HÉMA-QUÉBEC
Blood Products
Stem Cells
Human Tissues

SARS-CoV-2 seroprevalence study questionnaire

PROJECT COVID-20-02

1. Identification number (ePROGESA): _____
2. Interview date (DD/MM/YYYY): _____
3. Gender : F ❒ M ❒
4. Date of birth (DD/MM/YYYY) : _____
5. From March 1st onwards, were you ill with any symptoms that could make you think of COVID-19?

   No ❒ Yes ❒ Don't know ❒
6. To confirm this, I am going to ask you if you had any of the various symptoms of COVID-19:

	No	Yes	Don't know
Fever (≥38 ^{0}C)	❒	❒	❒
Feelings of fever/chills	❒	❒	❒
Generalized weakness	❒	❒	❒
Generalized pain (muscle, joint)	❒	❒	❒
Nasal drip (Runny nose)	❒	❒	❒
Sore throat	❒	❒	❒
Cough	❒	❒	❒
Shortness of breath / Respiratory difficulties	❒	❒	❒
Loss or impairment of your sense of smell	❒	❒	❒
Loss or reduction of your sense of taste	❒	❒	❒
Diarrhea	❒	❒	❒

7. Can you indicate approximately at what date you first started experiencing symptoms (DD/MM/YYYY)? _____

   Note au personnel infirmier : inscrire la date approximative. Exemple, pour début mai, inscrire 01/05/2020. Pour mi-mai, inscrire 15/05/2020, pour fin mai, inscrire 30/05/2020
8. Did you consult a doctor for these symptoms? No ❒ Yes ❒

9. If so, were you tested to confirm that you had COVID-19? No ❒ Yes ❒

   a) If yes, what was the result of the test Neg ❒ Pos ❒

   -Date of the positive result (DD/MM/YYYY): _____

   b) Were you hospitalized for this illness? No ❒ Yes ❒

   c) If yes, how many days were you in in hospital? _____ days

10. *À poser à tous les donneurs* : Had you been in close contact with a person who had COVID-19? No ❒ Yes ❒

11. *À poser à tous les donneurs*: Had you been in close contact with a person who was not diagnosed with COVID-19 but had a cough and fever? No ❒ Yes ❒

12. *À poser à tous les donneurs, à l'exception des donneurs séronégatifs sans symptôme. Pour les donneurs séronégatifs sans symptôme, cocher « not applicable »:*In what context could you have been in contact with a person with COVID-19?

At my place of residence	❒
Extended family outside of my place of residence	❒
Friend(s)	❒
Work	❒
Travel	❒
Don't know	❒
Not applicable	❒
Other (please specify):	❒

13. Can you tell us what kind of work you normally did prior to the March 23rd lockdown? _____

14. Are you a health care worker? No ❒ Yes ❒

Note au personnel infirmier: est considéré comme un travailleur de la santé toute personne qui œuvre auprès des malades dans un hôpital de soins aigus, un CHSLD, ou qui est un premier répondant. Ceci inclu les infirmières, les infirmières auxiliaires, les médecins, les préposés aux bénéficiaires et le personnel d'entretien ménager. Exclure les personnes dans ces catégories d'emploi qui ne font que du travail administratif.