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| ***SARS-CoV-2 Sero-surveillance study at KU Health Unit*** |
| **Socio-Demographics** |
| **Instructions: Please select the best answer of your choice.** |
| 1.How old are you in years ?\_\_\_\_\_\_\_\_ |
| 2. What is your gender? **O** Male **O** Female  |
| 3. What is your highest level of education?**O** Primary school **O** Secondary school**O** College and above**O** No formal education |
| 4. What is your current occupation**O** Teaching staff**O** Non-teaching staff**O** Student**O** Health unit staff**O** Student**O** Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. Have you been sick with coronavirus (Covid-19)?**O** Yes, confirmed**O** Yes, but not yet confirmed**O** No |
| 6.If yes, when was the last time you were confirmed sick with Covid-19?\_\_\_\_\_\_\_\_7. If you answered Yes to Question 5, how ill were you with Covid 19?O I did not have any symptomsO I had symptoms but recovered without medicationO I had symptoms and was treated as an outpatient in hospitalO I had symptoms and was admitted to hospital in the general wardsO I had symptoms and was admitted to hospital in the ICU/HDU8.

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| When you had Covid-19 which symptoms did you have? Please select all that apply. |
|  | Yes | No |
| Fever | O | O |
| Cough | O | O |
| Shortness of breath | O | O |
| Sore throat | O | O |
| Runny or stuffy nose | O | O |
| Muscle or body aches | O | O |
| Headaches | O | O |
| Fatigue (tiredness) | O | O |
| Diarrhea | O | O |
| Loss of taste and smell | O | O |

9. How long did you take to recover from COVID-19 symptomsLess than 2 weeks2 weeks – 4 weeks1 month to 3 months3 months to a yearMore than a yearI still have symptoms10. If you still have symptoms, please tick which of them still persist

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|  | Yes | No |
| Fever | O | O |
| Cough | O | O |
| Shortness of breath | O | O |
| Sore throat | O | O |
| Runny or stuffy nose | O | O |
| Muscle or body aches | O | O |
| Headaches | O | O |
| Fatigue (tiredness) | O | O |
| Diarrhea | O | O |
| Loss of taste and smell | O | O |

11. Did you develop any symptoms that were not there at your initial diagnosis later on in your illness?YesNo12. If you answered Yes to question 11, please list the symptoms you experienced (tick all that apply)Extreme TirednessShortness of breathLoss of smell or tasteMuscle aches and painsHeart palpitationsDizzinessPins and needlesJoint painDepression and anxietyEarache and tinnitusLoss of appetite and nauseasSkin rashProblems with memory or concentration’ |
| 13. Have you been vaccinated against coronavirus (Covid-19)?O YesO No  |
| 14. If yes, what vaccine did you receive?O MODERNAO ASTRAZENECAO PFIZERO JOHNSON&JOHNSONO SINOPHARMO DON’T KNOW15. If yes, have you received a booster dose?\_\_\_\_\_\_\_16. If yes, what booster dose did you receive?O MODERNAO ASTRAZENECAO PFIZERO JOHNSON&JOHNSONO SINOPHARMO DON’T KNOW17.When last did you receive your vaccine?\_\_\_\_\_\_\_18.Have you been infected with Covid-19 following vaccination?\_\_\_\_\_\_\_19. If you answered Yes to Question 18, how ill were you with Covid 19 after vaccination?O I did not have any symptomsO I had symptoms but recovered without medicationO I had symptoms and was treated as an outpatient in hospitalO I had symptoms and was admitted to hospital in the general wards O I had symptoms and was admitted to hospital in the ICU/HDU20 When were you last diagnosed with Covid-19?\_\_\_\_\_\_\_\_\_\_\_\_ |
| 21. If you have not been vaccinated against Covid-19, please indicate why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |