**COVID-19 WEEKLY QUESTIONNAIRE**

**SECTION A: QUESTIONS ABOUT YOU AND YOUR HEALTH**

* 1. In the past week have you experienced any of the following symptoms and, if yes, how would you rate these symptoms?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Runny or stuffy nose  SYM\_RSNOSE\_COVW | No  NO | Mild  MILD | Moderate  MODERATE | Severe  SEVERE | Don’t know/ no answer  DK\_NA | Prefer not to answer  REFUSED |
| Sinus pain  SYM\_SINUS\_COVW | No | Mild | Moderate | Severe | Don’t know/ no answer | Prefer not to answer |
| Ear pain  SYM\_EARP\_COVW | No | Mild | Moderate | Severe | Don’t know/ no answer | Prefer not to answer |
| Sore/scratchy throat  SYM\_THROAT\_COVW | No | Mild | Moderate | Severe | Don’t know/ no answer | Prefer not to answer |
| Hoarseness  SYM\_HOARSE\_COVW | No | Mild | Moderate | Severe | Don’t know/ no answer | Prefer not to answer |
| Dry cough (no phlegm or mucus)  SYM\_DRYCO\_COVW | No | Mild | Moderate | Severe | Don’t know/ no answer | Prefer not to answer |
| Wet cough (with phlegm or mucus)  SYM\_WETCO\_COVW | No | Mild | Moderate | Severe | Don’t know/ no answer | Prefer not to answer |
| Shortness of breath or difficulty breathing  SYM\_BREATH\_COVW | No | Mild | Moderate | Severe | Don’t know/ no answer | Prefer not to answer |
| Headache  SYM\_HEAD\_COVW | No | Mild | Moderate | Severe | Don’t know/ no answer | Prefer not to answer |
| Chills or shivering  SYM\_CHILL\_COVW | No | Mild | Moderate | Severe | Don’t know/ no answer | Prefer not to answer |
| Muscle and/or joint aches/pains  SYM\_PAIN\_COVW | No | Mild | Moderate | Severe | Don’t know/ no answer | Prefer not to answer |
| Fatigue  SYM\_FATIG\_COVW | No | Mild | Moderate | Severe | Don’t know/ no answer | Prefer not to answer |
| Decrease in appetite  SYM\_APPETIT\_COVW | No | Mild | Moderate | Severe | Don’t know/ no answer | Prefer not to answer |
| Diarrhea  SYM\_DIARR\_COVW | No | Mild | Moderate | Severe | Don’t know/ no answer | Prefer not to answer |
| Nausea/Vomiting  SYM\_NAUS\_COVW | No | Mild | Moderate | Severe | Don’t know/ no answer | Prefer not to answer |
| Decreased sense of smell  SYM\_SMELL\_COVW | No | Mild | Moderate | Severe | Don’t know/ no answer | Prefer not to answer |
| Confusion  SYM\_CONFU\_COVW | No | Mild | Moderate | Severe | Don’t know/ no answer | Prefer not to answer |
| Feeling generally unwell  SYM\_UNWELL\_COVW | No  NO | Yes  YES |  |  | Don’t know/ no answer  DK\_NA | Prefer not to answer  REFUSED |

* 1. SYM\_FEVR\_COVW Did you have a fever in the past week?
* No NO
* Yes\* YES
* Don’t know / No answer DK\_NA
* Prefer not to answer REFUSED
* If Yes\*:

SYM\_FEVDUR\_COVW How long did it last (if you had more than one fever answer this question for the longest)?

SYM\_FEVDUR\_HR\_COVW\_\_\_ Hours [min=1, max=96]

or SYM\_FEVDUR\_DAY\_COVW \_\_\_ Days [min=1, max=7]

* + SYM\_FEVDUR\_DK\_NA\_COVW Don’t know / No answer
  + SYM\_FEVDUR\_REFUSED\_COVW Prefer not to answer

SYM\_FEVTMP\_ COVW What was the highest temperature recorded?

SYM\_FEVTMP\_C\_COVW \_ \_ . \_°C [min=30, max =47]

or SYM\_FEVTMP\_F\_COVW \_ \_ \_ .\_0F [min=86, max=116]

