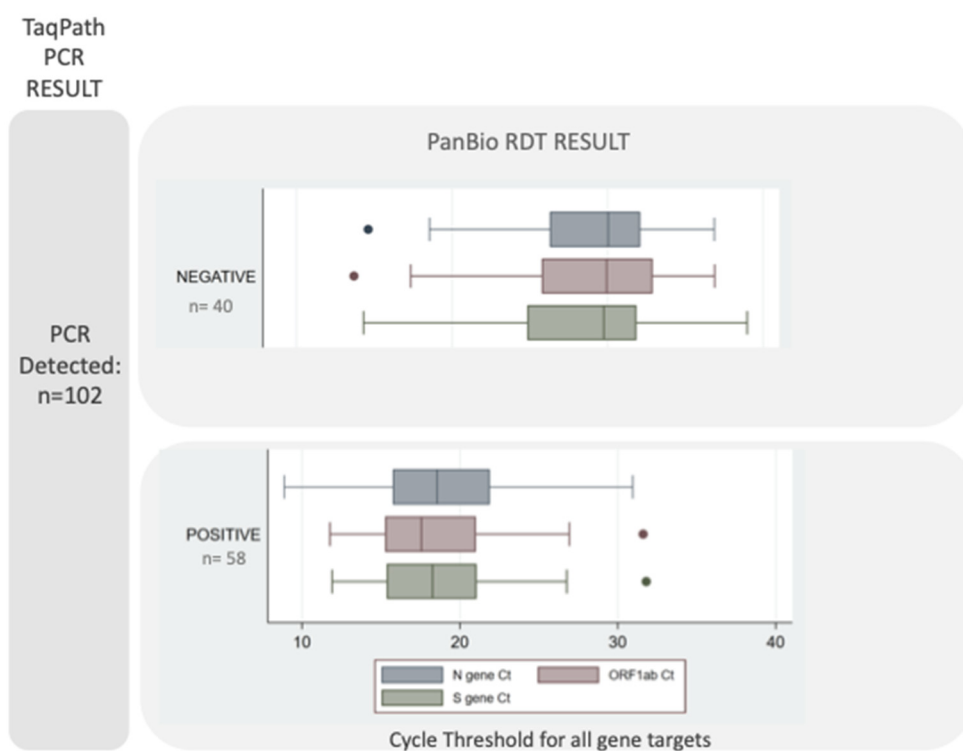




Date: DD/MM			
Symptoms (answer Y or N)		Weekly/more often if desired	
Fever/Chills	Y	/	N
Cough	Y	/	N
Sore throat	Y	/	N
Shortness of breath	Y	/	N
Body aches	Y	/	N
Loss of smell OR loss of taste	Y	/	N
Nausea/vomiting/diarrhoea	Y	/	N
Fatigue/weakness	Y	/	N
Close contact with known Positive	Y	/	N

Figure S1. Screening checklist.



**Figure S2.** Cycle threshold breakdown by gene target for positive laboratory PCR results.