

Questionnaire for following up positive COVID-19 cases 30 days after positive test

Since the day of your positive test (xxx Date), how many days were you sick for?

- ___ days
- I am still feeling ill

If you are still feeling ill, which of the following symptoms do you have?

- 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
- Other

During the course of your COVID-19 illness, did you see a doctor for your symptoms?

- Yes
- No

During the course of your COVID-19 illness, did you go to an emergency room?

- Yes
- No

Did you get hospitalized for your COVID-19 illness?

- Yes
- No

If yes, how many days were you hospitalized for:

- __ XX days
- Still hospitalized

Did you receive oxygen for your symptoms?

- Yes
 No

Did you require ICU care?

- Yes
 No

Did you require intubation?

- Yes
 No

For participants who were hospitalized during the course of their illness, staff should record if at the 30-day questionnaire the participant was

- Still in hospital
 Discharged from hospital
 Deceased