

The Herekorenga - Freedom study – Participant Questionnaire

Sponsor:

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Ethics committee ref.:

Study Participant Code

FRM001CT.4

Rev. 1

Effective Date: 20-Oct-2021

*Required

1 Personal Information

1.First Name/s*

2.Middle Name/s*

3.Last Name/s*

4.Address - Number Street Suburb City Postcode*

5.Gender*

- Male
- Female
- Gender Diverse
- Other

6.Age*

7.Ethnicity*

2 Relevant Health Questions

8. Do you smoke? *

- Yes
- No

9. If Yes, how many packs a day?

10. Do you exercise on a regular basis? *

- Yes
- No

11. If Yes, what is your activity level? *

- 1-2 days/week
- 3-4 days/week
- 4+ days/week

12. What type of exercise/s do you do? *

13. Please list any medication you have taken within the last 24 hours. *

14. Do you have any of the following medical conditions? *

- High Blood Pressure
- Diabetes
- Heart Disease
- Neurological problems
- Gastrointestinal problems
- Respiratory issues
- Immunological problems
- Musculoskeletal problems
- Other

15. If Other, please explain

3 Vaccination and COVID-19 Status

16. Have you been vaccinated within the past year? *

- Yes
- No

17. If Yes, with what vaccine and when? e.g. Pfizer March 2021 *

18. Have you been in Managed Isolation and Quarantine (MIQ)?

- Yes
- No

If yes, when? (DD/MM/YYYY) *

19. Have you had a SARS-CoV-2 (COVID19) infection?

- Yes
- No

If yes, when? (DD/MM/YYYY) *

20. If Yes, how serious was your illness? *

- Asymptomatic (no signs of illness)
- Mild (runny nose and cold-like symptoms)
- Moderate (runny nose, headache, muscle pain)
- Severe (hospitalisation was necessary)

21. How was your infection diagnosed? e.g PCR result, antigen test *