

NorFlu COVID-19 (all questions)

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MoBa COVID-19 (questions 1-16)

This simple form will take approximately 5 minutes to complete.
The main purpose is to understand the prevalence of coronavirus disease.
Participation is completely voluntary.

ScheduleID (do not change this):

1. Have you become ill with respiratory symptoms, illness or fever within the last 14 days ?

No

Yes

Questions 1.1 .-. 1.15. appears only if the option "Yes" is selected in the question " 1. Have you become ill with respiratory symptoms, illness or fever within the last 14 days ?"

1.1. How many days has it been since the illness / symptoms began?

0-1 day

2-3 days

4-5 days

6-7 days

8-9 days

10-14 days

1.2. Check *how sick* you felt:

Not very ill

Quite ill, in bed for several days

Very ill

1.3. Check *how long* you felt sick:

1-2 days

3-5 days

6 days or more

Do not know

1.4. Check *when* you felt the sickest:

1-2 days after symptom(s) onset

3-5 days after symptom(s) onset

6 days or more after symptom(s) onset

Do not know

1.5. Are you still coughing?

No

Yes

This question appears only if the option "Yes" is selected in the question "1.5. Are you still coughing? "

Do you have a dry cough or do you produce mucus?

Dry Cough

Cough with mucus

1.6. Do you still have a runny nose or are you sneezing?

No

Yes

1.7. Do you still have a stuffy nose/nasal congestion?

No

Yes

1.8. Do you still have a sore throat?

No

Yes

This question appears only if the option "Yes" is selected in the question "1.8. Do you still have a sore throat? "

Is it painful to swallow?

No

Yes

1.9. Do you still have tightness in your chest (heavy breathing)?

No

Yes

10.1. Have you had a headache today or in the last 3 days ?

No

Yes

11.1. Have you had a fever today or in the last 3 days ?

No

Yes

This question appears only if the option "Yes" is selected in the question "1.11. Have you had a fever today or in the last 3 days? "

Have you felt very cold (trembling) or experienced severe sweating?

No

Yes

12.1. Have you had stomach pain / nausea / diarrhea today or in the last 3 days ?

No

Yes

1.13. Have you had a decreased sense of smell or taste in the last 3 days ?

No

Yes

1.14. Have you had muscle pain in the last 3 days ?

No

Yes

1.15. Have you experienced dizziness in the last 3 days ?

- No
- Yes

2. Have you been examined by / had a consultation with a doctor (eg telephone) during the last 14 days ?

- No
- Yes

This question appears only if the option "Yes" is selected in the question "2. Have you been examined by / had a consultation with a doctor (eg telephone) during the last 14 days ? "

Check if you have any of the following diagnoses, or no diagnosis:

- Suspected or confirmed coronavirus disease
- Suspected or confirmed influenza
- Pneumonia
- Sore throat
- Cold
- Other infection
- Injury
- Other illness
- No diagnosis

3. Have you been hospitalized in the last 14 days ?

- No
- Yes

4. Have you been tested for a corona or influenza virus infection in the last 14 days ?

- No
- Yes
- Do not know

These questions appear only if the option "Yes" is selected in the question "4. Have you been tested for a corona or influenza virus infection within the last 14 days ? "

Did the test show that you had a coronavirus infection?

- No
- Yes
- Do not know

Did the test show that you had an influenza virus infection?

- No
- Yes
- Do not know

5. Have you been in quarantine / isolation in the last 14 days ?

- No
- Yes

This item appears only if the option "Yes" is selected in the question "5. Have you been in quarantine / isolation in the last 14 days ? "

Check why you have been quarantined / isolated:

- Have been abroad
- Had symptoms of illness
- Confirmed coronavirus infection
- Was in contact with people who are infected
- Another reason

6. Check if you have any of the following diseases:

- Asthma or other lung disease
- Cancer
- Heart disease
- Diabetes
- High blood pressure
- Other illness
- Has no illness

7. Have you been vaccinated against influenza during the fall of 2019 / winter 2020 ?

- No
- Yes
- Do not know

8. Have you been vaccinated against pneumococcal disease during the fall of 2019 / winter 2020 ?

- No
- Yes
- Do not know

9. How many people do you live with?

- 0
- 1
- 2
- 3
- 4
- 5 or more

These two questions appear only if the option "1" is selected in the question "9. How many people do you live with? "

Have any of your co-habitants been ill with respiratory symptoms in the last 14 days ?

- No
- Yes
- Do not know

Have any of your co-habitants been diagnosed with coronavirus infection?

- No
- Yes
- Do not know

These two questions appear only if the option "2" is selected in the question "9. How many people do you live with? "

How many of your co-habitants have been ill with respiratory symptoms in the last 14 days ?

- 0
- 1

2

How many of your co-habitants have been diagnosed with a coronavirus infection?

- 0
- 1
- 2

These two questions appear only if the option "3" is selected in the question "9. How many people do you live with? "

How many of your co-habitants have been ill with respiratory symptoms in the last 14 days ?

- 0
- 1
- 2
- 3

How many of your co-habitants have been diagnosed with a coronavirus infection?

- 0
- 1
- 2
- 3

These two questions appear only if the option "4" is selected in the question "9. How many people do you live with? "

How many of your co-habitants have been ill with respiratory symptoms in the last 14 days ?

- 0
- 1
- 2
- 3
- 4

How many of your co-habitants have been diagnosed with a coronavirus infection?

- 0
- 1
- 2
- 3
- 4

These two questions appear only if the option "5 or more" is selected in the question "9. How many people do you live with? "

How many of your co-habitants have been ill with respiratory symptoms in the last 14 days ?

- 0
- 1
- 2
- 3
- 4
- 5 or more

How many of your co-habitants have been diagnosed with a coronavirus infection?

