

DAY 14 QUESTIONNAIRE FOR STAFF

Hello, it is _____ calling from the CONTROL COVID study for your day 14 interview. Do you have a few minutes to talk now?

If no, what would be a good time to talk?

If yes,

Thank you again for agreeing to participate in this trial, which we are now about 14 days into. We have some questions to ask you about how things have been going with filling out the daily diary, taking your study medication, any new symptoms that you've had, and any new medical problems that you've had. This is all information that you have been giving us in your daily diaries, so today we will make sure that the daily diary is clear to you and that you are not having difficulties filling it out.

Please answer the questions to the best of your ability, and let me know if there is a question you do not understand so I can clarify. If you prefer not to answer, just say "pass."

Research staff name: _____

Date interview performed (dd/mm/yyyy): ____/____/_____

1. In the past 14 days, did you fill out your daily diary every day?

Yes, I have filled out my daily diary every day

No, I was not able to fill out my daily diary on at least one of the past 14 days

If no, how many days did you miss (approximately)? __ __

2. Are there any questions in the daily diary that you do not understand or find unclear?

No, all questions are clear

Yes, at least one question is confusing to me/I don't know how to answer it

If yes, which questions are confusing? _____

(Interviewer will discuss confusing questions with participant and explain how they should be answered.)

3. Have you had any of the following symptoms in the past 14 days? (check all that apply)

- Fever ($\geq 38.0^{\circ}\text{C}$), record temperature: ____ . ____ $^{\circ}\text{F}$ / $^{\circ}\text{C}$ did not take temperature
- Cough
- Fatigue
- Sore muscles
- Sore joints
- Shortness of breath
- Sore throat
- Chills
- Loss of appetite
- Vomiting
- Diarrhea
- Loss of smell
- Change in taste

(If yes to at least one symptom), On what day did you experience your first symptom (dd/mm/yyyy)? ____ / ____ / _____

4. Have you been tested for COVID-19 since the start of the study?

- No
- Yes

If yes, specify date of test (dd/mm/yyyy): ____ / ____ / _____

Specify result (positive or negative): _____

Specify reason for test: _____

5. Please list all prescribed and over the counter medications (apart from study drug) that you have taken in the past 14 days:

6. The study drug was prescribed as 8 pills taken twice on the first day and then 4 pills taken twice a day for remaining days. Have you managed to take all of the pills prescribed daily?
- Yes, I have taken all the study pills as was prescribed
- No, I have missed at least some pills

If no,

- i) How many pills did you miss total in the past 14 days (approximately)?__ __
- ii) On how many days total did you miss these pills?__ __
- iii) Which of the following describes the pattern of missed pills? (select all that apply)
- Took scheduled doses, but took fewer pills per dose
- Missed scheduled doses, but took correct number of pills per dose taken
- Missed scheduled doses, but took extra pills per dose
- Missed both scheduled doses and took fewer pills per dose
- Other: _____
- iv) Was there any particular reason that you missed these doses?
- Adverse event, Form number: _____
- Decision to withdraw from meds/refusal to take
- Other, specify: _____

7. Have you had any new medical problems in the past 14 days?
- No
- Yes, I have a new medical problem that I did not have 14 days ago

If yes, please describe this medical problem: _____

(If this is an adverse event, fill out adverse event form with participant and indicate form number: _____)

8. Have you had any side effects that you think might be from study medication?
- No
- Yes

If yes, please describe: _____

(If this is an adverse event, fill out adverse event form with participant and indicate form number: _____)

Thank you for your time today. We will be in touch to do another similar questionnaire in around 14 days