

Participant identifier

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Participant initials

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Day 7, 14 and 28 Call CRF

Date		
Today's date: _ _ / _ _ / _ _	Day: Day 7 ☐	Day 14 ☐ Day 28 ☐

Hospital Admission

1.	Have you/participant been admitted to hospital?	Yes ☐ No ☐
1a)	If yes, what date did you/participant go to hospital?	_ _ / _ _ / _ _
1b)	Were you/participant admitted overnight?	Yes ☐ No ☐
1c)	How many nights did you/participant stay in hospital?	nights
1d)	Did you/participant stay in an Intensive Care Unit during your stay in hospital?	Yes ☐ No ☐
1e)	Did you/participant receive oxygen while in hospital?	Yes ☐ No ☐
1f)	Did you/participant receive mechanical ventilation while in hospital?	Yes ☐ No ☐

Symptoms

2.	Do you/participant feel recovered today? (i.e. symptoms associated with illness are no longer a problem).	Yes ☐ No ☐												
2a)	If yes, on what date did you/participant feel recovered?	_ _ / _ _ / _ _												
3.	How well are you/participant feeling today? Please rate how you are feeling now using a scale of 1 – 10, where 1 is the worst you can imagine, and 10 is feeling the best you can imagine?													
	<table border="0"> <tr> <td>Worst</td> <td><u>1</u></td> <td><u>2</u></td> <td><u>3</u></td> <td><u>4</u></td> <td><u>5</u></td> <td><u>6</u></td> <td><u>7</u></td> <td><u>8</u></td> <td><u>9</u></td> <td><u>10</u></td> <td>Best</td> </tr> </table>		Worst	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	Best
Worst	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	Best			
4.	On how many days have you/participant taken the prescribed dose of study medication?													
5.	Have you/participant posted your swab?	Yes ☐ No ☐												

As you are feeling recovered that is all the questions for today. Thank you for your time.

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6.	Has anybody else in your/participant's house become unwell today with a respiratory illness?	Yes ☐ No ☐
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As you/participant do not feel recovered, please can you rate the following symptoms:

7.	Fever	No problem / Mild problem / Moderate problem / Major problem
8.	Cough	No problem / Mild problem / Moderate problem / Major problem
9.	Shortness of breath	No problem / Mild problem / Moderate problem / Major problem
10.	Muscle ache	No problem / Mild problem / Moderate problem / Major problem
11.	Nausea / Vomiting	No problem / Mild problem / Moderate problem / Major problem
12.	Do you have any other symptoms with your current illness: 	

Other Healthcare Services

13.	Please can you say whether or not you/participant have had contact with the following healthcare services since your illness started/last telephone contact? Please answer "Yes" or "No".	
13a)	GP	Yes ☐ No ☐
13b)	Other primary Care services (e.g. walk-in services/pharmacist)	Yes ☐ No ☐
13c)	NHS 111	Yes ☐ No ☐
13d)	A&E	Yes ☐ No ☐
13e)	Have you been in contact with any other healthcare service?	Yes ☐ No ☐
13e) i)	If yes, please can you specify:	

Notification of Death—TRIAL TEAM USE ONLY

14.	Has the trial team been notified of the participant's death?	Yes ☐ No ☐
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Completed by: Print nameSignDate __ / __ / __