Name (Last, First): _____ **Date of birth:** ____.____._____

Date of SARS-CoV-2 multiplex-PCR: ___.___._____

On which day did you first notice symptoms?

☐ I did not have any symptoms ☐ Date: ___.___._____
☐ I do not remember the exact date

Do you smoke?

☐ No ☐ Yes, _____pack per day for _____ years
☐ I quit smoking in _____ (year), before that I smoked _____ packs per day for _____ years

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What was/were the main reason/s for your SARS-CoV-2 test (swab)?

☐ I had symptoms (see below)
☐ Direct contact with a person tested positive
☐ A positive COVID-19 case in my social circle
☐ A positive rapid test (antigen test)
☐ Increased occupational exposure risk
☐ Test required before travel
☐ Test upon return from travel
☐ Screening for private reasons
☐ Screening for occupational reasons
☐ Other: ……

……

Which symptoms have you experienced?

☐ None
☐ Fever of 38.5°C or higher
☐ Fever, but never exceeding 38.4°C
☐ Cough
☐ Shortness of breath during exertion
☐ Shortness of breath at rest
☐ Rapid breathing / Dyspnoea
☐ Chest pain
☐ Loss of taste
☐ Loss of smell
☐ Sore throat
☐ Runny nose
☐ Ear pain
☐ Skin rash
☐ Muscle pain
☐ Headache
☐ Dizziness
☐ Severe fatigue / exhaustion
☐ Sleep disturbance
☐ Loss of appetite
☐ Weight loss
☐ Abdominal pain
☐ Diarrhea
☐ Vomiting
☐ Joint pain
☐ Conjunctivitis
☐ Swollen lymph nodes
☐ Sweating
☐ Other: ……

Do you have a dust mite or pollen allergy?

☐ No ☐ Yes, I am allergic to: ……

……

Did you experience any of the following conditions as a result of your SARS-CoV-2 infection?

☐ Bronchitis
☐ Pneumonia
☐ Middle ear infection (Otitis media)
☐ Sinusitis (Sinus infection)
☐ none

How long did your symptoms from the SARS-CoV-2 infection last?

☐ I had no symptoms ☐ 0-7 days ☐ 8-14 days ☐ longer than 14 days ☐ I still have symptoms

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Did you take any medications because of your SARS-CoV-2 infection that you had not been regularly taking before?

☐ No ☐ Yes, I took the following:

- ☐ A medication for fever / pain: .....
- ☐ A decongestant nasal spray / nasal drops
- ☐ Inhalation therapy with salbutamol
- ☐ Inhalation therapy with a corticosteroid
- ☐ Inhalation therapy with another medication: ……..
  ……
- ☐ An antibiotic
- ☐ Other: ……
  ……

Do you feel as healthy as you did before the SARS-CoV-2 infection?

☐ Yes ☐ No, I am still suffering from or have newly developed:

- ☐ Cough
- ☐ Chest Pain
- ☐ Rapid breathing / Dyspnoea
- ☐ Shortness of breath during exertion
- ☐ Shortness of breath at rest
- ☐ Newly developed bronchial asthma
- ☐ Severely reduced physical capacity
- ☐ Significantly increased need for sleep
- ☐ Joint pain
- ☐ Muscle pain
- ☐ Swollen lymph nodes
- ☐ Dizziness
- ☐ Headache
- ☐ Sleep disturbance
- ☐ Loss of appetite
- ☐ Vomiting
- ☐ Abdominal pain
- ☐ Loss of taste
- ☐ Loss of smell
- ☐ Others (e.g. see initial symptoms):
- ☐ Diarrhea
- ☐ Weight loss

……
……

Are you currently taking any medications because of your SARS-CoV-2 infection that you did not regularly take before your infection?

☐ No ☐ Yes, I take the following:

- ☐ A medication for fever / pain: .....
- ☐ A decongestant nasal spray / nasal drops
- ☐ A corticosteroid nasal spray
- ☐ Inhalation therapy with salbutamol
- ☐ Inhalation therapy with a corticosteroid
- ☐ Inhalation therapy with another medication: ……..
  ……
- ☐ Other: ……