Child follow-up interview

Interviewer documentation:

Date:

Address:

Parent first name:

Interviewer ID: Initials+last two numbers in birthyear (e.g. JG89)

Apartment (household) ID:

Participant ID:

Participant child's ID:

Participant child's first name:

[Use the child's first name, when '___' appears in the questions. In self-administered online versions '___' is replaced with 'child('s)']

["Today's questions are about your child's symptoms and sicknesses/illnesses the last two months. The interview consists of a total of 8 questions and takes between 5-15 minutes. If you would like to get ___, or ___ would like to join us for the interview, they may.

Do you have any questions before we get going with questions about ___."]

For each `´ in BFU{`´=interview number} (e.g. BFU101 for first child follow-up interview 1)

BFU`´01. Has ___ experienced acute onset of any of the following symptoms and in which week did the symptoms start?

(Check all applicable symptoms and episodes)

		No	Week 1	Week2	Week3	Week 4	Week 5	Week 6	Week 7	Week 8	All the time	Diary-validated (yes)
BFU`´ 01_A.	Fever	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_B.	Chills	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_C.	Runny nose/snot	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_D.	Sneezing	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_E.	Throat pain	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_F.	Cough	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_G.	Shortness of breath	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_H.	Headache	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_I.	Muscle/joint pain	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_J.	Chest pain	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_K.	I feel tired or exhausted (discomfort)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

BFU`´ 01_L.	Loss of appetite	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_M.	Discolored spit/saliva	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_N.	Runny, red eyes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_O.	Nausea	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_P.	Vomit	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_Q.	Diarrhea	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_R.	Stomach ache	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_S.	Lost sense of smell	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_T.	Lost sense of taste	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_U.	Nosebleeds	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_V.	Rashes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_W.	Concentration Difficulties	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_X.	Memory loss	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BFU`´ 01_Y.	Throat irritation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

☐Not relevant

☐I prefer not to respond

☐Don’t know

(If all BFU`´01_A-Y are ‘No’, then the interview is over)

BFU`´02. Have you consulted a doctor because of ____’s symptoms?

☐No

☐Yes

☐Not relevant

☐I prefer not to respond

☐Don't know

(Hvis BFU``02==0, hop til BFU``06)

BFU``03. Did the doctor tell you that ____ has one of more of the following illnesses or diseases?

☐Influenza

☐COVID-19
☐Lung infection/pneumonia
☐RSV
☐Common cold
☐Eye inflammation
☐Throat inflammation
☐Asthma symptoms
☐Allergy symptoms
☐None of the aforementioned

☐Not relevant

☐I prefer not to respond

☐Don't know

BFU``04. Did the doctor swab ___ in the nose or throat, or take a test to confirm their diagnosis?

☐Yes

☐No

☐Not relevant

☐I prefer not to respond

☐Don’t know

BFU``´05. Did the doctor prescribe antibiotics ___ as part of the visit?

☐No

☐Yes

☐Not relevant

☐I prefer not to respond

☐Don’t know

BFU``´6. How were ___’s symptoms?

☐Very mild

☐Mild

☐Neither mild nor bad

☐Bad

☐Very bad

☐Not relevant

☐I prefer not to respond

☐Don’t know

BFU`´7. Were there others in the household that were sick right before or right after ____?

Think a week earlier or later

[Check multiple]

☐Yes, myself or other adults right before
☐Yes, myself or other adults right after
☐Yes, other children right before
☐Yes, other children right after
☐No, nobody else got sick

☐Not relevant

☐I prefer not to respond

☐Don’t know

[”That was all the questions for ___. Thank you for your answers.”]