

**Questionnaire**

1. Name (optionally)		
2. Year of birth		
3. Sex	<ul style="list-style-type: none"> <li>• Male</li> </ul>	
	<ul style="list-style-type: none"> <li>• Female</li> </ul>	
	<ul style="list-style-type: none"> <li>• Boy</li> </ul>	
	<ul style="list-style-type: none"> <li>• Girl</li> </ul>	
4. Have you had symptoms compatible with COVID-19?		
	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	
	<ul style="list-style-type: none"> <li>• No</li> </ul>	
5. Do you have a positive testing of SARS CoV-2 or antibody test?		
	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	
	<ul style="list-style-type: none"> <li>• No</li> </ul>	
6. If yes. What date did you test positive?		
7. How many days after the party, did the first symptoms show?		
8. What symptoms have you had? Check all that apply.		
	Fever	
	Dry cough	
	Productive cough	
	Runny nose	
	Joint pain	
	Affected sense of taste	
	Affected sense of smell	

	Congested head	
	Headache	
	Diarrhoea	
	Vomiting	
	Sore throat	
	Eye infection	
	Chest pressure	
	Fatigue	
9. Do you or your kids attend the same school as the hosts' children?		
	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	
	<ul style="list-style-type: none"> <li>• No</li> </ul>	
10. Did you get drinks from the bar?		
	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	
	<ul style="list-style-type: none"> <li>• No</li> </ul>	
11. Did any of the guests sitting at your table at the party develop symptoms compatible with COVID-19?		
	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	
	<ul style="list-style-type: none"> <li>• No</li> </ul>	
	<ul style="list-style-type: none"> <li>• Don't know</li> </ul>	
12. Other possible places from where you could have been infected with SARS CoV-2?		
	<ul style="list-style-type: none"> <li>• Work</li> </ul>	
	<ul style="list-style-type: none"> <li>• Skiing vacation</li> </ul>	
	<ul style="list-style-type: none"> <li>• During a flight</li> </ul>	

	<ul style="list-style-type: none"> <li>• Have been near a person with symptoms of COVID-19</li> </ul>	
	<ul style="list-style-type: none"> <li>• Other gatherings</li> </ul>	
	<ul style="list-style-type: none"> <li>• Other parties</li> </ul>	
	<ul style="list-style-type: none"> <li>• Don't know</li> </ul>	
13. For how long were you sick? Until free of symptoms.		
	<ul style="list-style-type: none"> <li>• 0-1 week</li> </ul>	
	<ul style="list-style-type: none"> <li>• 1-2 weeks</li> </ul>	
	<ul style="list-style-type: none"> <li>• 2-3 weeks</li> </ul>	
	<ul style="list-style-type: none"> <li>• Other</li> </ul>	
14. How many of your co-inhabitants developed symptoms after you (If you got symptoms simultaneously then answer-none)		
15. How many days after you did they develop symptoms (Give an answer for each person who got infected)		
16. The age of the family members, who got sick after you.		
17. To what degree have they been affected?		
	Lighter than you	
	Similar to you	
	More severely than you	
<b>Affection of the sense of taste</b>		
18. When during your disease did your sense of taste get affected?		

	<ul style="list-style-type: none"> <li>• My sense of taste has not been affected</li> </ul>	
	<ul style="list-style-type: none"> <li>• As one of the first symptoms</li> </ul>	
	<ul style="list-style-type: none"> <li>• In the middle of my disease</li> </ul>	
	<ul style="list-style-type: none"> <li>• At the end of my disease</li> </ul>	
	<ul style="list-style-type: none"> <li>• Affection of my sense of taste was my only symptom.</li> </ul>	
19. For how many days have your sense of taste been affected?		
	<ul style="list-style-type: none"> <li>• It has not been affected</li> </ul>	
	<ul style="list-style-type: none"> <li>• 1-7 days</li> </ul>	
	<ul style="list-style-type: none"> <li>• 7-14 days</li> </ul>	
	<ul style="list-style-type: none"> <li>• 14-21 days</li> </ul>	
	<ul style="list-style-type: none"> <li>• 21-28 days</li> </ul>	
	<ul style="list-style-type: none"> <li>• 5 weeks</li> </ul>	
	<ul style="list-style-type: none"> <li>• 6 weeks</li> </ul>	
	<ul style="list-style-type: none"> <li>• 7 weeks</li> </ul>	
	<ul style="list-style-type: none"> <li>• 8 weeks</li> </ul>	
	<ul style="list-style-type: none"> <li>• More than 8 weeks</li> </ul>	
20. Did you lose your sense of taste completely?		
	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	
	<ul style="list-style-type: none"> <li>• No</li> </ul>	
21. Is your sense of taste still affected?		
	<ul style="list-style-type: none"> <li>• No</li> </ul>	
	<ul style="list-style-type: none"> <li>• Slightly</li> </ul>	
	<ul style="list-style-type: none"> <li>• Little to moderate</li> </ul>	
	<ul style="list-style-type: none"> <li>• Moderate</li> </ul>	
	<ul style="list-style-type: none"> <li>• Very much</li> </ul>	

