**COVID-19 Daily questionnaire**

This questionnaire was designed to detect potential geographic areas in which the coronavirus is spreading in Israel. You will be asked about potential symptoms of the virus. A better estimation of the number of infected people in each area will help to identify locations in which the number of infected people is particularly high.

Please fill the questionnaire every day for each family member separately. Please fill it also in cases you and your family are feeling well and do not experience any symptoms.

Of note, this questionnaire can not diagnose a coronavirus infection. It is anonymized and all the data will be used solely for epidemiologic purposes. We are taking every measure to keep the privacy of the responders.

We thank you for your participation

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\* Required

&May be filled once

&\*Age

&\*Gender:

* Male
* Female

&\*City, Street

House number

\*I am:

* Feeling well
* Not feeling well

\*Are you experiencing any of the following symptoms?

* Dry cough (no sputum)
* Wet cough (with sputum)
* Fatigue
* Muscle pain
* Shortness of breath
* Rhinorrhea (Runny nose) and/ or Nasal congestion
* Sore throat
* Headache
* Diarrea
* Nausea and /or vomiting
* Chills
* Confusion
* Experiencing loss of taste and/or smell sensation

&\*Have you been diagnosed with any of the following conditions:

* Diabetes mellitus
* Hypertension
* Cardiovascular disease or stroke
* Chronic lung disease including Asthma (with the exception of childhood Asthma)
* Chronic kidney disease
* Malignancy (cancer)
* Immunodeficiency (including consumption of drugs which cause immunodeficiency)

\*I am currently:

* Not in isolation
* In isolation (including from family members, staying in a separate room) from the date of \_\_\_\_\_\_\_\_\_ - due to :
  + A recent international travel
  + A contact with an individual who was infected with coronavirus or an individual who recently returned from any destination abroad
  + Experiencing disease symptoms
  + Voluntary isolation
* I have a confirmed infection with COVID-19 (by a lab test) and currently:
  + In home isolation
  + Staying in a hotel
  + Hospitalized in a hospital
  + I recovered from COVID-19 infection and staying at home

&\*Cigarette smoking habits

* I currently smoke
* I used to smoke and stopped more than 5 years ago
* I used to smoke and stopped less than 5 years ago
* I have never smoked

What is your current body temperature?

* I did not measure my temperature in the last 24 hours
* I measured my temperature and it was \_\_\_\_\_

With how many individuals have you been in contact in the last 24 hours? (within approximately 2 meters (6 ft 7 in) for more than 15 minutes)

Adults (age above18 years old \_\_\_\_\_ )

Children (age below 18 years old\_\_\_\_)

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