

**S1. Report a case of suspected or confirmed SARS-CoV-2 infection in your club**

1. Your regional chapter
2. Club name
3. Team
  - Senior (male)
  - Senior (female)
  - Youth (male)
  - Youth (female)
4. Name of the person reporting
5. Telephone number of the person reporting
6. E-mail address of the person reporting or E-mail address of the club
7. I agree that Saarland University is allowed to contact me for further details on this specific case
  - Yes
  - No
8. Do you report a confirmed or suspected case of SARS-CoV-2 infection?
  - Confirmed case (already tested)
  - Suspected case (results are pending)
  - Suspected case (no testing provided)
9. When did the nasal/oral swab take place?
10. Did you show typical symptoms of SARS-CoV-2 infection (fever, cough, sore throat, headache, aching limbs, fatigue, loss of smell, loss of taste, chills, rhinitis, others)?
  - Yes
  - No
11. Which symptoms occurred (fever, cough, sore throat, headache, aching limbs, fatigue, loss of smell, loss of taste, chills, rhinitis, others)?

12. When did the symptoms occur?
13. Did you have direct contact (match, training, free time) with others associated with the team or with individuals appeared to be ill?
  - Yes
  - No
14. How, when and where did this direct contact take place?
15. Did this direct contact last for longer than 15 minutes?
  - Yes
  - No
16. Was there an opposing team?
  - Yes
  - No
17. Name of the opposing team
18. Which health authority was responsible?
19. What measures have been taken by the responsible health authority (individual quarantine, team quarantine, wait-and-watch strategy, others)?
20. Additional comments