

Participant identifier

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Participant initials

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Baseline CRF

Introduction		
1.	Date of birth (DD/MMM/YYYY):	_ _ / _ _ _ / _ _ _ _
2.	Sex	Male / Female / Other
3.	Are you a current smoker?	Yes ☐ No ☐
3a)	Are you an ex-smoker?	Yes ☐ No ☐
3.	Do you have any of the following co-morbidities/conditions:	
4a)	• Asthma, COPD or other lung disease	Yes ☐ No ☐
4b)	• Diabetes	Yes ☐ No ☐
4c)	• Heart problems (e.g. angina, heart attack, heart failure, atrial fibrillation, valve problems)	Yes ☐ No ☐
4d)	• High blood pressure for which you are taking medications	Yes ☐ No ☐
4e)	• Liver disease	Yes ☐ No ☐
4f)	• Stroke or other neurological problem	Yes ☐ No ☐
4e)	• Weakened immune system due to a serious illness or medication (e.g. chemotherapy)	Yes ☐ No ☐
5.	Are you taking ramipril, lisinopril, perindopril, captopril or enalapril?	Yes ☐ No ☐
Symptoms		
Please rate the following symptoms today:		
6.	Fever	No problem / Mild problem / Moderate problem / Major problem
7.	Cough	No problem / Mild problem / Moderate problem / Major problem
8.	Shortness of breath	No problem / Mild problem / Moderate problem / Major problem
9.	Muscle ache	No problem / Mild problem / Moderate problem / Major problem
10.	Nausea / Vomiting	No problem / Mild problem / Moderate problem / Major problem
11.	Diarrhoea	No problem / Mild problem / Moderate problem / Major problem
12.	Generally feeling unwell	No problem / Mild problem / Moderate problem / Major problem

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Baseline CRF

Antibiotics									
13.	Have you taken antibiotics since your illness started?					Yes	☐	No	☐
Healthcare Services									
14.	Have you had contact with the following healthcare services since your illness started? Please answer Yes or No.								
14a)	GP					Yes	☐	No	☐
14b)	Other primary Care services (e.g. walk-in services/pharmacist)					Yes	☐	No	☐
14c)	NHS 111					Yes	☐	No	☐
14d)	A&E					Yes	☐	No	☐
14e)	Other					Yes	☐	No	☐
14e. i)	If 'Other' please specify: _____								
Wellbeing									
15.	Please indicate for each of the 5 statements which is closest to how you have been feeling over the past 2 weeks.								
15a)	Over the past 2 weeks...	All of the time	Most of the time	More than half the time	Less than half the time	Some of the time	At no time		
15b)	... I have felt cheerful and in good spirits	5	4	3	2	1	0		
15c)	... I have felt calm and relaxed	5	4	3	2	1	0		
15d)	... I have felt active and vigorous	5	4	3	2	1	0		
15e)	... I woke up feeling fresh and rested	5	4	3	2	1	0		
15f)	... my daily life has been filled with things that interest me	5	4	3	2	1	0		
Completed by: Print nameSignDate __/__/____									