

SARS-CoV-2 antibody test

Patient ID (to be filled in by Confido's employee):

To be filled in by patient:

1. Given name: _____

2. Surname: _____

3. Personal identification code: _____

4. Sex: Male () Female ()

5. Age in years: _____

6. What is your actual place of residence? Underline the correct option:
Tallinn, Harju county, Hiiu county, Ida-Viru county, Järva county, Jõgeva county, Lääne-Viru county, Lääne county, Põlva county, Pärnu county, Rapla county, Saare county, Tartu county, Valga county, Viljandi county, Võru county

7. What is your level of education? Underline the correct option:
basic education, lower-secondary education, upper-secondary education, vocational education, higher education

8. What is your area of work? Underline the correct option:
unemployed, pupil/student, administration, construction/real estate, electronics/telecommunication, energetics/natural resources, finance/banking, education/science, information technology, management, customer service, training/human resources, law enforcement, culture/entertainment, media, mechanics/machinery, maritime, sales, agriculture/silviculture, state and public administration, healthcare/social work, catering, transport/logistics, tourism/hotel industry

9. Does your work involve daily contact with unfamiliar people (e.g. customers)?
Yes () No ()

10. Did you continue work as usual during the emergency situation established in the Republic of Estonia? (i.e. you were not isolating or working from home.)
Yes () No ()

11. Have you had the nasopharyngeal COVID-19 test? (The usual swab test used to diagnose COVID-19.)
Yes () No ()

a) If the answer was affirmative, when was the test performed and what was the result?

Date: _____ Positive () Negative ()

12. To the best of your knowledge, have you had any contact with persons diagnosed with COVID-19?

Yes () No ()

a) If the answer was affirmative, when was the contact?

Date: _____

13. Have you experienced any of the following symptoms in 2020?

- | | | |
|---|---------|--------|
| a) Body temperature of at least 37.8 degrees Celsius: | Yes () | No () |
| b) Cough: | Yes () | No () |
| c) Difficulties breathing: | Yes () | No () |
| d) Sore throat: | Yes () | No () |
| e) Acute muscle aches: | Yes () | No () |
| f) Loss of sense of taste and smell: | Yes () | No () |

14. Have you seen a doctor in 2020 with regard to any of the symptoms specified in question 13?

Yes () No ()

15. Have been hospitalised in 2020 due to any of the symptoms specified in question 13?

Yes () No ()

a) If the answer was affirmative, when were you hospitalised?

Date: _____

Patient signature _____ **Date** _____

Patient was called (filled in by Confido's employee):

Yes () No () _____
/date/