REACT LC – Registration Questionnaire

Table of Contents

Landing Page	2
Check if you can take part	2
WHEN_POSITIVE	2
COVID_TEST_TYPE	2
COVID_TEST_TYPE_OTHER	2
SUSPECTED_POSITIVE	2
WHEN_SUSPECTED_POSITIVE	3
COUNTRY_LIVING_IN	3
About You	4
TITLE	4
TITLE_OTHER	5
FIRST_NAME	5
LAST_NAME	5
DATE_OF_BIRTH	5
GENDER	5
GENDER_OTHER	6
Your contact information	7
MOBILE	7
EMAIL	7
ADDRESS_ID	7
Your symptoms	8
SYMPTOMS_YN	8
SYMPTOMS_EXPERIENCED	8
SYMPTOMS_GT2W	9
Lond COVID Symptoms	11
SYMPTOMS_DURATION_01 SYMPTOMS_DURATION_NN	11
Your treatment	12
ADMITTED_HOSPITAL	12
ADMITTED_ICU	13
Registration rejected	13
Before you finish	14

Landing Page

尽 Registration

You have been invited to join this study because you previously took part in a REACT study and reported having tested positive for COVID-19 at some time. This may have been for virus, antigen or antibody detected through a swab, saliva, finger prick or blood test. If you wish to enter this study please click on the **Start Registration** button below and answer the short questionnaire.

Start Registration →

Check if you can take part WHEN POSITIVE

When did you receive your first positive test result? Please input your best guess if you are not sure.

- Mandatory
- Type: Date Picker

Minimum date: 20200101Maximum date: +0d

COVID_TEST_TYPE

What type of COVID-19 test was this?

- Mandatory
- Type: Radio Group
 - o I had a blood sample taken
 - o I had a swab test
 - I had a finger-prick test
 - o I had a saliva test
 - o I have not had a test
 - I had another type of test

COVID TEST TYPE OTHER

Please provide details of this other test.

- Mandatory if COVID_TEST_TYPE = 99 (I had another type of test)
- Type: Text field: text

SUSPECTED POSITIVE

Did you suspect that you had COVID-19 prior to your test result?

- Mandatory
- Type: Radio Group
 - o Yes
 - o No

WHEN SUSPECTED POSITIVE

When did you first suspect you had COVID-19? Please input your best guess if you are not sure.

- Mandatory if SUSPECTED_POSITIVE = 1 (Yes)
- Type: Date Picker
 - o Minimum date: 20200101
 - o Maximum date: +0d
 - o When suspected BEFORE When Positive:

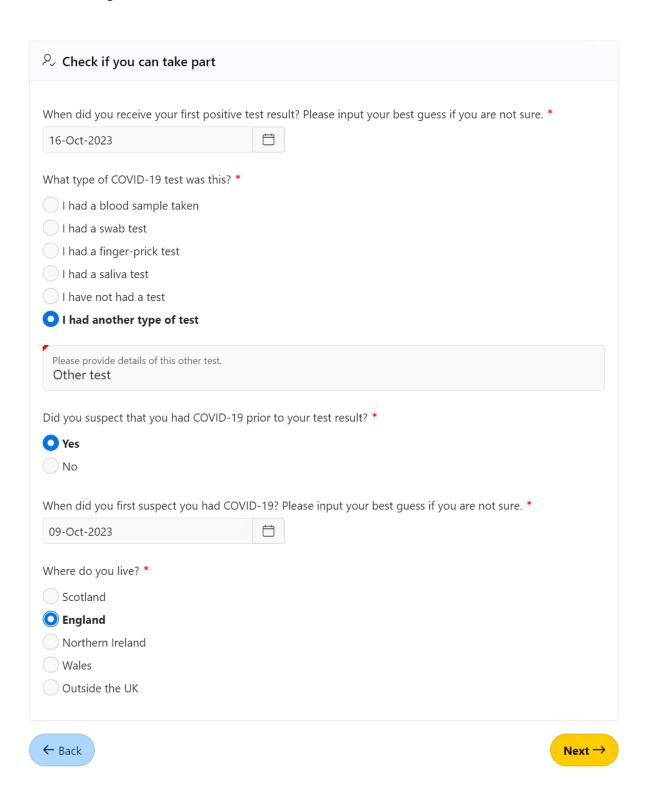
to_date(:P10_WHEN_SUSPECTED_POSITIVE,'DD-MON-YYYY') <=

to_date(:P10_WHEN_POSITIVE,'DD-MON-YYYY')

COUNTRY_LIVING_IN

Where do you live?

