?	
2.10	Did your child miss school because of coronavirus infection?	○ Yes ○ No ○ Not known
2.10.1	**If 'Did your child miss school because of coronavirus infection?' is equal to Yes answer this question:** How many days of school did your child miss this week?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
2.11	On a scale of 0-10, how worried are you about coronavirus affecting your child? (0 = not worried, 10 = extremely worried)	
2.12	Is there anything that you are particularly worried about that you would like to share?	