Unique participant study ID:

SCOPI QUESTIONNAIRE

Study to investigate COVID-19 infection in people living in Ireland

For completion over the phone following receipt of verbal consent for completion	
1. Data interviewer information	
Interviewer name	
Date of interview with participant (DD/MM/YYYY)	____/____/______
Verbal consent given by participant	☐ Yes ☐ No
2. Participant information	
Unique participant study ID	
First name	
Surname	
Address	
Sex	☐ Male ☐ Female ☐ Not known
Date of Birth (DD/MM/YYYY)	____/____/______
Age (years)	
Telephone (mobile) number	
Email address	
Ethnicity (optional)	
Occupation	
GP name	

Unique participant study ID:

GP address	
GP phone number	
3. COVID-19 infection questions	
Have you been diagnosed with COVID-19 infection	☐ Yes ☐ No ☐ Unknown
If yes, was it confirmed by a laboratory test (swab)	☐ Yes ☐ No ☐ Unknown
On what date were you diagnosed with COVID-19	___/___/_____
Have you recovered	☐ Yes ☐ No ☐ Unknown
Have you had close contact with anyone with suspected or confirmed COVID-19 virus infection since February 2020?	☐ Yes ☐ No ☐ Unknown
If Yes, date of last contact (DD/MM/YYYY):	___/___/_____
4. **Symptom history**	
Since the end of February 2020 and up to today, have you had any of the following:	
Fever (≥38°C) or history of fever	☐ Yes ☐ No ☐ Unknown
Chills	☐ Yes ☐ No ☐ Unknown
Fatigue	☐ Yes ☐ No ☐ Unknown
Muscle aches	☐ Yes ☐ No ☐ Unknown
Sore throat	☐ Yes ☐ No ☐ Unknown
Cough	☐ Yes ☐ No ☐ Unknown
Runny nose	☐ Yes ☐ No ☐ Unknown
Shortness of breath	☐ Yes ☐ No ☐ Unknown

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Chest pain	☐ Yes ☐ No ☐ Unknown
Other respiratory symptoms	☐ Yes ☐ No ☐ Unknown
Headache	☐ Yes ☐ No ☐ Unknown
Lost your sense of smell	☐ Yes ☐ No ☐ Unknown
Loss of your sense of taste	☐ Yes ☐ No ☐ Unknown
Did you seek medical attention for any of these symptoms?	☐ Yes ☐ No ☐ Unknown
Did any of these symptoms require you to be hospitalised?	☐ Yes ☐ No ☐ Unknown
5. Arrangements for blood testing	
Have you been advised to cocoon, due to having a medical condition that puts you at higher risk if you contract COVID-19 infection?	☐ Yes ☐ No ☐ Unknown