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Baseline for Lead Householder

Baseline Survey for [hh1_fname] [hh1_sname]

alive

The baseline survey collects some basic information about each person participating in Virus Watch. We will ask about each household member in turn, please ask each adult to complete their own information and help children to complete their sections or complete them for them

[hh1_fname] [hh1_sname]: At birth you were described as?

Male
 Female
 Intersex
 Prefer not to say

[hh1_fname] [hh1_sname]: Do you know your NHS Number?
This can usually be found on an NHS letter

Yes
 No

[hh1_fname] [hh1_sname]: What is your NHS Number?

[hh1_fname] [hh1_sname]: Where is your place of Birth?

United Kingdom
 Other

[hh1_fname] [hh1_sname]: When did you first come to live in the UK (approximately)?
DD/MM/YYYY

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[hh1_fname] [hh1_sname]: Please specify where you were born:

- Afghanistan
- Albania
- Algeria
- American Samoa
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua And Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia
- Bosnia And Herzegovina
- Botswana
- Bouvet Island
- Brazil
- British Indian Ocean Territory
- Brunei Darussalam
- Bulgaria
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Canada
- Cape Verde
- Cayman Islands
- Central African Republic
- Chad
- Chile
- China
- Christmas Island
- Cocos (keeling) Islands
- Colombia
- Comoros
- Congo
- Congo, The Democratic Republic Of The
- Cook Islands
- Costa Rica
- Cote D'ivoire
- Croatia
- Cuba
- Cyprus
- Czech Republic
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- East Timor
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia

12/03/2021 1:10pm

projectredcap.org



- Falkland Islands (malvinas)
- Faroe Islands
- Fiji
- Finland
- France
- French Guiana
- French Polynesia
- French Southern Territories
- Gabon
- Gambia
- Georgia
- Germany
- Ghana
- Gibraltar
- Greece
- Greenland
- Grenada
- Guadeloupe
- Guam
- Guatemala
- Guinea
- Guinea-bissau
- Guyana
- Haiti
- Heard Island And Mcdonald Islands
- Holy See (vatican City State)
- Honduras
- Hong Kong
- Hungary
- Iceland
- India
- Indonesia
- Iran, Islamic Republic Of
- Iraq
- Ireland
- Israel
- Italy (Italian Republic)
- Jamaica
- Japan
- Jordan
- Kazakstan
- Kenya
- Kiribati
- Korea, Democratic People's Republic Of
- Korea, Republic Of
- Kosovo
- Kuwait
- Kyrgyzstan
- Lao People's Democratic Republic
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libyan Arab Jamahiriya
- Liechtenstein
- Lithuania
- Luxembourg
- Macau
- Macedonia, The Former Yugoslav Republic Of
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Martinique
- Mauritania
- Mauritius
- Mayotte
- Mexico

- Micronesia, Federated States Of
- Moldova, Republic Of
- Monaco
- Mongolia
- Montserrat
- Montenegro
- Morocco
- Mozambique
- Myanmar
- Namibia
- Nauru
- Nepal
- Netherlands
- Netherlands Antilles
- New Caledonia
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Niue
- Norfolk Island
- Northern Mariana Islands
- Norway
- Oman
- Pakistan
- Palau
- Palestinian Territory, Occupied
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Pitcairn
- Poland
- Portugal
- Puerto Rico
- Qatar
- Reunion
- Romania
- Russian Federation
- Rwanda
- Saint Helena
- Saint Kitts And Nevis
- Saint Lucia
- Saint Pierre And Miquelon
- Saint Vincent And The Grenadines
- Samoa
- San Marino
- Sao Tome And Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia And The South Sandwich Islands
- Spain
- Sri Lanka
- Sudan
- Suriname
- Svalbard And Jan Mayen
- Swaziland
- Sweden
- Switzerland
- Syrian Arab Republic
- Taiwan, Province Of China

- Tajikistan
- Tanzania, United Republic Of
- Thailand
- Togo
- Tokelau
- Tonga
- Trinidad And Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks And Caicos Islands
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- United States Minor Outlying Islands
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela
- VietNam
- Virgin Islands, British
- Virgin Islands, U.s.
- Wallis And Futuna
- Western Sahara
- Yemen
- Zambia
- Zimbabwe

[hh1_fname] [hh1_sname]: What is your ethnic group?