- Mandatory
- Type: Radio Group
 - $\circ \quad \textbf{Scotland}$
 - England
 - o Northern Ireland
 - o Wales
 - o Outside the UK



About You

TITLE

Title:

Mandatory

- Type: Radio Group
 - o Mr
 - Lady
 - o Dr
 - o Prof
 - o Mrs
 - o Ms
 - Miss
 - o Mx
 - o Sir
 - o Madam
 - o Dame
 - o Lord
 - o Other

TITLE_OTHER

Please enter your title.

- Mandatory if TITLE = 99 (Other)
- Type: Text field: text

FIRST NAME

First name:

- Mandatory
- Type: Text field: text

LAST_NAME

Last name:

- Mandatory
- Type: Text field: text

DATE OF BIRTH

Date of birth (please make sure you have selected the right year)

- Mandatory
- Type: Date Picker
 - Minimum date: -110yMaximum date: -17y

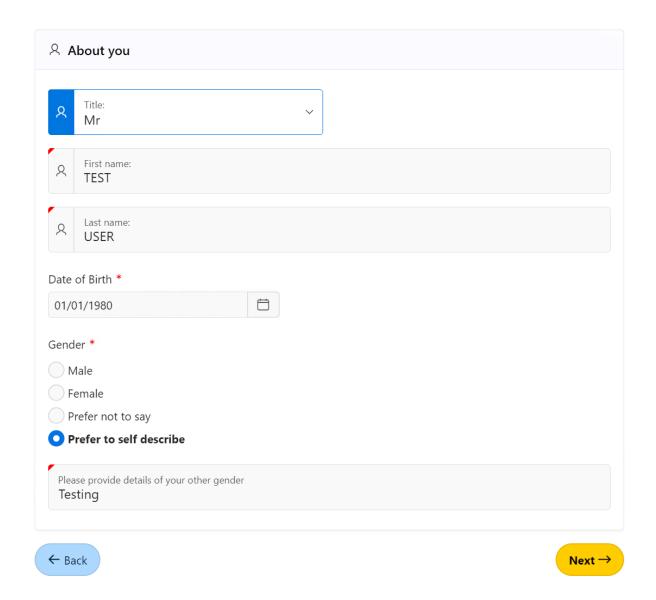
GENDER

Gender

- Mandatory
- Type: Radio Group
 - Male
 - Female
 - Prefer not to say
 - Prefer to self describe

GENDER_OTHER

- Mandatory if GENDER = 99 (Prefer to self describe)
- Type: Text field: text



Your contact information

MOBILE

Mobile number:

- Mandatory
- Type: Number Field (max length 11)

EMAIL

Email address:

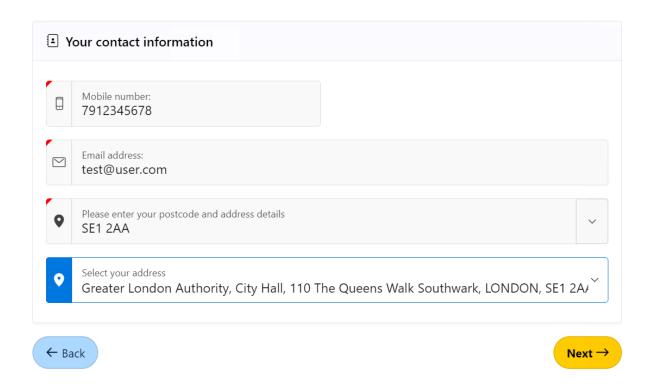
- Mandatory
- Type: Text Field: E-Mail
 - Matches regular expression: ^(([-a-zA-Z0-9_\+\.]+)@((\[[0-9]{1,3}\.[0-9]{1,3}\.](-9]{1,3}\.)|(([a-zA-Z0-9\-]+\.)+))([a-zA-Z]{2,4}|[0-9]{1,3})(\]?)(\s*[,|;]\s*\$))*\$

ADDRESS ID

Please enter your postcode and address details

Post Code Popup LOV – restricts list of addresses to chosen Post Code.

- Mandatory
- Type: Select List: "Select your address"



Your symptoms

SYMPTOMS YN

We now need to ask you some further questions about your experience with COVID-19. We need to know about any symptoms you had to help us understand the link between COVID-19 symptoms and our genetics. Did you experience any symptoms?