* + SYM\_FEVTMP\_DNT\_COVW I did not take my temperature
  + SYM\_FEVTMP\_DK\_NA\_COVW Don’t know / No answer
  + SYM\_FEVTMP\_REFUSED\_COVW Prefer not to answer
  1. SYM\_CNSLT\_COVW Have you consulted a health care practitioner for any of your symptoms in the past week? (\*\*do not ask if all symptoms for questions 1 and 2 are answered “no”)
* No NO
* Yes\* YES
* Don’t know / No answer DK\_NA
* Prefer not to answer REFUSED
* SYM\_CNSWHO\_COVW If Yes\*: What type of consultation was this? **(select all that apply)** *[DK\_NA & REFUSED]*
* SYM\_CNSWHO\_FD\_COVW Family doctor
* SYM\_CNSWHO\_NUR\_COVW Nurse/Nurse practitioner
* SYM\_CNSWHO\_WLK\_COVW Walk-in or urgent care clinic
* SYM\_CNSWHO\_ED\_COVW Emergency department
* SYM\_CNSWHO\_TEL\_COVW Telehealth
* SYM\_CNSWHO\_PH\_COVW Public health (e.g., public health unit)
* SYM\_CNSWHO\_OC\_COVW Occupational health (e.g., health and safety officer at work)
* SYM\_CNSWHO\_NN\_COVW None of the above
* SYM\_CNSWHO\_DK\_NA\_COVW Don’t know / No answer
* SYM\_CNSWHO\_REFUSED\_COVW Prefer not to answer
* SYM\_HOSP\_COVW If Yes\*: Have you been hospitalized in the past week for any of your symptoms?
* No NO
* Yes YES
* Don’t know / No answer DK\_NA
* Prefer not to answer REFUSED
  1. SYM\_TEST\_COVW In the past week have you had testing to determine if you have COVID-19?
* No NO
* Yes\* YES
* Don’t know / No answer DK\_NA
* Prefer not to answer REFUSED
* SYM\_TESTPOS\_COVW If Yes\*: Was the test positive?
  + - No NO
    - Yes YES
    - Results not yet available RSLT\_NOT\_AVAIL
    - Don’t know / No answer DK\_NA
    - Prefer not to answer REFUSED
  1. SYM\_NTCONF\_COVW In the past week have you been told by a health care provider that you have COVID-19, but you did NOT have a test to confirm this?
* No NO
* Yes YES
* Don’t know / No answer DK\_NA
* Prefer not to answer REFUSED
  1. SYM\_XRAY\_COVW In the past week have you had a chest x-ray to determine if COVID-19 is present in your lungs?
* No NO
* Yes YES
* Don’t know / No answer DK\_NA
* Prefer not to answer REFUSED
  1. SYM\_CT\_COVW In the past week have you had a chest CT (computed tomography) test to determine if COVID-19 is present in your lungs?
* No NO
* Yes YES
* Don’t know / No answer DK\_NA
* Prefer not to answer REFUSED

**SECTION B: QUESTIONS ABOUT YOUR BEHAVIOURS**

* 1. BHV\_PROXCOV\_COVW In the past week have you been in the same room as a person who was told by a health care provider that they had COVID-19?
* No NO
* Yes YES
* Don’t know/ No answer DK\_NA
* Prefer not to answer REFUSED
  1. BHV\_PROXSYM\_COVW In the past week have you been in the same room as a person who has had fever, severe fatigue, shortness of breath, dry cough, muscle pain or increased phlegm production?
* No NO
* Yes YES
* Don’t know/ No answer DK\_NA
* Prefer not to answer REFUSED
  1. BHV\_SELFQ\_COVW In the past week have you been under self-quarantine, which means that you have only had physical contact with your immediate household members?
* No NO
* Yes YES
* Don’t know/ No answer DK\_NA
* Prefer not to answer REFUSED
  1. BHV\_PG10\_COVW In the past week, have you been in any large public gatherings of more than 10 people?
* No NO
* Yes YES
* Don’t know/ No answer DK\_NA
* Prefer not to answer REFUSED
  1. BHV\_LEAVH\_COVW In the past week, did you leave your home?
* No\* NO
* Yes\*\* YES
* Don’t know/ No answer DK\_NA
* Prefer not to answer REFUSED
* BHV\_CONTACT\_COVW If No\*: Did you make contact with people who are not living with you currently in the past week?
* No NO
* Yes\* YES
* Don’t know/ No answer DK\_NA
* Prefer not to answer REFUSED

🡪 BHV\_CNTCT\_COVW If yes, was it using (check all that apply)? *[DK\_NA & REFUSED]*

* + - BHV\_CNTCT\_SM\_COVW Social media (e.g., Facebook, Twitter, etc.)
    - BHV\_CNTCT\_VC\_COVW Video Conferencing or Video Calling (e.g., FaceTime, Skype, Zoom, etc.)
    - BHV\_CNTCT\_TL\_COVW Telephone
    - BHV\_CNTCT\_PH\_COVW Physical contact (e.g., friend or family member visited)
    - BHV\_CNTCT\_DK\_NA\_COVW Don’t know/ No answer
    - BHV\_CNTCT\_REFUSED\_COVW Prefer not to answer
* BHV\_RSN\_COVW If Yes\*\*, What were the reasons for you to leave your home (check all that apply)? *[DK\_NA & REFUSED]*
* BHV\_RSN\_WRK\_COVW Going to work
* BHV\_RSN\_PET\_COVW Walking a pet
* BHV\_RSN\_PA\_COVW Doing physical activity (e.g. exercising, jogging)
* BHV\_RSN\_FD\_COVW Buying food
* BHV\_RSN\_PH\_COVW Going to the pharmacy
* BHV\_RSN\_HLT\_COVW Going to the hospital / receiving medical treatments
* BHV\_RSN\_TC\_COVW Taking care of dependents
* BHV\_RSN\_FR\_COVW Meeting friends or relatives
* BHV\_RSN\_IN\_COVW Getting tired of being inside of the house
* BHV\_RSN\_BR\_COVW Getting bored
* BHV\_RSN\_DK\_NA\_COVW Don’t know/ No answer
* BHV\_RSN\_REFUSED\_COVW Prefer not to answer