- White - English/ Welsh/ Scottish/ Northern Irish/ British
- White - Irish
- White - Gypsy or Irish Traveller
- Any other white background (please describe)
- Asian/ Asian British - Indian
- Asian/ Asian British - Pakistani
- Asian/ Asian British - Bangladeshi
- Asian/ Asian British - Chinese
- Any other Asian/ Asian British background (please describe)
- Black African
- Black Caribbean
- Any other Black/ African/ Caribbean background (please describe)
- Arab
- Any other ethnic group (please describe)
- Mixed/ multiple ethnic groups - White and Black Caribbean
- Mixed/ multiple ethnic groups - White and Black African
- Mixed/ multiple ethnic groups - White and Asian
- Any other mixed/ multiple ethnic background (please describe)
- Prefer not to say

[hh1_fname] [hh1_sname]: Please describe your ethnic group:

[hh1_fname] [hh1_sname]: Are you pregnant?

- Yes
- No

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What trimester of pregnancy are you in?

- Less than 12 Weeks
 12 Weeks to 24 Weeks
 More than 24 weeks
-

Contact details

[hh1_fname] [hh1_sname]: What is your mobile phone number?

This is so we can call you to make blood taking appointments and send your test results if you are selected for the swabbing part of the study.
If you do not have a mobile phone, please enter your landline phone number, and we will seek alternative arrangements to send your results if you are selected for the swabbing part of the study.

Address Line 1:

This is to send you swabs (if you are chosen by the study team to partake in the swabbing study)

Address Line 2:

Address Line 3:

Post Code:

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Medical Background for [hh1_fname] [hh1_sname]

People's health can influence the severity of COVID illness, we want to find out more about this.

[hh1_fname] [hh1_sname]: Please provide your general practitioner's details:
This will allow us to link to your information to hospital records more accurately.

Name of Surgery: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

Post Code: _____

[hh1_fname] [hh1_sname] : Has a doctor or other health professional ever told you that you have any of the following conditions?
Please select all that apply.

- Asthma
- Arthritis
- Congestive heart failure
- Coronary heart disease
- Angina
- Heart attack or myocardial infarction
- Stroke
- Emphysema
- Chronic bronchitis
- COPD (Chronic Obstructive Pulmonary Disease)
- Cystic fibrosis
- Hypothyroidism or an under-active thyroid
- Any kind of liver condition
- Cancer or malignancy
- Insulin treated diabetes
- Other diabetes
- Epilepsy
- High blood pressure/hypertension
- An emotional, nervous or psychiatric problem
- Multiple Sclerosis
- HIV
- Chronic kidney disease
- Conditions affecting the brain and nerves, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- Problems with your spleen or you've had your spleen removed
- Sickle cell disease
- Other long standing/chronic condition
- None of these

[hh1_fname] [hh1_sname]: Please specify: _____

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[hh1_fname] [hh1_sname]: What type of cancer or malignancy was that?
Please select all that apply

- Bowel/colorectal
 Lung
 Breast
 Prostate
 Liver
 Skin cancer or melanoma
 Blood or bone marrow cancer, such as leukaemia
 Other

[hh1_fname] [hh1_sname]: What type of cancer or malignancy was that?
Please select all that apply

- Bowel/colorectal
 Lung
 Breast
 Liver
 Skin cancer or melanoma
 Blood or bone marrow cancer, such as leukaemia
 Other

[hh1_fname] [hh1_sname]: Has a doctor or other health professional ever told you that you have any of these conditions?
Please select all that apply

- Asthma
 Cystic fibrosis
 Insulin treated diabetes
 Epilepsy
 Conditions affecting the brain and nerves, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
 Sickle cell disease
 Other long standing/chronic condition
 None of these

[hh1_fname] [hh1_sname] : Have you received a letter from the NHS, saying that "the NHS has identified you as someone at risk of severe illness if you catch coronavirus, because you have an underlying disease or health condition that means if you catch the virus, you are more likely to be admitted to hospital than others"?

