ISB follow-up adult questionnaire — English version — 14/09/2025 H-25035284. Version 4. 14/09/2025
Interviewer documentation
Date:
Address:
First name:
Interviewer ID: Initials+last two numbers of birthyear (e.g. JG89)
Apartment (household) ID:
Participant ID:
Participant child ID:
Participant child other parental answer: Yes□ No□
Alternaria values of the day (check https://www.astma-allergi.dk/dagens-pollental/):
Cladosporium values of the day (https://www.astma-allergi.dk/dagens-pollental/):

ISB follow-up adult questionnaire – English version – 14/09/2025 H-25035284. Version 4. 14/09/2025

["I will now only ask you about your symptoms and sickness/illnesse the last two months. You received some rapid antigen tests two months ago (or have received new ones periodically), which you were asked to use to test yourself if you experienced symptoms of sickness/illness. We also gave you a small calendar so that you could note your symptoms and sickness/illness. It is alright if you did not remember it.

If you haven't been sick at all or experienced any of these symptoms, we would still like to take note of that. We will only have three questions for you, if that is the case. If you have been sick or experienced any symptoms, we will ask you nine questions.

Today's interview last only about 10-20 minutes, if you are the only one participating. As before, you can always answer 'not relevant', 'don't know' or 'I prefer not to answer'.

Do you have any questions before we get going?"]

Codebook notes.

ISB follow-up adult questionnaire – English version – 14/09/2025 H-25035284. Version 4. 14/09/2025

NB! If the questionnaire includes AFU101, then the questionnaire is from the first follow-up interview. If the questionnaire includes AFU201, then the questionnaire is from the second follow-up, etc.

For all answers, the first option is coded as 0, and 1 is added for each subsequent option.

E.g. AFU101_A==0 corresponds to 'No' to Headache in all 8 weeks, and 9 to 'All the time'. AFU101_A==8 corresponds to 'Yes' to Headache starting in week 8. AFU101_A==999 corresponds to a missing answer to the Headache question.

All participants are asked the following questions: AFU` 01*, AFU` 04, AFU` 07. If all of the answers to these are 'No' (0), the interview stops at AFU` 07.

AFU '01. Have you within the last two months experienced any of the following symptoms? If yes, indicate in which week the symptoms started.

(A tick is placed by symptoms in the week they started. Use the diary we gave to you if you have completed it. If you haven't completed it, we will go through each symptom one by one.)

ISB follow-up adult questionnaire - English version - 14/09/2025

H-25035284. Version 4. 14/09/2025

		No	We ek 1	We ek2	We ek3	We ek 4	We ek 5	We ek 6	We ek 7	We ek 8	All the time	Diar y- valid ated (yes)
AFU`´ 01_A.	Fever											
AFU`´ 01_B.	Chills											
AFU`´ 01_C.	Runny nose/snot											
AFU`´ 01_D.	Sneezing											
AFU`´ 01_E.	Throat pain											
AFU`´ 01_F.	Cough											
AFU`´ 01_G.	Shortness of breath											
AFU`´ 01_H.	Headache											
AFU`´ 01_I.	Muscle/joint pain											
AFU`´ 01_J.	Chest pain											
AFU`´ 01_K.	I feel tired or exhausted (discomfort)											
AFU`´ 01_L.	Loss of appetite											
AFU`´ 01_M.	Discolored spit/saliva											
AFU`´ 01_N.	Runny, red eyes											
AFU`´ 01_O.	Nausea											
AFU`´ 01_P.	Vomit											
AFU`´ 01_Q.	Diarrhea											
AFU`´ 01_R.	Stomach ache											
AFU`´ 01_S.	Lost sense of smell											
AFU`´ 01 T.	Lost sense of taste											

AFU`′	Nosebleeds						
01_U.							
AFU`′	Rashes						
01_V.							
AFU`′	Concentration						
01_W.	Difficulties						
AFU`′	Memory loss						
01_X.							
AFU`′	Throat irritation						
01_Y.							

