

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

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? (Rate from 1 to 10)

12) Do you have fever?

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

14) Do you have respiratory problems?

15) Have you noticed the appearance 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 your relatives today?

20) Have you noticed a sudden onset of skin rashes on the hands or feet (for example frostbite, persistent redness that is sometimes painful, transient hives)?

21) Have you noticed the appearance of conjunctivitis or pain in the eyes (persistent redness of the white of the eye, itching of the eyelids, tingling sensations, burning, frequent tearing)?