

UPDATED HISTORY

What is your exercise level? None Occasional Moderate Heavy

How many days of moderate to strenuous exercise, like a brisk walk, did you do in the last 7 days? \_\_\_\_\_

Are you blind or do you have difficulty seeing? Yes No

Are you deaf or do you have serious difficulty hearing? Yes No

Do you have difficulty concentrating, remembering or making decisions? Yes No

Do you have difficulty walking or climbing stairs? Yes No

Do you have difficulty dressing or bathing? Yes No

Do you have difficulty doing errands alone? Yes No

Are you currently employed? Yes No

What is your occupation? \_\_\_\_\_

Marital status: Single Married Divorced Widowed

Are you sexually active? YES NO

Do you use protection during sex? YES NO

Have there been any changes to your family or social situation? Yes No

Do you have any pets? Yes No

Do you have smoke and carbon monoxide detectors in your home? Yes No

Are you passively exposed to smoke? YES NO

Have you been to an area known to be high risk for COVID-19? YES NO

In the 14 days before symptom onset, have you had close contact with a laboratory-confirmed COVID-19 while that case was ill? YES NO

In the 14 days before symptom onset, have you had close contact with a person who is under investigation for COVID-19 while that person was ill? YES NO

Gender identity: Female Male

Assigned sex at birth: Female Male

Sexual orientation: Heterosexual Bisexual Homosexual