[If the answer for all AFU` 07* ==0, jump to AFU` 04]
□Not relevant
\Box I prefer not to respond
□Don't know
AFU` 02. Have you consulted a doctor with any of these symptoms?
[Depends on AFU`´01*. Skip if answer is==0 ['No'] for AFU`´01*]
□No
□Yes
□Not relevant
\Box I prefer not to respond
□Don't know
AFU ** 03. Has the doctor told you that you have one of more of the following illnesses or diseases?
[* Depends on AFU`´ $01*$ and AFU`´ 02 . Skip if AFU`´ $01*$ ==0 ('No'), or AFU`´ 02 == 0 ('No'). Check multiple.]
☐ None of the mentioned illnesses or diseases
□Influenza
□COVID-19

H-25035284. Version 4. 14/09/2025 □Lung infection/pneumonia \square RSV □Common cold ☐ Eye inflammation ☐Throat inflammation □ Asthma symptoms □Allergy symptoms □COPD (chronic obstructive pulmonary disease) □Long COVID ☐Fungal infection of the lungs ☐ Not relevant \square I prefer not to respond ☐Don't know AFU" 04. Have you within the last two months taken a combi antigen test at home? ☐ No, I wasn't ever sick ☐ No, I couldn't □No, I didn't want to □No, I forgot □Yes [If AFU` 04 ==0,1,2,3 ('No, I wasn't ever sick', 'No, I couldn't, 'No, I didn't want to, 'No, I forgot to), skip to AFU` 07] ☐ Not relevant ☐I prefer not to respond

ISB follow-up adult questionnaire - English version - 14/09/2025

ISB follow-up adult questionnaire — English version — 14/09/2025 H-25035284. Version 4. 14/09/2025
□ Don't know
AFU` 05. How many times did you take a test?
[Depends on AFU`´ 04. Skip, if answer ==0,1,2,3 ('No, I wasn't ever sick', 'No, I couldn't, 'No, I didn't want to, 'No, I forgot to')]
□1
□2
□3
□4
□5
☐6 or more times
□ Not relevant
☐I prefer not to respond
□ Don't know

AFU ' **06.** Did the test show two red lines that indicates that you had one or more of the following sicknesses? (You can show us a picture, if you have taken a picture of your test result)

[Depends on AFU` 04. Skip, if answer ==0,1,2,3 ('No, I wasn't ever sick', 'No, I couldn't, 'No, I didn't want to, 'No, I forgot to')]

	Test attempt	Influenza A	Influenza B	RSV	COVID- 19	No	Photo- validated (yes)
AFU`´ 05_A	First						
AFU`´ 05_B	Second						
AFU`´ 05_C	Third						
AFU`′ 05_D	Fourth						

AFU`

05_F

☐ Not relevant

☐ Don't know

 \square I prefer not to respond

Sixth

not think about how many times you took a test, but all the times you had symptoms of
sickness. E.g. common cold)
Choose an item. times
□ Not relevant
☐I prefer not to respond
□ Don't know
[If all answers to AFU` 01*==0 AND AFU` 04 ==0,1,2,3 ('No, I wasn't ever sick', 'No, I
couldn't, 'No, I didn't want to, 'No, I forgot to') AND AFU`` 07==0, then the interview ends]
AFU`` 08. How many days passed before your symptoms were completely gone the times
you were sick?
AFU` 08_A. First sickness episode. Choose an item. days after first symptom
AFU`` 08_B. Second sickness episode. Choose an item. days after first symptom
AFU`` 08_C. Third sickness episode. Choose an item. days after first symptom
AFU`` 08_D. Fourth sickness episode. Choose an item. days after first symptom
AFU`` 08_E. Fifth sickness episode. Choose an item. days after first symptom
AFU`` 08_F. Sixth sickness episode. Choose an item. days after first symptom
□ Not relevant
☐I prefer not to respond
□Don't know

AFU ' **07.** How many separate times did you get sick within the last two months? (You should

ISB follow-up adult questionnaire — English version — 14/09/2025

H-25035284. Version 4. 14/09/2025

AFU`´ 09. How would	you describe	your sickness	episode?
----------------------------	--------------	---------------	----------

(If you have had several sickness episodes, think of the one you would describe as most serious.)
[Depends on AFU` 04. Skip if ==0,1,2,3]
□ Very mild
□Mild
□Neither mild nor serious
□Serious
□Very serious
□ Not relevant
☐I prefer not to respond
□ Don't know

[&]quot;That was all the questions for today."