Covid questionnaire

rev. 31/01/2021

ATTENTION FILL IN SECTIONS 2 - 3 - 4

Section 1 - Interviewer Details	
Surname:	First name:
Structure of membership:	Doctor □ Nurse □ Laboratorian □
Date of the interview	Place
Section 2 - Examined subject details	
Surname	First name
VACCINATED / A x COVID	YES □ NO □
Tax Code	Sex
Date of birth	Place of birth
Municipality of residence	Street
Email address	Mobile Number
Category to which the patient belongs	Contact Tracking □ Screening □ Other □
Section 3 - Type of exam	
Serological test	YES □ (Pos. □ Neg. □) NO □ Date ....
Nasopharyngeal swab in molecular biology (type D)	YES □ (Pos. □ Neg. □) NO □ Date ....
Buffer nasopharyngeal rapid quality of card (type E)	YES □ (Pos. □ Neg. □) NO □ Date ....
Section 4 - Clinical history to been clinically present	
Asymptomatic □	
Paucisymptomatic □	**Attention indicate symptoms only if paucisymptomatic or symptomatic**
Symptomatic mild □ severe □ critical □	
Alterations in taste YES □ NO □	Dyspnea (breathing difficulties) YES □ NO □
Fever ≥ 37.5 ° C YES □ NO □	Diarrhea YES □ NO □
Tiredness YES □ NO □	Headache YES □ NO □
Muscle aches YES □ NO □	Intestinal disorders YES □ NO □
Sore throat YES □ NO □	Runny nose (runny nose) YES □ NO □
Dry cough YES □ NO □	Alterations of smell YES □ NO □
Nasal congestion YES □ NO □	Alterations of smell YES □ NO □