

Participant identifier

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Participant initials

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Screening CRF

1.	Are you are willing to give informed consent for participation in the study?	Yes ☐ No ☐
2.	Do you have symptoms of possible COVID-19 in the community which have been present for less than 8 days? Defined: A new continuous cough - this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual) and/or A high temperature - this means you feel hot to touch on your chest or back (you do not need to take your temperature)	Yes ☐ No ☐
2a)	What date did you start to feel unwell with this illness (DD/MMM/YYYY)?	__ / __ / __
3.	Are you aged 65 years old or over, or aged 50 years or older with at least one of the comorbidities/conditions listed below? • Weakened immune system due to a serious illness or medication (e.g. chemotherapy) • Heart disease or hypertension • Asthma or lung disease • Diabetes not treated with insulin • Liver disease • Stroke or neurological problem	Yes ☐ No ☐
4.	Are you pregnant or planning on becoming pregnant within the next few weeks?	Yes ☐ No ☐
5.	Are you breastfeeding or planning on starting during the course of the trial?	Yes ☐ No ☐
6.	Do you have porphyria?	Yes ☐ No ☐
7.	Do you take insulin for diabetes?	Yes ☐ No ☐
8.	Do you have a G6PD deficiency?	Yes ☐ No ☐
9.	Do you have myasthenia gravis?	Yes ☐ No ☐
10.	Do you have severe psoriasis?	Yes ☐ No ☐

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Screening CRF

11.	Do you have a history of epilepsy?	Yes ☐ No ☐
12.	Have you had a previous allergic (adverse reaction) to any of the following: • Azithromycin • Chloroquine • Hydroxychloroquine • Any other antibiotics (not including penicillin)	Yes ☐ No ☐
13.	Are you currently taking any of the following: • Amiodarone • Chloroquine • Ciclosporin • Digoxin • Hydroxychloroquine • Penicillamine • Sotalol	Yes ☐ No ☐
14.	Do you have a disease which affects the retina of the eye (e.g. macular degeneration)?	Yes ☐ No ☐
15.	Are you currently taking antibiotics for a recently diagnosed illness?	Yes ☐ No ☐
16.	Are you currently admitted in hospital?	Yes ☐ No ☐
17.	Do you have a specific heart rhythm abnormality called "prolonged QT syndrome" or condition that prolongs the heart QT interval?	Yes ☐ No ☐
18.	Do you have an allergy to soya or peanuts?	Yes ☐ No ☐
19.	Have you previously participated in the PRINCIPLE trial?	Yes ☐ No ☐

Completed by: Print nameSignDate __ / __ / __