

Predicovid (children participants) - Daily questionnaire (D0-D14)

“Hello, please complete this questionnaire by answering it according to your state of health of the day. If you feel bad, have pain, or feel particularly sad, we recommend that you discuss this with your parents. You will not receive any feedback from us regarding your answers. ”

1) You are: (at home/at hospital)

If at hospital : which one

2) How do you feel today? (Good/Tired/Bad)

3) Do you sleep well? If not why ?

4) Do you have a dry cough?

5) Did you notice an increase in your usual cough in recent days?

6) Did you have a sore throat in the past few days?

7) Did you notice a strong decrease or a loss of taste or smell?

8) Do you have diarrhea? At least 3 loose stools per day.

9) Did you have muscle pain or unusual aches in the last days?

10) Did you have chest pain in the last days?

11) What is your current pain level? (Score between 1 and 10, 10 being the worst pain imaginable)

12) Do you have fever?

13) Do you have a thermometer? If yes, please take your temperature: if $>$ or $= 38^{\circ} \text{C}$

14) Do you have troubles for breathing?

15) Have you noticed the appearance of a respiratory problem or an increase of your usual respiratory problems since the diagnosis?

16) What is your weight (kg)? (weigh yourself without shoes)

17) Do you have important problems to eat or drink?

18) Do you have any other symptoms? If yes, please specify which ones:

19) Have you had close contact with people around you today?

20) Have you noticed a sudden onset of rashes (such as pimples or red patches) on your hands or feet?

21) Do you have sore or red or itchy eyes?