

OMTRAIR- Study

Questionnaire for passengers and crew who tested negative for SARS-CoV-2 at Munich Airport (via PoC-PCR or standard PCR)

1. Date of birth

1.1 In which year were you born? _____

1.2 In which month were you born? _____

2. Gender

2.1 What is your gender?

- Female
 Male
 Diverse

3. Quarantine und Testing

3.1 Were you in quarantine after travelling from Munich Airport to your final destination?

- Yes
 No

3.2 Were you tested for a corona infection (i.e. SARS-CoV-2 infection) in the 14 days after your flight from Cape Town to Munich? Excluding your test at Munich Airport.

- Yes
 No

↳ If 3.2 yes:

3.2.1 Was your test result positive (i.e. did you have a SARS-CoV-2 infection)?

- Yes
- No

↳ If 3.2.1 yes:

3.2.1.1 By what kind of test was your SARS-CoV-2 infection confirmed?

- PCR (or other nucleic acid test)
- Antigen test (rapid test)
- I don't know

↳ If 3.2.1 yes:

3.2.1.2 When was your first positive sample taken?

____ . ____ . ____

↳ If 3.2.1 yes:

3.2.1.3 Which SARS-CoV-2 variant was detected?

- Omicron
- Other variant or I do not know the name of the variant that was detected

↳ If 3.2.1.2 other or I don't know:

3.2.1.4 Which variant was this?

- Alpha
- Delta
- I do not know the name of this variant

↳ If 3.2.1 yes:

3.2.2 How many persons have you had close contact with in the 14 days after you tested positive? Excluding people who were with you in South Africa.

Approximately ____ persons

3.2.3 In the 14 days after you tested positive, did other household members or other persons with whom you had close contact in the 14 days after you returned from South Africa, fall ill with COVID-19? Excluding people who were with you in South Africa.

- Yes
 No
 Don't know

↳ If 3.2.3 yes:

3.2.3.1 How many people fell ill with COVID-19 after you had contact with them? Excluding people who were with you in South Africa.

_____ persons

4. Clinical symptoms

4.1 Did you experience any symptoms of illness within 14 days of returning from South Africa?

- Yes
 No

↳ If 4.1 yes:

4.1.1 When did these symptoms start?

Date of symptom onset: ____ . ____ . ____ (DD.MM.YYYY)

4.1.2 Which of the following symptoms did you experience?

- | | | | |
|--|------------------------------|-----------------------------|-------------------------------------|
| Fever (≥ 38.0 °C/100.4°F) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Rhinitis, runny or stuffy nose, sneezing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Chest pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Headache | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Skin rash | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Fatigue / exhaustion | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Shortness of breath / breathlessness | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

- | | | | |
|--|------------------------------|-----------------------------|-------------------------------------|
| Sore throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Decrease or loss of smell or taste | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Unusual increase in blood pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Pain in limbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Diarrhea | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Nausea, vomiting, abdominal pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Conjunctivitis (inflammation of the eye) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Swelling of lymph nodes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Hair loss | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other Symptoms | | | |

4.2 Did you undergo inpatient treatment in hospital after your return journey?

- Yes
 No

↳ If 4.2 yes:

4.2.1 What was the reason for your inpatient treatment in the hospital?

- Due to COVID-19 (i.e. infection with SARS-CoV-2)
 Due to another illness, but by coincidence I also tested positive for SARS-CoV-2
 Due to another illness without a SARS-CoV-2 infection

↳ If 4.2.1 due to COVID-19:

4.2.1.1 How long was your hospital stay?

_____ days

↳ If 4.2.1 due to COVID-19:

4.2.1.2 Were you treated in the intensive care unit?

- Yes
 No

↳ If 4.2.1 due to COVID-19:

4.2.1.3 Did you need oxygen supplementation?

- Yes
- No

↳ If 4.2.1 due to COVID-19:

4.2.1.4 Did you need artificial respiration?

- Yes
- No

5. Chronic conditions

5.1 Do you have any chronic conditions?

(For example: COPD, asthma, diabetes, cardiovascular diseases, obesity, kidney disease, liver disease, cancer, autoimmune disease)

- Yes
- No
- I don't know

↳ If 5.1 yes:

5.1.1 Which of the following conditions do you have? (Multiple answers possible)

- Lung condition (e.g. COPD, Asthma)
- Cardiovascular disease (e.g. coronary heart disease, high blood pressure, heart attack)
- Chronic kidney disease
- Chronic liver disease
- Diabetes mellitus
- Obesity
- Cancer
- Autoimmune disease (e.g. Crohn's disease, multiple sclerosis) or taking medications that can influence and lower the immune system (corticosteroids, methotrexate, cyclophosphamide, ayathioprine) or immunosuppressants after organ or cell transplantation
- Other condition: _____

6. Smoking status

6.1 Have you smoked at least 100 cigarettes or other tobacco products in your entire life? (e.g. cigars, cigarillos, pipe or other tobacco products, e-cigarettes)

