

**DAY 40 QUESTIONNAIRE FOR STAFF**

Hello, it is \_\_\_\_\_ calling from the CONTROL COVID study for your day 40 interview. Do you have a few minutes to talk now? If no, what would be a good time to talk?

If yes, Thank you again for agreeing to participate in this trial, which we are now about 40 days into. I have some questions to ask you about how things have been going with filling out the daily diary, taking your study medication, any new symptoms that you've had, and any new medical problems that you've had. This is all information that you have been giving us in your daily diaries, so today we will make sure that the daily diary is complete and are not having difficulties filling it out.

Please answer the questions to the best of your ability, and let me know if there is a question you do not understand so I can clarify. If you prefer not to answer, just say "pass." The questionnaire today is very similar to the questionnaire we did with you about 4 weeks ago

Research staff name: \_\_\_\_\_

Date interview performed (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_\_

1. Since our day 14 interview did you fill out your daily diary every day?

Yes, I have filled out my daily diary every day

No, I was not able to fill out my daily diary on at least one of the past 26 days

*If no, how many days did you miss (approximately)?* \_\_ \_\_

2. Are there any questions in the daily diary that you do not understand or find unclear?

No, all questions are clear

Yes, at least one question is confusing to me/I don't know how to answer it

*If yes, which questions are confusing?* \_\_\_\_\_

*(Interviewer will discuss confusing questions with participant and explain how they should be answered.)*

3. Have you had any of the following symptoms in the past 26 days? (check all that apply)

- Fever ( $\geq 37.8^{\circ}\text{C}$ ), record temperature: \_\_\_\_ . \_\_\_\_  $^{\circ}\text{F} / ^{\circ}\text{C}$   did not take temperature
- Cough
- Fatigue
- Sore muscles
- Sore joints
- Shortness of breath
- Sore throat
- Chills
- Loss of appetite
- Vomiting
- Diarrhea
- Loss of smell
- Change in taste

(If yes to at least one symptom), On what day did you experience your first symptom (dd/mm/yyyy)? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. Have you been tested for COVID-19 since our day 14 visit?

- No
- Yes

If yes, specify date of test (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Specify result (positive or negative): \_\_\_\_\_

Specify reason for test: \_\_\_\_\_

5. Please list all prescribed and over the counter medications (apart from study drug) that you have taken in the past 26 days:

---

---

6. Since our 14 day interview have you managed to take your study drug as prescribed.

- Yes, I have taken the study drug everyday
- No, I have missed at least one dose of study drug in the past 26 days

If no, how many doses did you miss total in the past 26 days (approximately)? \_\_\_\_

And on how many days total did you miss these doses? \_\_\_\_

Was there any particular reason that you missed these doses?

- Adverse event, Form number: \_\_\_\_\_
- Decision to withdraw from meds/refusal to take
- Other, specify: \_\_\_\_\_

How many pills do you have left in your pill bottle? \_\_\_\_\_

7. Have you had any new medical problems since our day 14 visit?

- No
- Yes, I have a new medical problem that I did not have on day 14

If yes, please describe this medical problem: \_\_\_\_\_

\_\_\_\_\_  
(If this is an adverse event, fill out adverse event form with participant and indicate form number: \_\_\_\_\_)

8. Have you had any side effects that you think are from study medication since we last talked on day 14?

- No
- Yes

If yes, please describe: \_\_\_\_\_

(If this is an adverse event, fill out adverse event form with participant and indicate form number: \_\_\_\_\_)

If they have returned their diaries and pill bottle –

Thank you for returning your diaries and pill bottle (skip to – Do you have any questions....)

If they have not returned their diaries and/or pill bottle:

How would you like to return your diaries and your pill bottle:

- will drop it off at \_\_\_\_\_ on \_\_\_\_\_ (date)
- will courier it back to the study – check that participant has needed forms/phone numbers and packaging for this.

Do you have any questions or comments for me?

Thank you very much for your time today and for your participation in this trial.