

COVID-19 Symptoms

1. **(select one): Do you think you have already had COVID-19, but were not tested)?**
 1. No
 2. Yes If "Yes" show:
2. **(select one): Did you have the classic symptoms (high fever and persistent cough) for several days?**
 1. No
 2. Yes

3. **(number entry): How many days ago did your symptoms start?**

4. **(select one): Have you had a test for COVID-19?**

1. No
2. Yes

If "Yes" show Q5:

5. **(select one): Did you test positive for COVID-19?**

1. No
2. Yes
3. Waiting for results

6. **(select one): How do you feel physically right now?**

1. I feel physically normal
2. I'm not feeling quite right

7. **(select one): Do you have a fever?**

1. No
2. Yes

8. **(number entry): If you are able to measure it, what is your temperature?**

9. **(select one): Do you have a persistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)?**

1. No
2. Yes

10. **(select one): Are you experiencing unusual fatigue?**

1. No
2. Mild fatigue

3. Severe fatigue - I struggle to get out of bed

11.(select one): Do you have a headache?

1. No

2. Yes

12. (select one): Are you experiencing unusual shortness of breath?

1. No

2. Yes. Mild symptoms - slight shortness of breath during ordinary activity.

3. Yes. Significant symptoms - breathing is comfortable only at rest.

4. Yes. Severe symptoms - breathing is difficult even at rest.

13. (select one): Do you have a sore throat?

1.No

2.Yes

13. (select one): Do you have loss of smell/taste?

1. No

2. Yes

14. (select one): Do you have an unusually hoarse voice?

1. No

2.Yes

15. (select one): Are you feeling unusual chest pain or tightness in your chest?

1.No

2.Yes

16. (select one): Do you have unusual abdominal pain?

1.No

2.Yes

17. (select one): Are you experiencing diarrhea?

1.No

2.Yes

18. (select one): Are you experiencing nausea?

1. No

2. Yes

19. **(select one): Have you been skipping meals?**

1.No

2. Yes

20. **(long text entry): Are there any other important symptoms you want to share with us?**

21. **(select one): Where are you right now?**

1. I'm at home. I have not been to the clinic or hospital for suspected COVID symptoms

2. I am in the clinic or hospital with suspected COVID symptoms

3. I am back from the clinic or hospital, I'd like to tell you about my treatment

4. I am back from the clinic or hospital, I've already told you about my treatment

If "I am in the hospital with suspected COVID symptoms" OR "I am back from the hospital, I'd like to tell you about my treatment" show Q22

22. **(select one): What treatment are you (did you) receiving right now?**

1. None

2. Oxygen and fluids* (*Breathing support through an oxygen mask, no pressure applied)

3. Non-invasive ventilation* (*Breathing support through an oxygen mask, which pushes oxygen into your lungs)

4. Invasive ventilation* (*Breathing support through an inserted tube. People are usually asleep for this procedure)

5. Other

*Questions 1-22 were listed as questions (1.7 – 1.9) on the original mobile app version