- Yes
 No

[hh1_fname] [hh1_sname] : Do you know your height and weight?

- Yes
 No

[hh1_fname] [hh1_sname]: Do you know your height in imperial (feet and inches) or metric (centimetres)?
Please select the unit you prefer if you know both

- Imperial (Feet and Inches)
 Metric (centimetres)

[hh1_fname] [hh1_sname]: What is your height in centimetres (cm)?
Please enter digits only, e.g. '5' and not 'five'

[hh1_fname] [hh1_sname]: How many feet tall are you (rounded down)?
Please enter the feet component of your height. For example if you're 5 foot 4, please enter 5

[hh1_fname] [hh1_sname]: How many inches tall are you above your feet value?
Please enter the inches component of your height. For example if you're 5 foot 4, please enter 4

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[hh1_fname] [hh1_sname]: Do you know your weight in imperial (stone and pounds-lbs) or metric(kilograms)? Please select the unit you prefer if you know both

- Imperial (stone and pounds)
 Metric (kilograms)

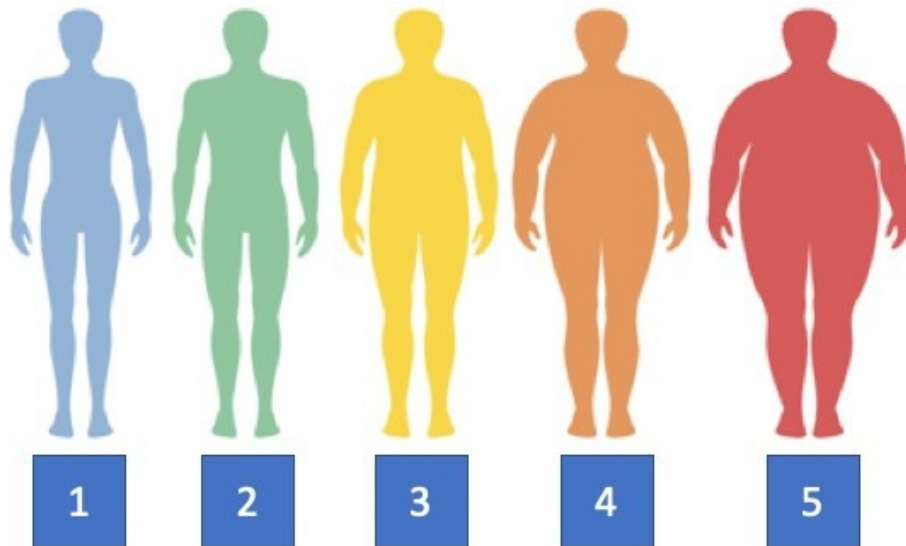
[hh1_fname] [hh1_sname]: How much do you weigh in kilograms (kg)? Please enter digits only, e.g. '5' and not 'five'

[hh1_fname] [hh1_sname]: What is your weight in stone, rounded down?

For example if you are 8 stone, 10 pounds, please enter 8. If you do not use stone, please feel free to leave this blank and enter your weight fully in pounds

