

Dear PASS Study Participant,

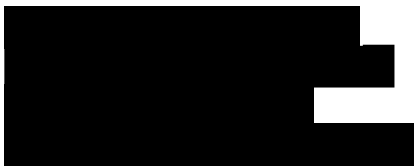
The attached email link will take you to the SYMPTOMS questionnaire.

- 1) Please fill out this questionnaire at least once every two weeks.
- 2) Also, please fill out this questionnaire any and every day you have any symptoms asked about on this questionnaire if the symptoms differ from your usual baseline health.
- 3) Finally, please remember to report to the WRNMMC COVID-19 Testing Center to be tested for COVID-19 every time you develop any of these symptoms.

*Symptoms listed on the questionnaire:*

- *runny or drippy nose, congested or stuffy nose, sinus pressure,*
- *scratchy or itchy throat, sore or painful throat, difficulty swallowing,*
- *teary or watery eyes, sore or painful eyes, eyes sensitive to light,*
- *trouble breathing, chest congestion, chest tightness, cough,*
- *nausea, stomach ache,*
- *dizziness,*
- *head congestion, headache,*
- *lack of appetite,*
- *sleeping more than usual,*
- *body aches or pains, feeling weak or tired,*
- *chills or shivering, feeling hot, feeling cold, sweating,*
- *loss of taste, and loss of smell.*

- 4) If you have a positive COVID-19 test notify the [REDACTED] as soon as possible at:



Sincerely,

The PASS Study Team