

BI-WEEKLY REPORT – 5 of 6 biweekly periods

COVID-19 Cohort Study (CCS-2)

Report for the week ending on MONDAY: _____ (automatically entered via website)

1) In the last 14 days, were you tested for COVID-19?

No

Yes → Programmer note: Take directly to an illness/test report i.e., do not complete the remainder of the bi-weekly report

2) In the last 14 days, did you have any of the following symptoms? (check all that apply)

Fever

Cough (new/worsening)

Shortness of breath/difficulty breathing (new)

Generalized muscle aches/pains

Chills / shivering / feeling feverish

Feeling generally unwell or abnormally fatigued

Other: _____

None of the above

2b) If yes to cough, fever, or difficulty breathing → Did you complete an illness report?

No

Yes

<Submit>

Monitoring report COVID-19 Cohort Study (CCS-2)

One biweekly period per 6 periods unless an illness report was filled out in the previous 14 days

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1) In the last 14 days, were you tested for COVID-19?

No

Yes → Programmer note: Take directly to an illness/test report i.e., do not complete the remainder of the bi-weekly report

2) In the last 14 days, have you had any of the following symptoms? *(check all that apply)*

Fever

Cough (new/worsening)

Shortness of breath/difficulty breathing (new)

Generalized muscle aches/pains

Chills / shivering / feeling feverish

Feeling generally unwell or abnormally fatigued

Other: _____

None of the above

3b) If yes to cough, fever, or difficulty breathing → Did you complete an illness report?

No

Yes

3) In the past 14 days, did you have close contact *(being within 2 metres for more than 2 minutes)* with anyone who was confirmed as having COVID-19 (had a positive test)?

NO *Skip to # 5*

YES *If yes... Who tested positive (check all that apply)?*

an adult (18 years or older) living in your household

a child living in your household

a friend or family member who does not live in your home

a co-worker

a student

4) How many one-way trips did you take on public transportation (GO, Via, etc.) in the past 14 days?

0/none or ## _____

5) In the past 14 days, did you attend any the following activities in which there were 5 or more people in attendance?

	Yes	No
Meetings, conferences (including work)	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>	<input type="checkbox"/>
Family gathering	<input type="checkbox"/>	<input type="checkbox"/>
Non-work school or classes, religious gatherings	<input type="checkbox"/>	<input type="checkbox"/>
Gym, exercise classes, team sports	<input type="checkbox"/>	<input type="checkbox"/>
Party, club/bar	<input type="checkbox"/>	<input type="checkbox"/>
Theatre, movie, opera, sporting event	<input type="checkbox"/>	<input type="checkbox"/>
Other activity	<input type="checkbox"/>	<input type="checkbox"/>

6) Comments: _____