Questionnaire Survey for travelers returned from Hubei province

Year/Month/Date

(English Translation)

A. Personal Information

Name:	Gender: \Box Male \Box Female	Date of Birth:
Nationality:	Telephone:	Occupation:
Education level:	□ Primary education	□ Secondary education
	□ Bachelor's degree	□ Master's degree or above

Address in Hubei:

B. Personal health conditions and habits:

- 1. What is the most important reason(s) of not getting COVID-19 in your opinion? (Can select more than one option):
 - \Box Good health condition
 - □ Good personal protective measures
 - $\hfill\square$ Stay away from the crowd / Decrease cluster or gathering incidence
 - \Box Relatively safe in the community
 - □ Diet and lifestyle (Balanced diet ` Physical training)
- 2. During Hubei outbreak, did you take any medications/health products to prevent the disease?
 - \Box Yes, please tick the following:

 - □ Herbal medicine, please specify the name: _____
 - □ Health products (Dietary supplements /Vitamins, etc.)
 - Please specify the name: _____

 \square No

3.	What was your mood when you were in Hubei? □ Nervous □ Anxious □Worried □Calm Other, please specify:
4.	Do you have any chronic disease(s) ?
	\Box Yes, please tick the follow option(s):
	□ Hypertension □ Coronary artery disease □ Diabetes Mellitus
	Dyslipidemia Dout/Hyperuricemia
	□ Cerebrovascular disease (Stroke) □ Chronic kidney disease
	\Box Hepatitis \Box Cirrhosis
	Chronic obstructive pulmonary disease
	□ Other, please specify:
	\Box No
5.	Do you have the habit of chronic medications use ?
6.	Do you have the habit of chronic herbal medicine use ? Yes, please specify:
7.	What is your usual preference on choosing medicine / herbal medicine when you are sick a Herbal medicine I Medicine
8.	During Hubei outbreak, please tick the following options regarding your health promotion behavior:
	Doing sport: \Box Less than before \Box No change \Box More than before
	Enough sleep: \Box Less than before \Box No change \Box More than before
	Drink more water: \Box Less than before \Box No change \Box More than before
	Buy mask and disinfectants: \Box Less than before \Box No change \Box More than before
	Wash hands: \Box Less than before \Box No change \Box More than before
	Search for health information: \Box Less than before \Box No change \Box More than before

9. Do you have the following symptom/signs during Hubei outbreak:

□ Fever	Start	End	Cough	Start	End
Weakness	Start	End	Dyspnea	Start	End
□ Sore-throat	Start	End	□ Runny nose	e Start	End
Pneumonia	Start	End	□ Abdominal	pain Start _	End
□ Vomit	Start	End	🗆 Diarrhea	Start	End
Others, please specify:					

10.	0. Do you have regular physical activities (including work, housework and sports)?				
	□ Housework: Sweeping, cleaning, etc	c., walking			
	Average per week: □less than 1 hou	r □1-3hours	\Box more than 3	hours	
	□ Jogging ` Riding bicycles ` Playing	g Tai chi			
	Average per week: □less than 1 hou	r □1-3hours	□more than 3	hours	
	Ball games related competitive spor	ts			
	Average per week: □less than 1 hou	r □1-3hours	□more than 3	hours	
	□ No				
11.	Do you smoke?	□Current smoker	□Ex-smoker	□Never	
12.	Do you have alcoholic abuse?		□Yes	□No	
C.	Schedule and Routine in Hubei provi	ince			
1.	Do you live/stay in Hubei for long term	1?	□Yes	□No	
	If no, duration of stay in Hubei:	to			
	Reason for visit Hubei :	it relatives □B	isiness trin		
			-		
		ner reasons			
2.	Accommodation type:				
	□ Hotel □ House □ House for :	rent			
3.	Location of accommodation:				
	□ City center □ Countryside or tow	vn 🗆 V	illage		

- 4. Number of people cohabit with: ______ people
- 6. Number of people cohabit to share the bedroom:
 - \Box Alone \Box 2 people \Box 3 people \Box 4 people or above
- Besides the above written address, did you visit other cities in Hubei province ? □ Yes □ No If yes, please specify:

i.	Name of city	Days of stay
	Reason	Means of transport
ii.	Name of city	Days of stay
	Reason	Means of transport
iii.	Name of city	Days of stay
	Reason	Means of transport

During your stay in Hubei, did you visit other provinces besides Hubei? □Yes □No
 If yes, please specify:

i.	Name of province	Days of stay
	Reason	Means of transport
ii.	Name of province	Days of stay
	Reason	Means of transport
iii.	Name of province	Days of stay
	Reason	Means of transport

- 9. Daily life during stay in Hubei:
 - \square Buy daily commodities by yourself
 - □ Receive daily supply via the unified delivery
- 10. Did you receive phone call from your clinic during stay in Hubei?

