

PRINCIPLE - Screening

KEY
Exclusion for both arms
Exclusion for Doxycycline
Exclusion for Azithromycin

Question no.	Text	Options
	Date of completion:	DD/MMM/YYYY
1	Are you are willing to give informed consent for participation in the study?	Yes 1 / No 0
	Do you have a new continuous cough, and/or high temperature, and/or a loss of or change in your normal taste of sense of smell, which have been present for less than 15 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 1 / No 0
2a)	What date did you start to feel unwell with this illness?	DD/MMM/YYYY
2b)	Are you feeling almost recovered from this illness (i.e. generally much improved and your symptoms are now mild or almost absent)?	Yes 1 / No 0
3	Have you had a positive test for COVID-19 infection?	Yes 1 / No 0
3a)	What date was this COVID-19 test taken?	DD/MMM/YYYY
3b)	Are you unwell with symptoms of COVID-19? These symptoms may include, but are not limited to, shortness of breath, general feeling of being unwell, muscle pain, diarrhoea and vomiting.	Yes 1 / No 0
3c)	What date did you start to feel unwell with this illness?	DD/MMM/YYYY
3d)	Are you feeling almost recovered from this illness (i.e. generally much improved and your symptoms are now mild or almost absent)?	Yes 1 / No 0
4	Are you aged 65 years old or over?	Yes 1 / No 0
5	Are you aged 50 to 64 year old 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 high blood pressure • Asthma or lung disease • Known diabetes • Liver disease • Stroke or neurological problem	Yes 1 / No 0
6	Are you pregnant or planning on becoming pregnant within the next few weeks?	Yes 1 / No 0
7	Are you breastfeeding or planning on starting during the course of the trial?	Yes 1 / No 0
8	Do you have myasthenia gravis (a rare type of neuromuscular disorder)?	Yes 1 / No 0
9	Are you currently admitted in hospital?	Yes 1 / No 0
10	Do you have a specific heart rhythm abnormality called "prolonged QT syndrome" or condition that prolongs the heart QT interval?	Yes 1 / No 0
11	Have you previously participated in the PRINCIPLE trial?	Yes 1 / No 0
12	Are you currently taking antibiotics for a recently diagnosed illness?	Yes 1 / No 0
13	Do you have an allergy to soya or peanuts?	Yes 1 / No 0
14	Have you had a previous adverse reaction to azithromycin or any other macrolides (e.g. erythromycin, clarithromycin or spiramycin)?	Yes 1 / No 0
15	Are you currently taking azithromycin or any other macrolides (e.g. erythromycin, clarithromycin or spiramycin)?	Yes 1 / No 0
16	Are you currently taking any of the following drugs? Conditions have been provided for the most common uses of these drugs, but these drugs may be used for other conditions not listed here. If you take any of these drugs for any reason, even if not listed here, please respond with "Yes". • amiodarone - (commonly used to treat heart conditions) • digoxin - (commonly used to treat heart conditions) • sotalol - (commonly used to treat heart conditions) • ergotamine - (commonly used to treat migranes) • methysergide - (commonly used to treat migraines) • bromocriptine - (comonly used to treat parkinson's, tumours, hyperprolactinaemia) • cabergoline - (commonly used to treat hyperprolactinaemia) • ciclosporin - (commonly used to treat athritis or psoriasis) • hydroxychloroquine or chloroquine - (commonly used to treat malaria, athritis) • ergometrine - (commonly used to treat heavy vaginal bleeding after childbirth)	Yes 1 / No 0

17	Previous adverse reaction to doxycycline or any other tetracyclines (e.g. lymecycline, chlortetracycline, minocin/minocycline, oxytetracycline or tetracycline)?	Yes 1 / No 0
18	Are you currently taking doxycycline or any other tetracyclines (e.g. lymecycline, chlortetracycline, minocin/minocycline, oxytetracycline or tetracycline)?	Yes 1 / No 0
19	Sucrose intolerance (i.e. rare hereditary problems of fructose intolerance, glucose galactose malabsorption or sucrose-isomaltase insufficiency)?	Yes 1 / No 0
20	Are you taking any of the following drugs? Conditions have been provided for the most common uses of these drugs, but these drugs may be used for other conditions not listed here. If you take any of these drugs for any reason, even if not listed here, please respond with "Yes". • ciclosporin - <i>(commonly used to treat arthritis or psoriasis)</i> • retinoids (e.g. acitretin, alitretinoin, isotretinoin, tretinoin) - <i>(commonly used to treat psoriasis)</i> • methotrexate - <i>(commonly used for chemotherapy)</i> • ergotamine - <i>(commonly used to treat migraines)</i> • methoxyflurane - <i>(commonly used to treat pain)</i> • lithium - <i>(commonly used to treat bipolar or major depressive disorder)</i>	Yes 1 / No 0
21	Do you have systemic lupus erythematosus?	Yes 1 / No 0
	Comments	Freetext