

# REACT LC – Registration Questionnaire

## Table of Contents

Landing Page .....	2
Check if you can take part .....	2
WHEN_POSITIVE .....	2
COVID_TEST_TYPE.....	2
COVID_TEST_TYPE_OTHER.....	2
SUSPECTED_POSITIVE .....	2
WHEN_SUSPECTED_POSITIVE.....	3
COUNTRY_LIVING_IN .....	3
About You .....	4
TITLE.....	4
TITLE_OTHER.....	5
FIRST_NAME.....	5
LAST_NAME .....	5
DATE_OF_BIRTH .....	5
GENDER.....	5
GENDER_OTHER.....	6
Your contact information .....	7
MOBILE.....	7
EMAIL.....	7
ADDRESS_ID .....	7
Your symptoms.....	8
SYMPTOMS_YN .....	8
SYMPTOMS_EXPERIENCED .....	8
SYMPTOMS_GT2W.....	9
Lond COVID Symptoms .....	11
SYMPTOMS_DURATION_01 ... SYMPTOMS_DURATION_NN .....	11
Your treatment.....	12
ADMITTED_HOSPITAL .....	12
ADMITTED_ICU .....	13
Registration rejected.....	13
Before you finish .....	14

## Landing Page

### Registration

You have been invited to join this study because you previously took part in a REACT study and reported having tested positive for COVID-19 at some time. This may have been for virus, antigen or antibody detected through a swab, saliva, finger prick or blood test. If you wish to enter this study please click on the **Start Registration** button below and answer the short questionnaire.

**Start Registration →**

## Check if you can take part

### WHEN\_POSITIVE

When did you receive your first positive test result? Please input your best guess if you are not sure.

- Mandatory
- Type: Date Picker
  - Minimum date: 20200101
  - Maximum date: +0d

### COVID\_TEST\_TYPE

What type of COVID-19 test was this?

- Mandatory
- Type: Radio Group
  - I had a blood sample taken
  - I had a swab test
  - I had a finger-prick test
  - I had a saliva test
  - I have not had a test
  - I had another type of test

### COVID\_TEST\_TYPE\_OTHER

Please provide details of this other test.

- Mandatory if COVID\_TEST\_TYPE = 99 (I had another type of test)
- Type: Text field: text

### SUSPECTED\_POSITIVE

Did you suspect that you had COVID-19 prior to your test result?

- Mandatory
- Type: Radio Group
  - Yes
  - No

#### WHEN\_SUSPECTED\_POSITIVE


When did you first suspect you had COVID-19? Please input your best guess if you are not sure.

- Mandatory if SUSPECTED\_POSITIVE = 1 (Yes)
- Type: Date Picker
  - Minimum date: 20200101
  - Maximum date: +0d
  - When suspected BEFORE When Positive:  
to\_date(:P10\_WHEN\_SUSPECTED\_POSITIVE,'DD-MON-YYYY') <=  
to\_date(:P10\_WHEN\_POSITIVE,'DD-MON-YYYY')


#### COUNTRY\_LIVING\_IN

Where do you live?

- Mandatory
- Type: Radio Group
  - Scotland
  - England
  - Northern Ireland
  - Wales
  - Outside the UK

 Check if you can take part

When did you receive your first positive test result? Please input your best guess if you are not sure. \*

16-Oct-2023 

What type of COVID-19 test was this? \*

I had a blood sample taken

I had a swab test

I had a finger-prick test

I had a saliva test

I have not had a test

I had another type of test

Please provide details of this other test.


Other test

Did you suspect that you had COVID-19 prior to your test result? \*

Yes

No

When did you first suspect you had COVID-19? Please input your best guess if you are not sure. \*

09-Oct-2023 

Where do you live? \*

Scotland

England

Northern Ireland

Wales

Outside the UK

[← Back](#) [Next →](#)

## About You

TITLE

Title:

- Mandatory

- Type: Radio Group
  - Mr
  - Lady
  - Dr
  - Prof
  - Mrs
  - Ms
  - Miss
  - Mx
  - Sir
  - Madam
  - Dame
  - Lord
  - Other

#### TITLE\_OTHER

Please enter your title.

