

Supplemental table S1: Questions on the questionnaire filled in by the childrens' caregiver
(translation from the original German).

Did your child visit day care or school in the 10 days prior to symptom onset?

Did your child have contact with a case of COVID-19 within 14 days prior to symptom onset?

If so, did that contact occur in day care or school?

Does a member of your household currently have one of the following symptoms: Fever, cough, headache?

Does your child currently have fever?

If so, what was the highest temperature you measured?

If so, for how many days?

Does your child currently have a runny nose?

If so, for how many days?

Does your child currently have a headache?

If so, for how many days?

Does your child currently have a sore throat?

If so, for how many days?

Does your child currently have a cough?

If so, for how many days?

Does your child currently have a stomach ache?

If so, for how many days?

Does your child currently have diarrhea?

If so, for how many days?

As the caregiver, do you believe your child could be infected with SARS-CoV-2 / have COVID-19?