

## Questionnaire COVID-19 screening research Leiden University

The COVID-questionnaires purpose is to estimate whether you have a heightened risk of a COVID-19 infection. Please always fill in the COVID-questionnaire before you visit the lab.

While filling in the questionnaire, exclusively pay attention to any new symptoms that have just developed or have worsened in comparison with your 'normal' health.

For example, you can answer questions with 'no' that are about symptoms that you already have for years or if there is another clear explanation for these symptoms.

Symptoms	YES	NO
Do you have a fever higher than 38 degrees?		
Do you experience shortness of breath in rest or with light exertion?		
Do you experience aching muscles in rest or with light exertion?		
Do you experience pain at the back of your eyes?		
Do you experience a cough or a sore throat?		
Do you experience a general malaise or extreme fatigue?		
Do you experience a cold in the nose: snivel / sneezing / a stuffy nose?		
Do you experience an unexplained loss of taste or smell?		
Do you experience (unexplained) diarrhoea?		
Did you have a proven COVID-19 infection in the last 7 days?		
Have you been in quarantine for the last 10 days because of a roommate or partner with a proven COVID-19 infection?		
Have you been in quarantine for the last 10 days because of a message from the CoronaMelder or because you had contact with a person who tested positive?		
Have you visited orange/red areas abroad in the last 10 days?		

**If one or more questions are answered with “YES”, participation in the study will not be allowed. The responses will not be registered.**