1. Overall, on a scale from 1 to 10, how concerned are you about the COVID-19 pandemic?

Please circle one number	Least concerned									Most concerned
	1	2	3	4	5	6	7	8	9	10

2. Have you or anyone close to you experienced any of the following symptoms during the COVID-19 pandemic?

Please tick all that apply	Symptoms experienced by YOU: Yes	Symptoms experienced by YOU: No		Symptoms experienced by someone close to YOU: Yes	Symptoms experienced by someone close to YOU: No
Shortness of breath	☐	☐	Shortness of breath	☐	☐
Cough	☐	☐	Cough	☐	☐
Fever	☐	☐	Fever	☐	☐
Sore throat	☐	☐	Sore throat	☐	☐
Diarrhoea	☐	☐	Diarrhoea	☐	☐
Loss of sense of smell or taste	☐	☐	Loss of sense of smell or taste	☐	☐
Nausea or vomiting	☐	☐	Nausea or vomiting	☐	☐
Muscle or joint pain	☐	☐	Muscle or joint pain	☐	☐
None of these	☐	☐	None of these	☐	☐

3. Do you think that you have or have had COVID-19?

Please tick one box

Yes, confirmed by a positive test	☐	Yes, suspected by a doctor but not tested	☐
Yes, my own suspicions	☐	No, confirmed by a negative test	☐
No, not to my knowledge	☐		

3.1. If you were diagnosed with COVID-19, were you admitted to a hospital because of the virus?

Please circle one answer	Yes	No	**If "No" please go to question** 9.4

If yes, when was that?	Month	M M	Day	D D

How many nights did you spend in hospital? _____

Please circle one answer

Were you on oxygen to help you breath while you were in hospital? Yes No

4. Has anyone in your household other than yourself been diagnosed with COVID-19? If yes, what is their relationship to you?

Please tick all that apply

Spouse / partner	☐	Son(s) or daughter(s)	☐	Friend(s) / neighbour(s)	☐
Parent(s)	☐	Grandchild(ren)	☐	Carer	☐
Sibling(s)	☐	Other relative(s)	☐	Other, specify: _____	

5. Have you been in close contact with anyone with COVID-19?

Please tick one box

- Yes, I was in contact with a confirmed/tested COVID-19 case ☐
- Yes, I was in contact with a suspected COVID-19 case ☐
- No, not to my knowledge ☐

6. Tragically, many people have already lost loved ones due to COVID-19. Has anyone close to you, such as a family member or friend, died with COVID-19?

Please circle one answer Yes No

6.1. If sadly, someone you know has died with COVID-19, what was their relationship to you?

Please tick all that apply

Spouse / partner	☐	Son(s) or daughter(s)	☐	Friend(s) / neighbour(s)	☐
Parent(s)	☐	Grandchild(ren)	☐	Carer	☐
Sibling(s)	☐	Other relative(s)	☐	Other, specify: _____	