

ANEXO 1

EPIDEMIOLOGIC QUESTIONNAIRE COVID-19

Identification:

Please surround the right answer

Have you been diagnosed of COVID-19	YES		NO
Date of beginning-of the disease			
Where did you passed the disease?	home	hospital	
Do you have a CONFIRMED diagnosis by test?	Positive PCR	Ab Test * IgM / IgG	NO
Date of testing:			
Do you have a CONFIRMED NON-CONTAGIOUS test?	Negative PCR	Ab Test IgM-/IgG+	NO
Date of testing:			
Have you been a “close contact” to a COVID-19 patient?	YES		NO
If YES, when?			
If you have been under quarantine please specify the dates			

* If you know the IgM & IgG results, please indicate if + or -

**Close Contact:

- anyone providing care to a COVID-19 patient
- anyone who has been in contact with a COVID-19 patient for more than 15 minutes at less than 2 m. of distance
- any passenger seated within 2 seats around a COVID-19 patient or any crewmember assisting a passenger with COVID-19 symptoms

Questionnaire follows

Please check with an **X** if you have had any of the following symptoms and specified when did the symptoms started

	SYMPTOMS	YES	NO	When did the first symptoms started	
				Less than 14 days (how many?)	More than 14 days
1	Fever (over 38°C or 100,4°F)				
2	Feverish (between 37°C and 38°C) (98,6 °F – 100,4 °F)				
3	Dry cough				
4	Cough with expectoration				
5	Respiratory distress (shortness of breath)				
6	Runny nose				
7	Nasal congestion				
8	Chills				
9	Anosmia (loss of smell)				
10	Ageusia (loss of taste)				
11	Malaise (muscle and joints aches)				
12	Fatigue				
13	Headache				
14	Sore throat				
15	Skin manifestations (rash, chilblaines...)				
16	Diarrhea				
17	Nauseas and/or vomits				
18	Conjunctivitis or other ocular manifestations				
19	Chest pain				
20	Excessive sleepiness				
21	Other symptoms:				