

## Document 1: Standardized Questionnaire

Patient's name: \_\_\_\_\_

Do you have fever?

no  yes, since when: \_\_\_\_\_

Do you suffer from chills?

no  yes, since when: \_\_\_\_\_

Do you have a cough?

no  yes, since when: \_\_\_\_\_

Are you feeling exhausted or do you have flu-like symptoms?

no  yes, since when: \_\_\_\_\_

Have you had contact with a patient who was diagnosed with coronavirus infection?

no  yes, when: \_\_\_\_\_

With whom: \_\_\_\_\_

Have you been abroad in the previous 14 days?

no  yes, when and where: \_\_\_\_\_

Have you been in another federal state in the previous 14 days?

no  yes, when and where: \_\_\_\_\_

Does a relative of yours have fever?

no  yes, when and where \_\_\_\_\_

Have your relatives had contact with a patient with proven coronavirus infection?

no  yes, when: \_\_\_\_\_ With whom: \_\_\_\_\_

Has one of your relatives been abroad in the previous 14 days?

no  yes, when and where: \_\_\_\_\_

Have you already been tested for a coronavirus infection or are you planning to do so in the near future?

no  yes, when and what was the result: \_\_\_\_\_