- 0
- 1
- 2
- 3

4

5 or more

10. State how much you have been plagued by the following issues over the past 14 days :

I find it difficult to touch an object when I know it has been touched by strangers or specific people.

Never

Seldom

Sometimes

Often

Almost Always

Sometimes I have to wash or clean myself simply because I feel contaminated.

Never

Seldom

Sometimes

Often

Almost Always

I wash my hands more often and longer than necessary.

Never

Seldom

Sometimes

Often

Almost Always

11. How are you now? Below is a scale from 0 to 10, where 0 is the worst and 10 is the best. Please indicate on this scale your current wellbeing and status:

0 - worst

1

2

3

4

5

6

7

8

9

10 - best

12. Have you been bothered by any of the following in the last 14 days ?

Not bothered

Sometimes

Often

Almost Always

Still scared or anxious

Nervousness, inner turmoil

Feeling hopeless with regard to the future

Depressed, melancholy

Very worried or uneasy

13. What was your typical occupation (before the corona pandemic)?

Pupil / student
Trainee / Apprentice
Military service
Seeking Employment / Furloughed / Laid Off
Rehabilitation / Disabled
Public sector employee
Private business employee
Self-employed
Other

14. Which of the following industries do you typically work in?:

Health/healthcare
Retail/Shop
Transportation
Fire / Rescue / Police
School / College / University
None of these

15. Has your occupational status changed as a result of the corona pandemic?

No
Yes, furloughed/laid off
Yes, lost job
Yes, received new job tasks/responsibilities

16. Have you lost income as a result of the coronavirus?

No
Yes, some loss of income
Yes, significant loss of income
Do not know

17. Are you pregnant now?

No
Yes
Do not know

YOUR CHILD WHO IS IN NORFLU

18. Has the child become ill with respiratory symptoms, illness or fever within the last 14 days ?

No
Yes

Question 18.1 .-. 18.15. appears only if the option "Yes" is selected in the question "18. Has the child become ill with respiratory symptoms, illness or fever within the last 14 days ? "

18.1. How many days has it been since the illness / symptoms began?

0-1 day
2-3 days
4-5 days

6-7 days
8-9 days
10-14 days

18.2. Check *how sick the child was*:

Not very ill
Quite ill, in bed for several days
Very ill

18.3. Check *how long the child was ill*:

1-2 days
3-5 days
6 days or more
Do not know

18.4. Check *when your child felt the sickest*:

1-2 days after symptom(s) onset
3-5 days after symptom(s) onset
6 days or more after symptom(s) onset
Do not know

18.5. Does the child still have a cough?

No
Yes

Appears only if the option "Yes" is selected in the question "18.5. Does the child still have a cough? "

Does the child have a dry cough or does your child produce mucus?

Dry Cough
Cough with mucus

18.6. Does the child still have a runny nose or sneezing?

No
Yes

18.7. Does the child still have a stuffy nose/nasal congestion?

No
Yes

18.8. Does the child still have a sore throat?

No
Yes

Appears only if the option "Yes" is selected in the question "18.8. Does the child still have a sore throat? "

Is it painful for your child to swallow?

No
Yes

18.9. Does your child still have tightness in the chest (heavy breathing)?

No
Yes

10.18. Has your child had a headache today or in the past 3 days ?

No
Yes

11.18. Has your child had a fever today or in the last 3 days ?

No
Yes

Appears only if the option "Yes" is selected in the question "18.11. Has the child had a fever today or in the past 3 days ?"

Has the child felt very cold (trembling) or experienced severe sweating?

No
Yes

12.18. Has the child today or during the past 3 days had stomach pain / nausea / diarrhea?

No
Yes

18.13. Has your child had a decreased sense of smell or taste in the past 3 days ?

No
Yes

18.14. Has your child had any muscle pain for the past 3 days ?

No
Yes

18.15. Has your child experienced dizziness in the last 3 days ?

No
Yes

19. Has the child been examined by / had a consultation with a doctor (eg telephone) during the last 14 days ?

No
Yes

Appears only if the option "Yes" is selected in the question "19. If the child has been examined by / had a consultation with a doctor (f. Ex. Telephone) during the last 14 days ?"

Check if the child has received any of the following diagnoses, or no diagnosis:

Suspected or confirmed coronavirus disease

Suspected or confirmed influenza

Pneumonia

Sore throat

Cold

Other infection

Injury

Other illness

No diagnosis

20. Has the child been hospitalized in the last 14 days ?

No
Yes

21. Has the child been tested for corona or influenza virus infection within the last 14 days ?

No
Yes
Do not know

Appears only if the option "Yes" is selected in the question "21. Has the child been tested for coronary or influenza virus infection within the last 14 days ? "

Did the test confirm that the child had a coronavirus infection?

No
Yes
Do not know

Did the test confirm that the child had an influenza virus infection?

No
Yes
Do not know

22. Has the child been quarantined / isolated over the past 14 days ?

No
Yes

Appears only if the option "Yes" is selected in the question "22. Has the child been quarantined / isolated over the past 14 days ? "

Check why the child has been quarantined / isolated:

Have been abroad
Have symptoms of illness
Confirmed coronavirus infection
Has been in contact with people who are infected
Another reason

23. Check if the child has any of the following diseases:

Asthma or other lung disease
Cancer
Heart disease
Diabetes
Other illness
Has no illness

24. Has the child been vaccinated against influenza during the fall of 2019 / winter 2020 ?

No
Yes
Do not know

25. Did the child receive a vaccine against pneumococcal disease (outside the child vaccination program) during the fall 2019 / winter 2020 ?

No
Yes
Do not know

Thank you for filling out and submitting the form!