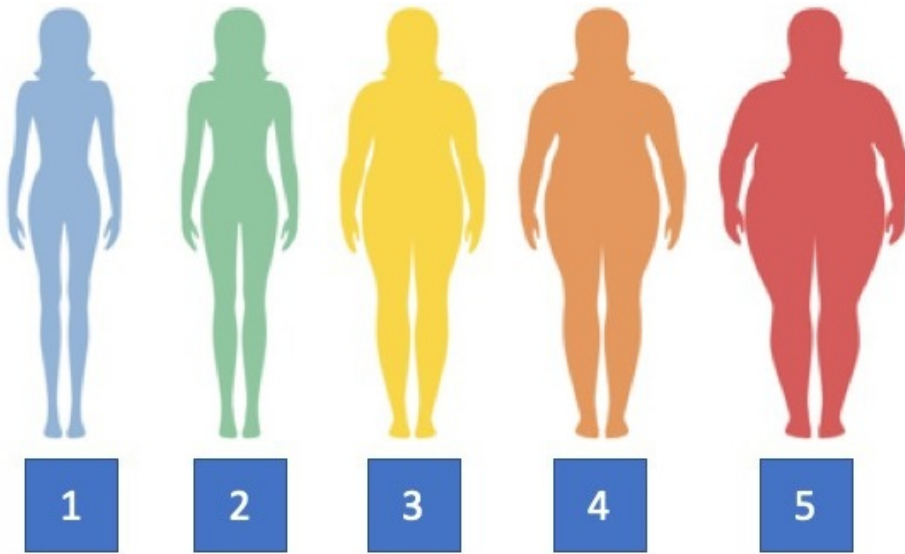
[hh1_fname] [hh1_sname]: How much do you weight in pounds (lbs) (above your stone weight)?

For example, if you are 8 stone, 10 pounds, please enter 10. If you did not enter a value for stone, please enter your weight fully in lbs here



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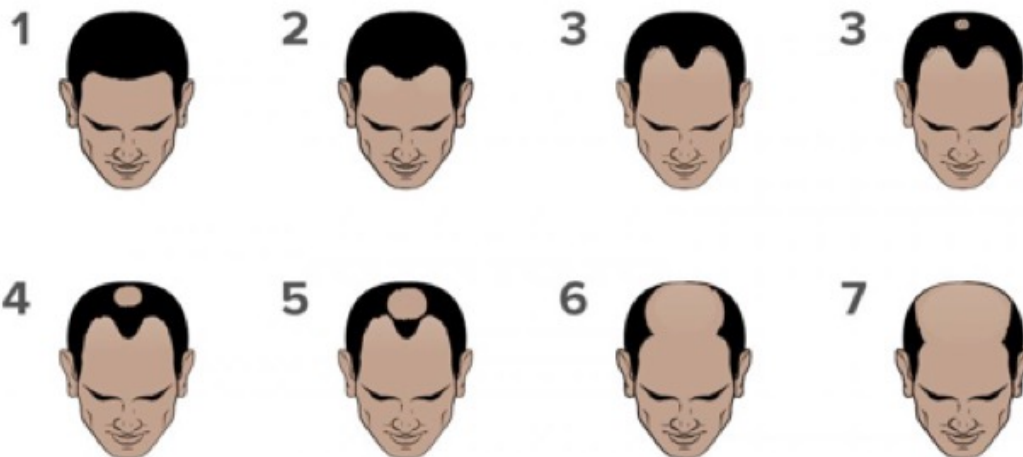
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[hh1_fname] [hh1_sname]: Referring to the illustration above, which body shape best describes your body shape?

- 1
- 2
- 3
- 4
- 5

HairSex hormones that affect male pattern baldness may also affect COVID severity



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[hh1_fname] [hh1_sname]: Referring to the illustration above, please select a number from 1-7 that best describes your hair

1
 2
 3
 4
 5
 6
 7

Medication Some medicines may affect your risk of getting respiratory infections and may either protect against severe diseases or possibly increase the risk. We want to find out more about this

[hh1_fname] [hh1_sname] : Do you take any medication? Yes
 No

[hh1_fname] [hh1_sname]: Are you currently receiving treatment or taking medications that may affect your immune system?
 Please select all that apply

Medication following an organ transplant
 Medicines such as steroid tablets that weaken the immune system
 Targeted therapy or chemotherapy for cancer treatment
 Radiotherapy for cancer treatment
 Other treatment or medication that may affect immune system
 None of these

[hh1_fname] [hh1_sname]: Do you regularly take medicine to suppress gastric acid?
 Please select all that apply

Ranitidine (e.g. Zantac)
 Omeprazole (e.g. Losec)
 Antacids (e.g. Rennie's)
 None of these

