

Questionnaire Regarding the Novel Coronavirus Disease (COVID-19) Infection

[1] Have you received confirmation that you are, or ever have been, infected with the novel coronavirus disease (COVID-19)? (Please answer “(1) Confirmed” only if you have received a positive result from a PCR test, etc.)

- (1) Confirmed
- (2) Not confirmed

[2] Have you had close contact with a person infected with the novel coronavirus disease (COVID-19)? (Please answer “(1) Yes” if you have been deemed to have had close contact with an infected person by a public health center.)

- (1) Yes
- (2) No

[3] Are you experiencing cold-like symptoms or fever (37.5°C or higher)?

- (1) I have cold-like symptoms
- (2) I have a fever (37.5°C or higher)
- (3) I have both
- (4) I have neither ⇒ proceed to question [6]

[4] If you fall under any of the conditions (1) to (3) listed in question [3], how long have your symptoms lasted?

(Those who have underlying medical conditions such as diabetes, heart disease, or respiratory disease, those who are on dialysis, those with immunodeficiency, elderly people, or pregnant women)

- (1) 4 days or more (2 days or more for those with an underlying condition)
- (2) Less than 4 days
- (3) Not applicable

[5] If you fall under any of the conditions (1) to (3) listed in question [3], when did your symptoms first appear? (e.g., 2020/02/28)

[6] Have you experienced extreme tiredness (fatigue) or shortness of breath (dyspnea)

- (1) I have extreme tiredness (fatigue)
- (2) I have shortness of breath (dyspnea)
- (3) I have both
- (4) I have neither ⇒ proceed to question [8]

[7] If you fall under any of the conditions (1) to (3) listed in question [6], when did your symptoms first appear? (e.g., 2020/02/28)

[8] If you fall under condition (1) listed in question [4] or any of the conditions (1) to (3) listed in question [6], have you consulted with a Returnee/Contact Consultation Center?

- (1) I have consulted with a Returnee/Contact Consultation Center
- (2) I have not consulted with a Returnee/Contact Consultation Center ⇒ proceed to question [10]
- (3) Not applicable ⇒ proceed to question [10]

[9] If you have consulted with a Returnee/Contact Consultation Center ((1) of question [8]), what kind of instructions did you receive?

- (1) I was instructed to visit a returnee/contact outpatient facility.

- (2) I was instructed to subject myself to home quarantine
- (3) Not applicable
- Other

[10] Have you traveled outside of Japan in the last two weeks?

- (1) Yes (A country or area where the infectious disease risk level is "Level 2: Avoid Non-essential Travel" or higher) *including just dropped by
- (2) Yes (Other countries or areas)
- (3) None ⇒ proceed to question [14]

[11] If you fall under either item (1) or (2) listed in question [10], to where did you travel?
(Please include country, region, city) (e.g., China / Hubei Province / Wuhan City)

[12] If you fall under either item (1) or (2) listed in question [10], have you since returned to Japan?

- (1) I have returned to Japan
- (2) I am currently traveling
- (3) Not applicable ⇒ proceed to question [14]

[13] On what date did you return, or plan to return, to Japan? (e.g., 2020/02/28)

[14] Are you currently undergoing home quarantine/recuperation due to the novel coronavirus disease (COVID-19)?

- (1) Currently undergoing home quarantine/recuperation
- (2) Have finished home quarantine/recuperation
- (3) Have not undergone home quarantine/recuperation ⇒ proceed to question [16]

[15] On what dates did you, or do you plan to, undergo home quarantine/recuperation?
(example: 2020/02/14 – 2020/02/28)

[16] If you have any questions or concerns, please share them with us here.
(Maximum 200 characters, line breaks count as one character)