Document 1: Standardized Questionnaire

Patient's name: ____________________________

Do you have fever?
   [ ] no  [ ] yes, since when: ____________________________

Do you suffer from chills?
   [ ] no  [ ] yes, since when: ____________________________

Do you have a cough?
   [ ] no  [ ] yes, since when: ____________________________

Are you feeling exhausted or do you have flu-like symptoms?
   [ ] no  [ ] yes, since when: ____________________________

Have you had contact with a patient who was diagnosed with coronavirus infection?
   [ ] no  [ ] yes, when: ____________________________
   With whom: _______________________________________

Have you been abroad in the previous 14 days?
   [ ] no  [ ] yes, when and where: ____________________________

Have you been in another federal state in the previous 14 days?
   [ ] no  [ ] yes, when and where: ____________________________

Does a relative of yours have fever?
   [ ] no  [ ] yes, when and where: ____________________________

Have your relatives had contact with a patient with proven coronavirus infection?
   [ ] no  [ ] yes, when: ____________________________  With whom: _______________________

Has one of your relatives been abroad in the previous 14 days?
   [ ] no  [ ] yes, when and where: ____________________________

Have you already been tested for a coronavirus infection or are you planning to do so in the near future?
   [ ] no  [ ] yes, when and what was the result: ____________________________