Weekly symptom follow-up questionnaire

Have you received the COVID-19 vaccine?

- ☐ Yes I have received two does of COVID vaccine
- ☐ Yes I have received only one dose of COVID vaccine
- ☐ No I have not received any doses of COVID vaccines

In the past 7 days, or since you last filled out this questionnaire, have you received the COVID-19 Vaccine?

- ☐ Yes
- ☐ No

1. If yes, what was the date of the dose? (dd/mm/yyyy)	___/___/___
2. Which vaccine did you receive? (product name)	List options
3. Mode of vaccine ascertainment (to be the verified by study staff)	☐ = vaccination card ☐ = vaccination registry ☐ = self-report ☐ = other (specify_____) ☐ = not documented
4. What was the Batch of the vaccine received?	Please provide the match number from the above documents or state ☐ Unknown

For women, when you received the vaccine, were you pregnant?

- ☐ Yes (if yes, specify trimester)
- ☐ No

In the past (7) days, have you experienced any of the following symptoms (check all that apply):

- ☐ Fever
- ☐ Cough
- ☐ General Weakness
- ☐ Fatigue
- ☐ Headache

☐ Muscle aches
☐ Sore Throat
☐ Runny Nose
☐ Shortness of Breath
☐ Lack of Appetite
☐ Nausea
☐ Vomiting
☐ Diarrhea
☐ Altered Mental Status
☐ Loss of Taste
☐ Loss of Smell
☐ I have not experienced any of these symptoms in the past 7 days or since I last filled out this questionnaire

If yes to any of symptoms:

Date of onset of first symptom: _____

Did you see a doctor for your symptoms?
☐ Yes
☐ No

Did you go to an emergency room?
☐ Yes
☐ No

Did you get hospitalized for your symptoms?
☐ Yes
☐ No

Did you get tested for SARS-CoV-2?
☐ Yes
☐ No

If yes, what test was done, check all that apply:
☐ Rapid test
☐ PCR Nasal Swab
☐ Blood test
☐ Xray or CT scan

What were the results?

☐ Covid-19 Positive

☐ Covid-19 Negative

Questions about life outside of work in the past 7 days

F1. Outside of the healthcare setting/your workplace, have you been in close contact with a confirmed COVID-19 patient or a person with COVID-19 symptoms?	☐ Yes ☐ No ☐ Unknown
F2. How many times have you used public transportation besides a family car (public bus, train)?	☐ 0 ☐ 1-2 ☐ 3-5 ☐ 5-8 ☐ 9 or more
F3. How many times have you attended a social indoor social event or gathering with MORE than 10 people? (This includes activities such as attending church/other house of worship, parties, weddings, and sporting events, or visiting a bar or restaurant).	☐ 0 ☐ 1-2 ☐ 3-5 ☐ 5-8 ☐ 9 or more
F4. How often have you worn a mask when in an indoor setting outside of your home?	☐ always ☐ often ☐ sometimes ☐ rarely ☐ never ☐ did not go to indoor locations outside home
F5. How often have you stayed at least 2 metres from other people in indoor spaces outside your home?	☐ always ☐ often ☐ sometimes ☐ rarely ☐ never ☐ did not go to indoor locations outside home
F6. How many times have people who do not live in your household visited your home?	☐ always ☐ often ☐ sometimes ☐ rarely ☐ never
F7. How many times have you visited other people in their homes?	☐ always ☐ often ☐ sometimes ☐ rarely ☐ never ☐ did not go to indoor locations outside home