[hh1_fname] [hh1_sname]: Which of the following medicines do you take?
 Please select all that apply

Regularly taking Aspirin
 Regularly taking "NSAIDS" e.g. Ibuprofen, nurofen, diclofenic, naproxen.
 Regularly taking blood pressure medicines ending in "-pril" such as enalapril, lisinopril, captopril, ramipril
 Regularly taking blood pressure measurements ending in "-sartan" such as losartan, valsartan, irbesartan
 Regularly taking anticoagulants e.g warfarin, ivaroxaban (Xarelto), dabigatran (Pradaxa), apixaban (Eliquis), edoxaban (Lixiana)
 Steroid tablets
 Regularly use a steroid inhaler
 Regularly take statins e.g. atorvastatin (Lipitor)
 None of these

[hh1_fname] [hh1_sname]: Which of the following medicines do you take?
 Please select all that apply

Steroid tablets
 Regularly use a steroid inhaler

[hh1_fname] [hh1_sname]: Do you take any vitamin supplements?
 Please select all that apply

Vitamin C Supplements
 Vitamin D Supplements
 Other
 None

[hh1_fname] [hh1_sname]: Have you ever had a flu vaccine?
 Yes
 No

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[hh1_fname] [hh1_sname]: Approximately when did you have your most recent flu vaccine? _____

If you do not remember the exact date, please select an approximate date

Drinking and Smoking

Drinking and smoking affects the risk of many diseases. We want to find out if it affects the risk of COVID-19 infection

[hh1_fname] [hh1_sname]: Have you ever smoked cigarettes regularly? Yes No

[hh1_fname] [hh1_sname]: And do you smoke cigarettes at all nowadays? Yes No

[hh1_fname] [hh1_sname]: How many cigarettes do you smoke daily? _____

Please enter digits only, e.g. '5' and not 'five'

[hh1_fname] [hh1_sname]: When did you give up smoking? Less than 3 months ago
 3 - 6 months ago
 More than 6 months ago but less than 1 year ago
 1 year or more ago

[hh1_fname] [hh1_sname]: Thinking about the past month, how often did you have a drink containing alcohol?

- Daily
 4-6 Times per week
 2-3 Times per week
 Weekly or Less
 2-4 times per month
 Never

[hh1_fname] [hh1_sname]: How many drinks do you have on a typical day when you are drinking?

- 1-2 Drinks
 3-4 Drinks
 5-6 Drinks
 7-9 Drinks
 10+

Accessing Health care during the lockdown

[hh1_fname] [hh1_sname]: Have you had any healthcare appointments cancelled, postponed or changed to a telephone or online (including video) consultation since the start of the pandemic? Yes No

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Please tick all that applied

- I had an operation cancelled or postponed
- I had a planned hospital admission cancelled or postponed
- I had a hospital outpatient appointment cancelled or postponed
- I had a hospital outpatient appointment changed to a phone call or online (including video) consultation
- I had a GP appointment cancelled or postponed
- I had a GP appointment changed to a phone call or online (including video) consultation
- I had another NHS appointment cancelled or postponed
- I had another NHS appointment changed to a phone call or online (including video)

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Employment status for [hh1_fname] [hh1_sname]

Many people's work has been affected by the coronavirus and people's work can affect their chance of catching coronavirus. We'd like to know about your work and how it has been effected by the coronavirus.

[hh1_fname] [hh1_sname]: Thinking back to earlier this year, before the outbreak of the coronavirus pandemic. Which of these description best describes your work status?

- Employed full time
- Employed part time
- Self employed full time
- Self employed part time
- Retired
- Student
- Looking after house/family (not looking for work)
- Permanently sick or disabled
- Unemployed
- None of the above

[hh1_fname] [hh1_sname]: What is/was the name of your job?

[hh1_fname] [hh1_sname]: Please describe what you do/did at work

[hh1_fname] [hh1_sname]: Are you a health or social care worker?

- Yes
- No

What setting do you work in?

