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Rapid SARS-CoV-2 Seroprevalence Survey in Central and Western Divisions of Fiji, 2021

Appendix

We used the following participant questionnaire to conduct a rapid SARS-CoV-2 seroprevalence survey in Central and Western Divisions of Fiji during November 24–December 1, 2021.

Unique ID	
Date of interview	
Participant parent/guardian full name (if applicable)	
Participant full name	
Please take a photo and upload the informed consent form.	
Would you like a copy of the study results emailed to you?	□ Yes □ No
Email or phone number	
Sex	□ Male □ Female
Date of birth	
Ethnicity	□ I-Taukei □ Fijian of Indian Descent □ Fijian of Other Descent
Occupation industry	□ Healthcare worker (clinical) □ Healthcare worker (public health) □ Healthcare worker (administrative) □ Education □ Student □ Transport □ Hospitality □ Hotels

	□ Other
Are you vaccinated against COVID-19?	□ No □ Yes, one dose □ Yes, fully vaccinated (two doses) □ Yes, fully vaccinated (three doses)
If yes to any of the above, what is the estimate date of most recent vaccine?	
What brand of vaccine did you receive?	□ AstraZeneca □ Moderna □ Pfizer □ Unknown □ Other
If other, what vaccine brand?	
In the preceding one month, have you had any of the following symptoms suggestive of COVID-19?	For each tick either: Yes, No, Unknown □ Fever (≥38 °C) or history of fever □ Sore throat □ Runny nose (rhinorrea) □ Cough □ Shortness of breath (dyspnea) □ Other respiratory symptoms □ Chills □ Vomiting □ Nausea □ Diarrhea □ Headache □ Rash □ Conjunctivitis □ Muscle aches □ Joint ache(myalgia) □ Loss of appetite □ Loss of smell (anosmia) □ Loss of taste (ageusia) □ Nose bleed □ Fatigue □ Seizures □ Altered consciousness □ Other neurological signs □ Other symptoms
In the preceding six months, have you had any of the following symptoms suggestive of COVID-19?	For each tick either: Yes, No, Unknown □ Fever (≥38 °C) or history of fever □ Sore throat □ Runny nose (rhinorrea)

	□ Cough □ Shortness of breath (dyspnea) □ Other respiratory symptoms □ Chills □ Vomiting □ Nausea □ Diarrhea □ Headache □ Rash □ Conjunctivitis □ Muscle aches □ Joint ache(myalgia) □ Loss of appetite □ Loss of smell (anosmia) □ Loss of taste (ageusia) □ Nose bleed □ Fatigue □ Seizures □ Altered consciousness □ Other neurological signs □ Other symptoms
In 2021, have you been in contact with anyone who tested positive for COVID-19?	□ Yes □ No □ Unknown
If yes to above, what was the estimated date of last contact?	
In 2021, did you live with anyone who tested positive for COVID-19?	□ Yes □ No □ Unknown
If yes to above, what was the estimated date of last contact?	
In 2021, did you work with anyone who tested positive for COVID-19?	□ Yes □ No □ Unknown
If yes to above, what was the estimated date of last contact?	
In 2021, did you test positive for COVID-19?	□ Yes □ No □ Unknown

If yes to above, what month did you test positive?	☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December
In what division was this participant recruited?	☐ Western ☐ Central