

If "Yes, let's do it", please refer to COVID Diet Questionnaire.

Q (select one): If you have ever had a COVID-19 test, please add below. You can edit these at any time in the future.

1. Add new test
2. I have never had a COVID test

If adding a test,

Q (select one): Do you know the date of your test?

1. No
2. Yes

If no,

Q (select one): Between which two dates do you think you had your test?

Select dates on a calendar

If yes

Q. When was your test?

Q (select one): How was this test performed?

1. A swab of my nose or throat
2. I spat in a cup/ tube
3. A finger-prick blood test
4. A blood test, done using a needle
- 5.. Other, please specify

If "A swab of my nose or throat":

Q (select one): Did a trained worker swab you?

1. Yes
2. No
3. Unsure

If other, please indicate how the test was performed.

Q (select one): Where was your test performed?

1. At home
2. Hospital (not drive-through)
3. Work (excluding hospital or GP)
4. Local health department
5. Store or pharmacy clinic
6. Other, please specify

If other, please specify the test location

Q (select one): What are the results of this test?

1. Negative
2. Positive
3. Not clear/ failed
4. Waiting for results