

*Predicovid-H (household members, adult participants) - Daily questionnaire*  
*D0-D14*

- 1) Questionnaire's date
- 2) Have you been tested and positively diagnosed for Covid-19?
- 3) You are: (at home/at hospital)  
    If at hospital : which one
- 4) How do you feel today? (Good/Tired/Bad)
- 5) Do you sleep well? If not why ?
- 6) Do you have a dry cough?
- 7) Did you notice an increase in your usual cough in recent days?
- 8) Did you have a sore throat in the past few days?
- 9) Did you notice a strong decrease or a loss of taste or smell?
- 10) Do you have diarrhea? At least 3 loose stools per day.
- 11) Did you have muscle pain or unusual aches in the last days?
- 12) Did you have chest pain in the last days?
- 13) What is your current pain level? (Rate from 1 to 10)
- 14) Do you have fever?  
    Do you have a thermometer? If yes, please take your temperature: if  $>$  or  $= 38^{\circ} \text{C}$
- 15) Do you have respiratory problems?
- 16) Have you noticed the appearance or an increase of your usual respiratory problems since the diagnosis?
- 17) What is your weight (kg)? (weigh yourself without shoes)
- 18) Do you have important problems to eat or drink?
- 19) Do you have any other symptoms? If yes, please specify which ones