 \Box Yes \Box No

D. Contact History

1.	During stay in Hubei, who were the people you have contact with mostly?)
	\Box Family \Box Friends \Box Colleagues \Box Others	
2.	During stay in Hubei, did you go to any hospital or clinic?	□Yes □No
	If yes, reason of go to hospital or clinic:	
	Date and duration of stay:	
3.	During stay in Hubei, did you have any admission history in hospital?	□Yes □No
	If yes, reason of admission, name of hospital and duration of stay:	
	People you have contact with mostly during admission: □ Family □ Friend	ls □ Working staff
4.	During stay in Hubei, did you have contact with suspected/confirmed CO	VID-19 patients?
	□ Yes □No	
	If yes, way of contact (e.g. having meal):	
	Duration of contact: □10min or less □10-30min □30min or	more
5.	During stay in Hubei, did your family have contact with suspected/confirm patients ?	ned COVID-19
	□Yes □No	
	If yes, way of contact (e.g. having meal):	
	Duration of contact: $\Box 10$ min or less $\Box 10-30$ min $\Box 30$ min or	more
6.	Were there any confirmed COVID-19 cases in the local community you st	ayed in Hubei?
	□Yes □No	
	If yes, please specify:	
7.	Between 01/01 to "lockdown" period, did you do the following:	
	Use of public transportation \Box No \Box Yes Specify:	

	Go to supermarket	Date	_ Duration of stay
	Go to traditional market (wet market)	Date	_ Duration of stay
	Visit crowded places:		
		_ Date	Duration of stay
		Date	Duration of stay
		_ Date	Duration of stay
		_ Date	Duration of stay
8.	During stay in Hubei, did you have any	contact with live p	oultry? □Yes □No
9.	During stay in Hubei, have you eaten a	ny game meats (e.g	. civets, bats, etc.)? □Yes □No
E.	Personal preventive measures conditi	ons during the out	break
1.	Where did you receive the information	of prevention ?	
	□ Television □ Radio □ Newspapers	s 🗆 Social media (e.	.g. "Wechat")
2.	Which kind of mask you mostly use du	ring the outbreak?	
	Cloth/Dust mask Surgical mask	\square N95 or above	grade respirator
3.	Did you wear a mask when outdoor du	ring the Hubei outb	reak?
	□Every time □Occasional □No		
4.	Did you wear a mask when contact/talk	x with people (excep	ot those living together) during the
	Hubei outbreak ?	$\Box E$	very time □Occasional □No
5.	What do you think about the frequency	of accidental face of	or nose touching after wearing a
	mask?	$\Box D$	ecrease □Unchange □Increase
6.	Do you think that it is less important to	wash hands after w	vearing a mask? \Box Yes \Box No
7.	During Hubei outbreak, did you often v	wash your hands wi	th soap/liquid soap?

□Yes □No

- During Hubei outbreak, if there was no handwashing facility on-site, would you wash your hands with alcohol-based hand sanitizers or disinfected wipes?
 Yes DNo
- 9. During Hubei outbreak, did you clean and disinfect your house regularly (e.g., using 1:99 bleach water or other disinfectants)?
 □Yes □No If yes, frequency of household cleaning and disinfection:

Once a day
Once every 2-3 days
Once a week or more than a week
During Hubei outbreak, did you clean mobile phone regularly?
Yes DNo
During Hubei outbreak, did you clean clothes and personal belongings immediately once you get back home?

12. During Hubei outbreak, did you attend any meal gatherings (except for family members cohabit with) regularly?
If yes, total number of gatherings: □1-2 times □3-5times □ > 5times
Number of meal gatherings per month in Hubei: ______times
People you had meal with (Can choose more than one option):
□Relatives □Neighbors □Friends □Colleagues □Others______

Have you joined the "Bai Bu Ting" banquet? □Yes □No

13. During Hubei outbreak, did you have the following change in diet habit? (Can choose more than one option):

Drink more water Eat more vegetables and fruits Less fried food

F. Personal preventive measures conditions in Macau before the outbreak

- When you were in Macau before outbreak, did you wear a mask every time when outdoor?
 □Yes □No
- 2. When you were in Macau before outbreak, did you wear a mask when contact/talk with people (except those living together)?

 \Box Every time \Box Occasional \Box No

3.	When you were in Macau before outbreak, did you often wash your hands w	ith soap	/liquid
	soap?	□Yes	□No
4.	When you were in Macau before outbreak, if there was no handwashing faci	lity on-s	site,

would you wash your hands with alcohol-based hand sanitizers or disinfected wipes?

- 5. When you were in Macau before outbreak, did you clean and disinfect your house regularly (e.g., using 1:99 bleaching water or other disinfectants)?
 □Yes □No
 If yes, frequency of household cleaning and disinfection:
 □Once a day □Once every 2-3 days □ Once a week or more than a week
- 6. When you were in Macau before outbreak, did you clean mobile phone regularly?

7.	When you were in Macau before outbreak, did you clean clothes and persona	l belong	gings
	immediately once you get back home?	□Yes	□No
8.	When you were in Macau before outbreak, did you attend any meal gathering	gs (excej	ot for

□Yes □No

□Yes □No

family members cohabit with) regularly?

If yes, number of meal gatherings per month in Macao: ______times

People you had meal with (Can choose more than one option):

□Relatives □Neighbors □Friends □Colleagues □Others_____

The following will be filled in by medical staff

Body Height: _____ Body weight: _____

Chronic diseases: