

# Post Coronavirus (COVID-19) recovered patient survey questionnaire

Please customize this form to suit your research requirements.

The form will be read by a machine. Therefore it is important to use blue or black ballpoint pen and write clearly.

We offer our software for free to help stop this pandemic as soon as possible. Reach out to support@papersurvey.io to obtain a free licence.

**Recipient's name**

**Date of Birth**

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>D</i>	<i>D</i>		<i>M</i>	<i>M</i>		<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>

**Age**

**Ethnicity**

- White       Mixed       Asian       Black

*(Please cross one)*

**During the past 12 months have you had swine influenza or other influenza-like illness?**

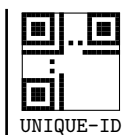
- Yes       No

*(Please cross one)*

**Mark which symptoms you had and how many days they lasted.**

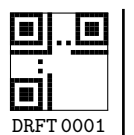
*Please cross all that apply*

	No	Yes	0-2 days	3-5 days	More than 5
1. Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Stuffy nose / runny nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fever below 39.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Fever of 39.0 or higher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Fever (not measured)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other convulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Joint pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Muscle pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vomiting, diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Ear infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



To respond  or

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Please cross all that apply

16. Pneumonia

- No
- Yes
- 0-2 days
- 3-5 days
- More than 5

**Do you have one or more of the following diseases / conditions?**

Please cross one in each line

Yes

No

- 1. Asthma
- 2. Diabetes type 1
- 3. Diabetes type 2
- 4. Other lung disease
- 5. Severe overweight
- 6. Cardiovascular disease
- 7. Kidney disease
- 8. Impaired immune system

**Have you had a flu vaccination within the last nine months?**

(Please cross one)

Yes

No

**How many people you were in contact (in person) with?**

**After the Coronavirus diagnosis, how many people you were in contact (in person) with?**

**How many days did it take until you have recovered?**

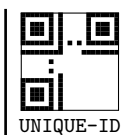
 

**Please describe how you are feeling Today**

## Office Use Only

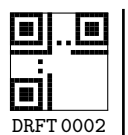
**Doctor's Signature**

**Date discharged**

  /   /    

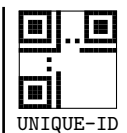
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PREVIEW



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