- Yes
- No
- I don't know

↳ If 6.1 yes:

6.1.1 How often do you smoke currently, thus at the time of this survey?

- Every day
- Occasionally
- Not at all

7. Vaccination status

***7.1 Have you ever been vaccinated against COVID-19?**

- Yes, I have been vaccinated
- No, I have not been vaccinated

↳ If 7.1 yes:

1st vaccination	Date: _____	Vaccine name: _____
2nd vaccination	Date: _____	Vaccine name: _____
3rd vaccination	Date: _____	Vaccine name: _____

8. Recovered status

8.1 Have you ever had a SARS-CoV-2 infection? Excluding any infection after you returned from South Africa in November/December 2021

- Yes
- No

↳ If 8.1 yes:

8.1.1 How often have you had a SARS-CoV-2 infection? Excluding any infection after you returned from South Africa in November/December 2021

_____ times

↳ Depending on how many times in 8.1:

8.1.1.1 How was your infection confirmed? Multiple answers possible.

First infection:

- By PCR (or other nucleic acid test)
- By antigen test (rapid test)
- By antibody test
- My infection was confirmed by a test, but I do not know which test
- I am sure that I had an infection (e.g. due to loss of sense of smell and taste), but it was never confirmed by test

Second infection:

- By PCR (or other nucleic acid test)
- By antigen test (rapid test)

[...]

↳ Falls 8.1 ja:

8.1.1 When was the last time you were infected? Please indicate the month and year of the first positive test of your last infection.

Which year? _____

Which month? _____

9. Information about your flight from Cape Town to Munich

9.1 What was your role on board of the plane?

- Passenger
- Crew

***9.2 Date of arrival at Munich airport: __ . __ . ____ (dd/mm/yyyy)**

9.3 Seat number: _____ (you can find this in your flight details, for example 23E, 25D, 31A etc.)

10. Protective measures and behaviour

10.1 To what extent did you comply with the following protective measures against a corona infection during your stay in South Africa, and how did you behave?

	Always	Often	Sometimes	Rarely	Never
Keep at least 1.5 meter (5 feet) distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand disinfection, several times per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand washing, several times per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wearing					
- FFP2-/KN95-mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Medical mouth-nose mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Cloth mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wearing mask					
- Indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with people outside of travel group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using mass transportation (e.g. taxibus, van or minibus cab), public transportation (e.g. bus, train, streetcar etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying in crowds (visiting bazaars, markets, shopping malls, restaurants, clubs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.2 Have you had close contact with one or more persons in South Africa who you know subsequently tested positive for the SARS-CoV-2 virus? Close contact is defined as a distance from another person of ≤ 1.5 m (5 feet) for a period of at least 10 minutes without wearing a mask, a conversation with a person without wearing a mask, being together in confined spaces with a high probability of aerosol formation for a period of at least 10 minutes, regardless of wearing a mask or of distance.

- Yes
- No
- Don't know

10.3 Have any other travellers in your party tested positive for SARS-CoV-2?

- Yes
- No
- Don't know

11. Behaviour during plane travel

11.1 What type of mask did you wear during the flight?

- FFP2 (KN95)
- Medical mouth-nose mask
- Cloth mask
- No mask

11.2 Did you wear your mask continuously?

- Yes, during the entire flight.
- Yes, except during eating or drinking.
- No, I occasionally took the mask off. This includes putting it under my nose.
- No, I did not wear a mask during the flight.

11.3 Which activities did you engage in during the flight?

11.3.1 Consumption of drinks

- Yes, several times
- Yes, once
- No

11.3.2 Consumption of food

- Yes, several times
- Yes, once
- No

11.3.3 Toilet visit

- Yes, several times
- Yes, once
- No

11.3.4 Conversation with people near you (within 2 meters [6.5 feet])

- Yes, several times
- Yes, once
- No

↳ If 11.3.4 yes:

What applies to you? (Multiple answers possible)

↳ For crew members

↳ For crew members

- I talked to many passengers.
- I talked to other members of the crew.
- None of the above

↳ For passengers

- I talked to the on-board staff.
- I talked to many people in my travel group during the flight (e.g. family members, friends, members in travel group)
- I talked to people during the flight that were not part of my travel group (e.g. other passengers I did not know before the flight)
- None of the above

11.4 For travellers aged 6 years or above: did you have a negative SARS-CoV-2 test result in the 48 hours before departure?

- Yes
- No
- Don't know

↳ If 11.4 Yes:

11.4.1 What type of test result was available? Multiple answers possible.

- Negative antigen test (rapid test)
- Negative PCR (or other nucleic acid test)
- Don't know

↳ If 11.4 yes:

11.4.2 How old was the negative test result?

- Less than 12 hours before the flight
- Between 12 and less than 24 hours before the flight
- Between 24 and less than 48 hours before the flight
- Don't know

Thank you for your participation!

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