

**COVID-19 Follow-up**

1. What is your current status with Coronavirus/COVID-19, based on your most recent test result?

- Diagnosed with Coronavirus (tested positive for Coronavirus) → go to 1a.
- Tested negative for Coronavirus → go to 1b.
- Waiting for my test results
- I have not been tested → go to 1c.
- Other

1a. What date were you told you had COVID-19? \_\_\_\_\_

1b. What date were you told you were negative for COVID-19? \_\_\_\_\_

1c. If other, please specify: \_\_\_\_\_

2. Have you been tested for the flu virus?

- Yes → go to 2a
- No

2a. Have you been diagnosed with the flu?

- Yes
- No

3. Are you currently in the hospital?

- Yes → go to 3a
- No → go to 3b

3a. Are you in the Intensive Care Unit (ICU)?

- Yes
- No

3b. Are you quarantined (including self-quarantined)?

- Yes, I am quarantined alone
- Yes, I am quarantined with other family members
- No

4. What symptoms do you currently have? Check all that apply:

- Fever
- Cough → go to 4a/4b
- Shortness of breath
- Dizziness or fainting
- Body aches
- Runny nose
- Sore throat
- Loss of sense of smell or taste
- Sneezing
- Fatigue
- Nausea
- Vomiting
- Diarrhea
- Headache

Posting date 6/1/2020

- Other symptoms → go to 4c
- None

4a. Dry cough?

- Yes
- No

4b. "Wet" cough (one that makes a lot of sputum or mucus)?

- Yes
- No

4c. If other symptoms, please specify: \_\_\_\_\_

5. Has anyone you have close contact with tested positive for coronavirus?

- Yes
- No

6. Has anyone you have close contact with had a fever, cough, or flu-like symptoms in the last month?

- Yes
- No