- Mandatory if TITLE = 99 (Other)
- Type: Text field: text

#### FIRST\_NAME

First name:

- Mandatory
- Type: Text field: text

#### LAST\_NAME

Last name:

- Mandatory
- Type: Text field: text

#### DATE\_OF\_BIRTH

Date of birth (please make sure you have selected the right year)

- Mandatory
- Type: Date Picker
  - Minimum date: -110y
  - Maximum date: -17y

#### GENDER


Gender


- Mandatory
- Type: Radio Group
  - Male
  - Female
  - Prefer not to say
  - Prefer to self describe


#### GENDER\_OTHER

- Mandatory if GENDER = 99 (Prefer to self describe)
- Type: Text field: text


### About you

 Title:  
Mr

 First name:  
TEST

 Last name:  
USER

Date of Birth \*

01/01/1980 

Gender \*

Male

Female

Prefer not to say

**Prefer to self describe**

Please provide details of your other gender

Testing

[← Back](#) [Next →](#)

## Your contact information

### MOBILE

Mobile number:

- Mandatory
- Type: Number Field (max length 11)

### EMAIL

Email address:


- Mandatory
- Type: Text Field: E-Mail
  - Matches regular expression:  
`^([[-a-zA-Z0-9_+\.\.])@(\[[0-9]{1,3}\.[0-9]{1,3}\.[0-9]{1,3}\.|\)|(([-a-zA-Z0-9\-\.]+\.)+)([a-zA-Z]{2,4}|[0-9]{1,3})(\?)\s*[;|:|\s*\s])*$`

### ADDRESS\_ID


Please enter your postcode and address details


Post Code Popup LOV – restricts list of addresses to chosen Post Code.



- Mandatory
- Type: Select List: “Select your address”



 Your contact information


---

 Mobile number:  
7912345678

 Email address:  
test@user.com

 Please enter your postcode and address details  
SE1 2AA 

 Select your address  
Greater London Authority, City Hall, 110 The Queens Walk Southwark, LONDON, SE1 2AA 

 Back

Next 

## Your symptoms

### SYMPTOMS\_YN

We now need to ask you some further questions about your experience with COVID-19. We need to know about any symptoms you had to help us understand the link between COVID-19 symptoms and our genetics. Did you experience any symptoms?

- Mandatory
- Type: Radio Group
  - Yes
  - No

### SYMPTOMS\_EXPERIENCED

What symptoms did you experience?

- Mandatory if SYMPTOMS\_YN = 1 (Yes)
- Type: Checkbox Group
  - Fever COVIDSYM\_01
  - Loss of sense of smell COVIDSYM\_02
  - Sore throat COVIDSYM\_03
  - Runny nose COVIDSYM\_04
  - Sneezing COVIDSYM\_05
  - Persistent cough COVIDSYM\_06
  - Shortness of breath (compared with what's normal for you) COVIDSYM\_07
  - Chest pain/tightness COVIDSYM\_08
  - Loss of appetite COVIDSYM\_09
  - Diarrhoea COVIDSYM\_10
  - Vomiting COVIDSYM\_11
  - Itchy eyes COVIDSYM\_12
  - Headache COVIDSYM\_13
  - Fatigue COVIDSYM\_14
  - Joint pain/aches COVIDSYM\_15
  - Muscle pain/aches COVIDSYM\_16
  - Loss or change to sense of taste COVIDSYM\_17
  - Nausea COVIDSYM\_18
  - Confusion/brain fog/forgetfulness COVIDSYM\_19
  - Dizziness/vertigo COVIDSYM\_20
  - Fast or irregular heartbeat COVIDSYM\_21
  - Numbness or tingling somewhere in the body COVIDSYM\_22
  - Skin issues (itchy, scaly, redness, etc.) COVIDSYM\_23
  - Vision issues COVIDSYM\_24
  - Ringing in the ears (tinnitus) COVIDSYM\_25
  - Hair loss COVIDSYM\_26
  - Difficulty sleeping COVIDSYM\_27
  - Red/purple sores or blisters on your feet (including toes) COVIDSYM\_28
  - Sudden swelling of face or lips COVIDSYM\_28
  - Leg swelling (Thrombosis) COVIDSYM\_29



- Prefer not to say COVIDSYM\_98
- Other (please specify) COVIDSYM\_99

**Note:** incorrectly coded symptom “Sudden swelling of face or lips” making it impossible to determine which symptom the participant suffered from between “Red/purple sores or blisters on your feet” and “Sudden swelling of face or lips”.

#### *SYMPTOMS\_EXPERIENCED\_OTHER*


Please provide details of your other symptoms.

- Mandatory if SYMPTOMS\_EXPERIENCED = COVIDSYM\_99 (Other please specify)
- Type: Free text: text

#### *SYMPTOMS\_GT2W*

Did your symptoms last for longer than 2 weeks?

- Mandatory if SYMPTOMS\_YN = 1 (Yes)
- Type: Radio Group
  - Yes
  - No
  - Unsure as have symptoms but not yet for two weeks
  - Don't know/I can't remember

 Your symptoms

We now need to ask you some further questions about your experience with COVID-19. We need to know about any symptoms you had to help us understand the link between COVID-19 symptoms and our genetics. Did you experience any symptoms? \*

Yes

No

What symptoms did you experience? \*

- Fever
- Loss of sense of smell
- Sore throat
- Runny nose
- Sneezing
- Persistent cough
- Shortness of breath (compared with what's normal for you)
- Chest pain/tightness
- Loss of appetite
- Diarrhoea
- Vomiting
- Itchy eyes
- Headache
- Fatigue
- Joint pain/aches
- Muscle pain/aches
- Loss or change to sense of taste
- Nausea
- Confusion/brain fog/forgetfulness

**Dizziness/vertigo**

Fast or irregular heartbeat

Numbness or tingling somewhere in the body

Skin issues (itchy, scaly, redness, etc.)