- Secondary Care
- Accident and emergency
- Primary Care
- Care home (residential or nursing)
- Community
- Other (specify)

Other (Please Specify)

[hh1_fname] [hh1_sname]: Please select your healthcare profession

- Doctor
- Nurse
- Profession allied to medicine (e.g. occupational therapy, physiotherapy, podiatry)
- Psychological Professions
- Pharmacy
- Midwifery
- Healthcare science (e.g. laboratory, radiology)
- Management
- Porter
- Cleaner
- Administrative Staff with regular patient contact
- Administrative Staff with minimal or no patient contact
- Care Worker
- Personal Assistant
- Social Worker
- Community support and outreach worker
- Other

[hh1_fname] [hh1_sname]: Please specify

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[hh1_fname] [hh1_sname]: What was your last job when you were working? _____

[hh1_fname] [hh1_sname]: Are you a healthcare student?
e.g. medical student, student nurse Yes
 No

Employment during the pandemic

[hh1_fname] [hh1_sname]: BEFORE THE PANDEMIC, how many hours of paid work did you work per week?
Please enter digits only, e.g. '5' and not 'five' _____

[hh1_fname] [hh1_sname]: SINCE THE PANDEMIC, during the months of March, April, May, how many hours of paid work have you worked since each week?
Please enter digits only, e.g. '5' and not 'five' _____

It looks like you have reduced your paid work during the lockdown.

[hh1_fname] [hh1_sname] : Why have you had to reduce the number of hours?

- Laid off by employer with certain recall date
- Laid off or made redundant by employer with some prospect of recall
- Employer cut hours
- Have been put on furlough or paid leave
- Using annual leave
- On paid or statutory sick leave
- On unpaid sick leave
- Caring for children or others
- Other reasons

[hh1_fname] [hh1_sname] : Why have you had to reduce the number of hours?

- My business has been directly affected by regulations on opening or other new regulations
- My business has been directly affected by limited supplies that I need for my business
- My business has been directly affected by reduced demand for my services or products
- Illness
- Self-isolating
- Caring for children or others
- Other reasons

[hh1_fname] [hh1_sname]: Have you received a written letter from your employer informing you that you have been furloughed under the Coronavirus Job Retention scheme? Yes
 No

Working from home during the pandemic

[hh1_fname] [hh1_sname]: How often did you WORK FROM HOME during the following three time periods:

	(Nearly) Always	Often	Sometimes	(Almost) Never
Before the lockdown (before March 2020)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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During the main lockdown (Mid March to Mid May) when we were asked to stay at Home, Save Lives, Support the NHS

After the easing of restrictions in mid-May, when we were encouraged to go back to work if we could not work from home (Stay Alert, Control the Virus, Save Lives)

[hh1_fname] [hh1_sname]: How do/did you usually travel to work?
Please choose one or more to represent a typical day

	Before the lockdown (before March 2020)	During the main lockdown (Mid March to Mid May) when we were asked to stay at Home, Save Lives, Support the NHS	After the easing of restrictions in mid-May, when we were encouraged to go back to work if we could not work from home (Stay Alert, Control the Virus, Save Lives)
By car or van	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle, moped or scooter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi or minicab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tram or light railway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did not travel to work during this period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[hh1_fname] [hh1_sname]: BEFORE LOCKDOWN, how long did it take to get to work each day?

Please provide the time for a one-way journey in minutes or enter 0 if you did not travel to work in this period

[hh1_fname] [hh1_sname]: DURING LOCKDOWN, how long did it take to get to work each day?

Please provide the time for a one-way journey in minutes or enter 0 if you did not travel to work in this period

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[hh1_fname] [hh1_sname]: AFTER THE EASING OF RESTRICTIONS, how long did it take to get to work each day?

Please provide the time for a one-way journey in minutes or enter 0 if you did not travel to work in this period

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Finances details for [hh1_fname] [hh1_sname]

Many people have been affected financially by the coronavirus. We'd like to know how you have been affected and how you and your household are coping.

