

Form: COVID-19 Symptoms

Did the participant experience any COVID-19 symptoms? Yes
No

If "No", end of form.

What was the date of onset of symptoms? _____

Total duration of acute symptoms Fixed Unit: # days

During the illness, did the participant experience any of the following?

Fever Yes
No

If "No" or "Unknown", go to Dyspnea with exertion
Unknown

Duration of symptom Fixed Unit: # days

Maximum temperature Fixed Unit: C

Respiratory/Cardiac

Dyspnea with exertion Yes

If "No" or "Unknown", go to Dyspnea at rest
No
Unknown

Does symptom persist after COVID-19 resolution? Yes
No

Duration of symptom Fixed Unit: # days

Dyspnea at rest Yes

If "No" or "Unknown", go to Cough
No
Unknown

Does symptom persist after COVID-19 resolution? Yes
No

Duration of symptom Fixed Unit: # days

Cough Yes

If "No" or "Unknown", go to Hemoptysis
No
Unknown

Does symptom persist after COVID-19 resolution? Yes
No

Duration of symptom Fixed Unit: # days

Hemoptysis Yes

If "No" or "Unknown", go to Sputum production
No

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Unknown

Does symptom persist after COVID-19 resolution? Yes

No

Duration of symptom Fixed Unit: # days

Sputum production Yes

If "No" or "Unknown", go to Chest pain No

Unknown

Does symptom persist after COVID-19 resolution? Yes

No

Duration of symptom Fixed Unit: # days

Chest pain Yes

If "No" or "Unknown", go to Unable to sleep lying down No

Unknown

Does symptom persist after COVID-19 resolution? Yes

No

Duration of symptom Fixed Unit: # days

Unable to sleep lying down Yes

If "No" or "Unknown", go to Rhinorrhea/nasal congestion No

Unknown

Does symptom persist after COVID-19 resolution? Yes

No

Duration of symptom Fixed Unit: # days

HEENT

Rhinorrhea/nasal congestion Yes

If "No" or "Unknown", go to Sore throat No

Unknown

Does symptom persist after COVID-19 resolution? Yes

No

Duration of symptom Fixed Unit: # days

Sore throat Yes

If "No" or "Unknown", go to Anosmia (loss of smell) No

Unknown

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Does symptom persist after COVID-19 resolution? Yes
 No

Duration of symptom Fixed Unit: # days

Anosmia (loss of smell) Yes
 No
 If "No" or "Unknown", go to Ageusia (loss of taste) Unknown

Does symptom persist after COVID-19 resolution? Yes
 No

Duration of symptom Fixed Unit: # days

Ageusia (loss of taste) Yes
 No
 If "No" or "Unknown", go to Anorexia Unknown

Does symptom persist after COVID-19 resolution? Yes
 No

Duration of symptom Fixed Unit: # days

Gastrointestinal

Anorexia Yes
 No
 If "No" or "Unknown", go to Nausea or vomiting Unknown

Does symptom persist after COVID-19 resolution? Yes
 No

Duration of symptom Fixed Unit: # days

Nausea or vomiting Yes
 No
 If "No" or "Unknown", go to Diarrhea Unknown

Does symptom persist after COVID-19 resolution? Yes
 No

Duration of symptom Fixed Unit: # days

Diarrhea Yes
 No
 If "No" or "Unknown", go to Abdominal pain Unknown

Does symptom persist after COVID-19 resolution? Yes

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_____ No

Duration of symptom Fixed Unit: # days

Abdominal pain Yes

If "No" or "Unknown", go to Fatigue No

Unknown

Does symptom persist after COVID-19 resolution? Yes

No

Duration of symptom Fixed Unit: # days

General

Fatigue Yes

If "No" or "Unknown", go to Myalgia No

Unknown

Does symptom persist after COVID-19 resolution? Yes

No

Duration of symptom Fixed Unit: # days

Myalgia Yes

If "No" or "Unknown", go to Headache No

Unknown

Does symptom persist after COVID-19 resolution? Yes

No

Duration of symptom Fixed Unit: # days

Headache Yes

If "No" or "Unknown", go to Confusion/mental status changes No

Unknown

Does symptom persist after COVID-19 resolution? Yes

No

Duration of symptom Fixed Unit: # days

Confusion/mental status changes Yes

If "No" or "Unknown", go to Chills No

Unknown

Does symptom persist after COVID-19 resolution? Yes

No

Form: COVID-19 Symptoms

Duration of symptom Fixed Unit: # days

Chills Yes

If "No" or "Unknown", go to New skin findings attributable to No

COVID-19 Unknown

Does symptom persist after COVID-19 resolution? Yes

No

Duration of symptom Fixed Unit: # days

Dermatological

New skin findings attributable to COVID-19 Yes

If "No", go to Other No

Unknown

Specify (max 200 characters): _____

Does symptom persist after COVID-19 resolution? Yes

No

Duration of symptom Fixed Unit: # days

Other

Other COVID-19 symptom Yes

If "Yes", specify up to 3 symptoms below. No

If "No", end of form.

Specify (max 200 characters): _____

Does symptom persist after COVID-19 resolution? Yes

No

Duration of symptom Fixed Unit: # days

Specify (max 200 characters): _____

Does symptom persist after COVID-19 resolution? Yes

No

Duration of symptom Fixed Unit: # days

Specify (max 200 characters): _____

Does symptom persist after COVID-19 resolution? Yes

No

Duration of symptom Fixed Unit: # days