Vision issues

**Ringing in the ears (tinnitus)**

Hair loss

Difficulty sleeping

Sudden swelling of face or lips

Red/purple sores or blisters on your feet (including toes)

Leg swelling (Thrombosis)

Prefer not to say

Other (please specify)

Did your symptoms last for longer than 2 weeks? \*

**Yes**

No

Unsure as have symptoms but not yet for two weeks

Don't know/I can't remember

← Back

Next →

## Long COVID Symptoms

Section asked if:

:P40\_SYMPTOMS\_YN = 1 AND :P40\_SYMPTOMS\_GT2W <> 2

We would like to know more about your symptoms so that we can better understand the impact of "Long COVID".

For each symptom below, please say how long from the first time you experienced the symptom to the most recent time. If your symptoms come and go, please give the total time from first to most recent.

SYMPTOMS\_DURATION\_01 ... SYMPTOMS\_DURATION\_NN

Fever:

- Mandatory if SYMPTOMS\_EXPERIENCED like '%COVIDSYM\_NN%'

- Type: Radio Group
  - 0-2 weeks
  - 2-4 weeks
  - 1-2 months
  - 3-6 months
  - 7+ months

**Note:** owing to miscoding of symptom “Sudden swelling of face or lips” we are unable to determine the duration of which specific symptom between “Sudden swelling of face or lips” and “Red/purple sores or blisters on your feet (including toes)” and the participant would have been shown (incorrectly) the prompt for “Sudden swelling of face or lips: **duration**” where they had selected “Leg swelling (Thrombosis)”. No duration would have been captured for “Leg swelling (Thrombosis)”.

### Long COVID symptoms

We would like to know more about your symptoms so that we can better understand the impact of "Long COVID".

For each symptom below, please say how long from the first time you experienced the symptom to the most recent time. If your symptoms come and go, please give the total time from first to most recent.

Dizziness/vertigo: \*

0-2 weeks  2-4 weeks  1-2 months  3-6 months  7+ months

ringing in the ears (tinnitus): \*

0-2 weeks  2-4 weeks  1-2 months  3-6 months  7+ months

[← Back](#) [Next →](#)

## Your treatment

### ADMITTED\_HOSPITAL

Were you admitted to hospital at any point because of your COVID-19 symptoms?


- Mandatory
- Radio Group
  - Yes

- No

#### ADMITTED\_ICU

Were you admitted to intensive care?

- Mandatory if ADMITTED\_HOSPITAL = 1 (Yes)
- Radio Group
  - Yes
  - No

 **Your treatment**

Were you admitted to hospital at any point because of your COVID-19 symptoms? \*

Yes

No

Were you admitted to intensive care? \*

Yes

No

[← Back](#) [Next →](#)

### Registration rejected

Unable to register for screening if any of these are true:

- COVID\_TEST\_TYPE = 98 (I have not had a test)
- COUNTRY\_LIVING\_IN = 99 (Outside the UK)
- ADMITTED\_HOSPITAL = 1 (Yes)

## Registration

### Thank you for your interest in these studies

Unfortunately, we can't include you at this time.

We are currently only able to accept people who meet the following criteria:

- **have received a positive test for COVID-19 (virus or antibodies)**
- **are over 18 years of age**
- **are based in the UK**
- **have not been hospitalised owing to COVID-19**

If you believe you do meet these criteria, please do apply again.

## Before you finish

### Before you finish



By clicking the 'Finish and Sign Up' button, you agree for Imperial College London to store your personal information. We will use this information to book and conduct an appointment with you to collect your measurements and samples. Your data will be de-identified and shared with our research team when they analyse your genome and samples. By clicking "Finish and Sign Up", you also agree to receive SMS messages from Imperial College London to provide reminders for your booking. You may opt-out of receiving text reminders by sending an email to the team at [react.lc.study@imperial.ac.uk](mailto:react.lc.study@imperial.ac.uk) and specifying "opt out of SMS".

Please click 'Finish and Sign Up' to agree to this use of your data and continue to booking.

 Back

**Finish and Sign Up** 

## Registration

Thank you for registering, please click on the **Bookings** link at the top of the page to view your bookings.

If you haven't already filled out the **online health and lifestyle questionnaire** please click on the link below using your unique 8 character access code (ignoring the hyphen) highlighted.

[www.reactstudy.org/react-lc](http://www.reactstudy.org/react-lc)

Questionnaire Access Code

**T35T-LC05**