- Mandatory
- Type: Radio Group
 - Yes
 - o No

SYMPTOMS EXPERIENCED

What symptoms did you experience?

- Mandatory if SYMPTOMS YN = 1 (Yes)
- Type: Checkbox Group
 - o Fever COVIDSYM_01
 - Loss of sense of smell COVIDSYM_02
 - Sore throat COVIDSYM 03
 - Runny nose COVIDSYM_04
 - Sneezing COVIDSYM_05
 - Persistent cough COVIDSYM_06
 - Shortness of breath (compared with what's normal for you)
 COVIDSYM_07
 - Chest pain/tightness COVIDSYM_08
 - Loss of appetite COVIDSYM 09
 - Diarrhoea COVIDSYM_10
 - Vomiting COVIDSYM 11
 - Itchy eyes COVIDSYM_12
 - Headache COVIDSYM_13
 - o Fatigue COVIDSYM_14
 - Joint pain/aches COVIDSYM_15
 - Muscle pain/aches COVIDSYM_16
 - Loss or change to sense of taste COVIDSYM 17
 - Nausea COVIDSYM 18
 - Confusion/brain fog/forgetfulness
 COVIDSYM_19
 - Dizziness/vertigo COVIDSYM_20
 - Fast or irregular heartbeat COVIDSYM 21
 - Numbness or tingling somewhere in the body COVIDSYM_22
 - Skin issues (itchy, scaly, redness, etc.)
 COVIDSYM 23
 - Vision issues COVIDSYM 24
 - Ringing in the ears (tinnitus)
 COVIDSYM_25
 - o Hair loss COVIDSYM 26
 - Difficulty sleeping COVIDSYM_27
 - Red/purple sores or blisters on your feet (including toes)COVIDSYM 28
 - Sudden swelling of face or lips COVIDSYM_28
 - Leg swelling (Thrombosis)
 COVIDSYM_29

Prefer not to sayOther (please specify)COVIDSYM_99

Note: incorrectly coded symptom "Sudden swelling of face or lips" making it impossible to determine which symptom the participant suffered from between "Red/purple sores or blisters on your feet" and "Sudden swelling of face or lips".

SYMPTOMS_EXPERIENCED_OTHER

Please provide details of your other symptoms.

- Mandatory if SYMPTOMS_EXPERIENCED = COVIDSYM_99 (Other please specify)
- Type: Free text: text

SYMPTOMS GT2W

Did your symptoms last for longer than 2 weeks?

- Mandatory if SYMPTOMS_YN = 1 (Yes)
- Type: Radio Group
 - o Yes
 - o No
 - Unsure as have symptoms but not yet for two weeks
 - Don't know/I can't remember

REACT LC – Registration Questionnaire – Final Version

① Your symptoms
We now need to ask you some further questions about your experience with COVID-19. We need to know about any symptoms you had to help us understand the link between COVID-19 symptoms and our genetics. Did you experience any symptoms? *
O Yes
○ No
What symptoms did you experience? *
Fever
Loss of sense of smell
Sore throat
Runny nose
Sneezing
Persistent cough
Shortness of breath (compared with what's normal for you)
Chest pain/tightness
Loss of appetite
Diarrhoea
Vomiting
Itchy eyes
Headache
Fatigue Fatigue
Joint pain/aches
Muscle pain/aches
Loss or change to sense of taste
Nausea
Confusion/brain fog/forgetfulness

REACT LC – Registration Questionnaire – Final Version

✓ Dizziness/vertigo
Fast or irregular heartbeat
Numbness or tingling somewhere in the body
Skin issues (itchy, scaly, redness, etc.)
Vision issues
Ringing in the ears (tinnitus)
Hair loss
Difficulty sleeping
Sudden swelling of face or lips
Red/purple sores or blisters on your feet (including toes)
Leg swelling (Thrombosis)
Prefer not to say
Other (please specify)
Did your symptoms last for longer than 2 weeks? *
No No
Unsure as have symptoms but not yet for two weeks
Don't know/I can't remember
Don't known can themember
← Back Next →

Lond COVID Symptoms

Section asked if:

:P40_SYMPTOMS_YN = 1 AND :P40_SYMPTOMS_GT2W <> 2

We would like to know more about your symptoms so that we can better understand the impact of "Long COVID".

For each symptom below, please say how long from the first time you experienced the symptom to the most recent time. If your symptoms come and go, please give the total time from first to most recent.

