**Screening questions**

**Thank you for your interest in taking part in our study on Social Distancing during Covid-19 and the impact of COVID-19 on health and wellbeing**

We need to collect some additional information to understand whether or not you are eligible to take part in the interview

**COVID-19 diagnosis status**

[ ]  Positive swab test [ ]  Tested negative for antibodies

[ ]  Negative swab test [ ]  Not formally diagnosed but suspected

[ ]  Tested positive for antibodies [ ]  Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you have not received a positive test for COVID-19 or antibodies, did you experience any of the following COVID-19 Symptoms (please tick all that apply)**

[ ]  A continuous cough

[ ]  A high temperature

[ ]  Loss or change to taste/smell

**Date that you were diagnosed or suspected that you had COVID-19**

**\_ \_ / \_/ 2020**

**For how long after the onset of suspected/confirmed covid have you been experiencing symptoms?**

[ ]  Less than 3 weeks [ ]  9-12 weeks

[ ]  3-6 weeks [ ]  More than 12 weeks (please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ]  6-9 weeks

**Can you describe the long-term health problems that you are experiencing following confirmed or suspected COVID-19? (please tick all that apply)**

[ ]  A cough [ ]  Headache

[ ]  A high temperature/fever [ ]  Aches and pains

[ ]  Loss or change to taste/smell [ ]  Shortness of breath

[ ]  Sore throat and difficulties swallowing [ ]  Diarrhoea/vomiting

[ ]  Fatigue [ ]  Sleep difficulties

[ ]  Muscle pains/weakness [ ]  New onset/poor control of diabetes/hypertension

[ ]  Inability to concentrate [ ]  Skin rashes

[ ]  Memory lapses [ ]  Chest pains

[ ]  Changes in mood, anxiety or depression [ ]  Thromboembolic conditions

[ ]  Palpitations [ ]  Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Many thanks again for your time**