	<ul style="list-style-type: none"> <li>Severely</li> </ul>	
22. What flavour of your sense of taste has been affected the most?		
	Sour	
	Sweet	
	Salty	
	Bitter	
	Don't know	
23. Has your sense of taste been distorted? (Does your food taste differently)?		
	<ul style="list-style-type: none"> <li>Yes</li> </ul>	
	<ul style="list-style-type: none"> <li>No</li> </ul>	
24. How would you describe your sense of taste prior to your disease?		
	<ul style="list-style-type: none"> <li>Normal sense of taste</li> </ul>	
	<ul style="list-style-type: none"> <li>Slightly reduced</li> </ul>	
	<ul style="list-style-type: none"> <li>Little to moderately reduced</li> </ul>	
	<ul style="list-style-type: none"> <li>Moderately reduced</li> </ul>	
	<ul style="list-style-type: none"> <li>Very much reduced</li> </ul>	
	<ul style="list-style-type: none"> <li>Complete loss of taste</li> </ul>	
25. How would you describe your sense of taste today?		
	<ul style="list-style-type: none"> <li>Normal sense of taste</li> </ul>	
	<ul style="list-style-type: none"> <li>Slightly reduced</li> </ul>	
	<ul style="list-style-type: none"> <li>Little to moderately reduced</li> </ul>	
	<ul style="list-style-type: none"> <li>Moderately reduced</li> </ul>	
	<ul style="list-style-type: none"> <li>Very much reduced</li> </ul>	

	<ul style="list-style-type: none"> <li>• Complete loss of taste</li> </ul>	
26. How much did this symptom affect you?		
	<ul style="list-style-type: none"> <li>• Did not affect me</li> </ul>	
	<ul style="list-style-type: none"> <li>• Slightly</li> </ul>	
	<ul style="list-style-type: none"> <li>• Little to moderately</li> </ul>	
	<ul style="list-style-type: none"> <li>• Moderately</li> </ul>	
	<ul style="list-style-type: none"> <li>• Very much</li> </ul>	
	<ul style="list-style-type: none"> <li>• Severely</li> </ul>	
27. Are you anxious about re-gaining your sense of taste?		
	<ul style="list-style-type: none"> <li>• Not at all</li> </ul>	
	<ul style="list-style-type: none"> <li>• Slightly</li> </ul>	
	<ul style="list-style-type: none"> <li>• Little to moderately</li> </ul>	
	<ul style="list-style-type: none"> <li>• Moderate ly</li> </ul>	
	<ul style="list-style-type: none"> <li>• Very much affected</li> </ul>	
	<ul style="list-style-type: none"> <li>• Severely</li> </ul>	
<b>Affection of the sense of smell</b>		
28. When during your disease did your sense of smell get affected?		
	<ul style="list-style-type: none"> <li>• My sense of smell has not been affected</li> </ul>	
	<ul style="list-style-type: none"> <li>• As one of the first symptoms</li> </ul>	
	<ul style="list-style-type: none"> <li>• In the middle of my disease</li> </ul>	
	<ul style="list-style-type: none"> <li>• At the end my disease</li> </ul>	
	<ul style="list-style-type: none"> <li>• Affection of my sense of smell was my only symptom.</li> </ul>	

29. How many days have your sense of smell been affected?		
	<ul style="list-style-type: none"> <li>• It has not been affected</li> </ul>	
	<ul style="list-style-type: none"> <li>• 1-7 days</li> </ul>	
	<ul style="list-style-type: none"> <li>• 7-14 days</li> </ul>	
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	<ul style="list-style-type: none"> <li>• 8 weeks</li> </ul>	
	<ul style="list-style-type: none"> <li>• More than 8 weeks</li> </ul>	
30. Did you lose you sense of smell completely?		
	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	
	<ul style="list-style-type: none"> <li>• No</li> </ul>	
31. Is your sense of smell still affected? If yes, how much.		
	My sense of smell is not affected anymore	
	Slightly	
	Little to moderately	
	Moderately	
	Very much	
	Severely	
32. Have you had any distorted sense of smell (things smells in a wrong different way)?		
	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	
	<ul style="list-style-type: none"> <li>• No</li> </ul>	

33. Which smells were mostly affected?		
34. How would you describe your sense of smell prior to the disease		
	<ul style="list-style-type: none"> <li>• Normal sense of smell</li> </ul>	
	<ul style="list-style-type: none"> <li>• Slightly reduced</li> </ul>	
	<ul style="list-style-type: none"> <li>• Little to moderately reduced</li> </ul>	
	<ul style="list-style-type: none"> <li>• Moderately reduced</li> </ul>	
	<ul style="list-style-type: none"> <li>• Very much reduced</li> </ul>	
	<ul style="list-style-type: none"> <li>• Complete loss of smell</li> </ul>	
35. How would you describe your sense of smell today?		
	<ul style="list-style-type: none"> <li>• Normal sense of smell</li> </ul>	
	<ul style="list-style-type: none"> <li>• Slightly reduced</li> </ul>	
	<ul style="list-style-type: none"> <li>• Little to moderately reduced</li> </ul>	
	<ul style="list-style-type: none"> <li>• Moderately reduced</li> </ul>	
	<ul style="list-style-type: none"> <li>• Very much reduced</li> </ul>	
	<ul style="list-style-type: none"> <li>• Complete loss of smell</li> </ul>	
36. How much did this symptom affect you?		
	Did not affect me	
	Slightly	
	Little to moderately	
	Moderately	
	Very much affected	
	Severely	
37. Are you anxious about re-gaining your sense of smell?		



	<ul style="list-style-type: none"><li>• Not at all</li></ul>	
	<ul style="list-style-type: none"><li>• Slightly</li></ul>	
	<ul style="list-style-type: none"><li>• Little to moderately</li></ul>	
	<ul style="list-style-type: none"><li>• Moderately</li></ul>	
	<ul style="list-style-type: none"><li>• Very much affected</li></ul>	
	<ul style="list-style-type: none"><li>• Severely</li></ul>	