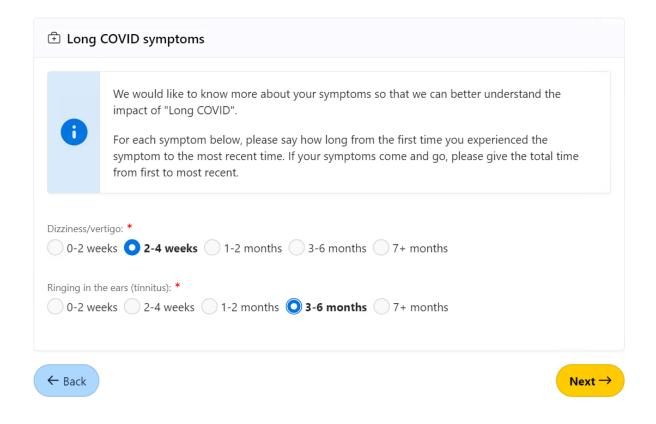
SYMPTOMS_DURATION_01 ... SYMPTOMS_DURATION_NN

Fever:

Mandatory if SYMPTOMS_EXPERIENCED like '%COVIDSYM_NN%'

- Type: Radio Group
 - o 0-2 weeks
 - o 2-4 weeks
 - o 1-2 months
 - o 3-6 months
 - o 7+ months

Note: owing to miscoding of symptom "Sudden swelling of face or lips" we are unable to determine the duration of which specific symptom between "Sudden swelling of face or lips" and "Red/purple sores or blisters on your feet (including toes)" and the participant would have been shown (incorrectly) the prompt for "Sudden swelling of face or lips: **duration**" where they had selected "Leg swelling (Thrombosis)". No duration would have been captured for "Leg swelling (Thrombosis)".



Your treatment

ADMITTED HOSPITAL

Were you admitted to hospital at any point because of your COVID-19 symptoms?

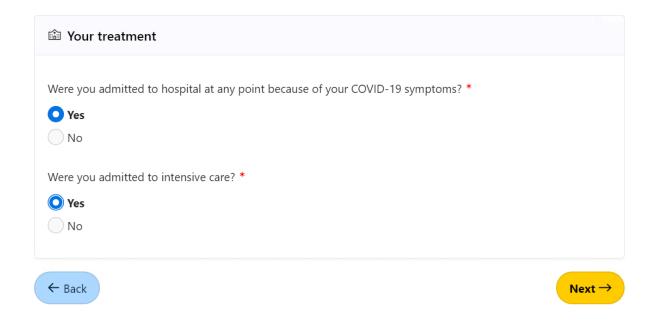
- Mandatory
- Radio Group
 - o Yes

o No

ADMITTED_ICU

Were you admitted to intensive care?

- Mandatory if ADMITTED_HOSPITAL = 1 (Yes)
- Radio Group
 - o Yes
 - o No



Registration rejected

Unable to register for screening if any of these are true:

- COVID_TEST_TYPE = 98 (I have not had a test)
- COUNTRY_LIVING_IN = 99 (Outside the UK)
- ADMITTED_HOSPITAL = 1 (Yes)

Registration

Thank you for your interest in these studies

Unfortunately, we can't include you at this time.

We are currently only able to accept people who meet the following criteria:

- have received a positive test for COVID-19 (virus or antibodies)
- are over 18 years of age
- are based in the UK
- have not been hospitalised owing to COVID-19

If you believe you do meet these criteria, please do apply again.

Before you finish

Before you finish



By clicking the 'Finish and Sign Up' button, you agree for Imperial College London to store your personal information. We will use this information to book and conduct an appointment with you to collect your measurements and samples. Your data will be de-identified and shared with our research team when they analyse your genome and samples. By clicking "Finish and Sign Up", you also agree to receive SMS messages from Imperial College London to provide reminders for your booking. You may opt-out of receiving text reminders by sending an email to the team at react.lc.study@imperial.ac.uk and specifying "opt out of SMS".

Please click 'Finish and Sign Up' to agree to this use of your data and continue to booking.



Finish and Sign Up <

尽 Registration

Thank you for registering, please click on the **Bookings** link at the top of the page to view your bookings.

If you haven't already filled out the **online health and lifestyle questionnaire** please click on the link below using your unique 8 character access code (ignoring the hyphen) highlighted.

www.reactstudy.org/react-lc

Questionnaire Access Code

T35T-LC05