[hh1_fname] [hh1_sname]: What is your combined household income last year?
We want to understand how COVID-19 impacts households with different levels of income

- 0-9,999
- 10,000- 24,999
- 25,000 - 49,999
- 50,000 - 74,999
- 75,000 - 99,999
- 100,000 - 124,999
- 125,000 - 149,999
- 150,000 - 174,999
- 175,000 - 199,999
- 200,000 or more
- Prefer not to say

[hh1_fname] [hh1_sname] : BEFORE THE PANDEMIC, how would you say you were managing financially? Would you say you were:

- Living comfortably
- Doing alright
- Just about getting by
- Finding it quite difficult
- Finding it very difficult

[hh1_fname] [hh1_sname]: How would you say you are managing financially now? Would you say you were:

- Living comfortably
- Doing alright
- Just about getting by
- Finding it quite difficult
- Finding it very difficult

[hh1_fname] [hh1_sname]: BEFORE THE PANDEMIC, have you ever needed to use a food bank?

- Never
- Less than once a week
- Once a week or more

[hh1_fname] [hh1_sname]: SINCE THE PANDEMIC, have you needed to use a food bank?

- Never
- Less than once a week
- Once a week or more

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Caring information during the lockdown - [hh1_fname] [hh1_sname]

[hh1_fname] [hh1_sname]: About how many hours a week did you spend on childcare or home-schooling during the lockdown?

Please enter digits only, e.g. '5' and not 'five'

[hh1_fname] [hh1_sname]: Who is mainly responsible for looking after the children or home schooling?

- Mainly you
- Mainly your husband/wife/partner
- Jointly with your husband/wife/partner
- Someone else

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Previous COVID-19 like illness for [hh1_fname] [hh1_sname]

[hh1_fname] [hh1_sname]: Have you EVER come into contact with anyone that was known or presumed to have COVID-19?

- No
 Yes (a household member)
 Yes (at work)
 Yes (a non-household friend or relation)
 Yes (in public)
 Yes (other)
 Don't know

Close contact includes:

Physical contact with another personA five minute conversation with someone less than 2 metres awayBeing less than 2 metres away from someone for 15 minutes or more, even if you didn't talk to each otherPlease select all that apply.

Did this person have COVID confirmed by a laboratory test?

- Yes
 No
 Don't know

[hh1_fname] [hh1_sname]: Have you had an illness involving Cough, or Fever, or Loss of sense of smell since the 1st of January 2020?

- Yes
 No

[hh1_fname] [hh1_sname]: Which month did the illness start and which symptoms did you have? If you had more than one illness, you may select multiple start months

	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of sense of smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[hh1_fname] [hh1_sname]: COVID-19 can cause a wide range of symptoms. Have you had an illness that you think might have been COVID-19, or which was confirmed as COVID-19?

- Yes
 No

Please describe in your own words how did the illness started and what you did when you started to feel ill?

Please describe in your own words, what symptoms developed and what did you do?

Please describe in your own words, how long did your symptoms last and are any symptoms still there?

[hh1_fname] [hh1_sname]: Have you ever had a nose or throat swab test for COVID-19?

- Yes
 No
 Not Sure

What month was the swab taken and what was the result?

Please select all the months in which you took each test (if you took multiple) and their results

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	The test was positive	The test was negative	The test was unclear	I haven't had the result
Jan 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feb 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mar 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apr 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
May 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jun 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jul 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aug 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sep 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oct 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nov 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dec 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jan 2021	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feb 2021	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Confidential

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Thank You

We want to know what questions you think are important so we can try to answer them with the help of tens of thousands of Virus Watch participants. Each month we will ask our participants to say what questions they would like to see answered.

[hh1_fname] [hh1_sname]: What questions would you like Virus Watch to answer?

As we come out of a very difficult and tragic period we want to know about your three main worries related to COVID-19 and the COVID-19 response.

[hh1_fname] [hh1_sname]: What are your three main worries about the COVID-19 pandemic?

1st most worrying aspect:

2nd most worrying aspect:

3rd most worrying aspect:

Please click submit to continue