

Symptom questionnaire

Who completed this questionnaire?

Case ☐ Control ☐

Date of Birth / /

Date of questionnaire: / /

Symptoms

Did you have fever? 0 1 2 3

0 = No; 1 = 37-38 °C, 1-2 days;

2 = 37-38 °C for more than 2 days or >38 °C for 1-2 days; 3 = >38 °C for ≥3 days

Did you have a cough? 0 1 2 3

0 = No; 1 = very little; 2 = some; 3 = a lot

Did you notice increased sputum volume? 0 1 2 3

0 = No; 1 = very little; 2 = some; 3 = a lot

Did you notice changes in sputum color? 0 1 2 3

0 = No; 1 = very little, yellow; 2 = some, yellow or green; 3 = a lot, yellow or green

Did you notice shortness of breath? 0 1 2 3

0 = No; 1 = very little; 2 = some; 3 = a lot

Did you feel shortness of breath during exercise? 0 1 2 3

0 = No; 1 = very little; 2 = some; 3 = a lot

Did you lose days of school / job because of respiratory symptoms? 0 1 2

0 = No; 1 = yes, less than 3 days; 2 = yes, more than 3 days

Additional treatment received

Did you need an additional bronchodilator (salbutamol)? 0 1 2 3

0 = No; 1 = some days of the week;

2 = almost all days of the week; 3 = for more than 1 week

Did you receive inhaled steroids? 0 1 2

0 = No; 1 = yes, less than 10 days; 2 = yes more than 10 days

Did you receive additional oral steroids? 0 1 2

0 = No; 1 = yes, less than 5 days; 2 = yes more than 5 days

Did you receive antibiotics? 0 1 2

0 = No; 1 = yes, oral antibiotics; 2 = yes, intravenous antibiotics

Did you visit the emergency department due to respiratory symptoms? 0 1 2 3

0 = No; 1 = yes, on 1 occasion; 2 = yes, 2-3 times; 3 = yes, more than 3 times

Did you need hospital admission due to respiratory symptoms? 0 1 2

0 = No; 1 = yes, less than 2 days; 2 = yes, 3 or more days