

Annex IV – Questionnaire

SoroEpi MSP Phase 2

Household Survey to Estimate the Seroprevalence of SARS-CoV-2 Infection in Adults in the City of São Paulo, Brazil. Serial Cross-sectional Studies with Probabilistic Samplings

1. District: _____

2. Sector: ___ ___ ___ Household: ___ ___ ___ Resident: ___ ___

3. Number of household residents: ___ ___

4. Sex: (1) Male (2) Female

5. How old are you? ___ ___ years

6. What is your date of birth? ___/___/____

7. What was the last grade you completed?

___ () grade () year

Level: () K-8 () high school () college

If college, did you complete the course? () Yes () No

8. What is the highest grade completed in the residence?

___ () grade () year

Level () K-8 () high school () college

If college, did you complete the course? () Yes () No

9. Since Carnival (February 24th, 2020), have you had:

a. Fever ($\geq 37.5^\circ$ C)?

(1) Yes (2) No (8) Don't remember (9) No answer

b. Cough?

(1) Yes (2) No (8) Don't remember (9) No answer

If so: Did the cough produce phlegm? (1) Yes (2) No

c. Shortness of breath?

(1) Yes (2) No (8) Don't remember (9) No answer

If so: Was your nose stuffy? (1) Yes (2) No

(If yes) How many days ago did it start? ___ ___

d. Sore throat?

(1) Yes (2) No (8) Don't remember (9) No answer

(If yes) How many days ago did it start? ___ ___

e. Rhinorrhea?

(1) Yes (2) No (8) Don't remember (9) No answer

(If yes) How many days ago did it start? ___ ___

f. Anosmia?

(1) Yes (2) No (8) Don't remember (9) No answer

(If yes) How many days ago did it start? ___ ___

- g. Ageusia?
 (1) Yes (2) No (8) Don't remember (9) No answer
(If yes) How many days ago did it start? ___
- h. Fatigue?
 (1) Yes (2) No (8) Don't remember (9) No answer
(If yes) How many days ago did it start? ___
- i. Myalgia?
 (1) Yes (2) No (8) Don't remember (9) No answer
(If yes) How many days ago did it start? ___
- j. Joint pain?
 (1) Yes (2) No (8) Don't remember (9) No answer
(If yes) How many days ago did it start? ___
- k. Chest pain?
 (1) Yes (2) No (8) Don't remember (9) No answer
(If yes) How many days ago did it start? ___
- l. Headache?
 (1) Yes (2) No (8) Don't remember (9) No answer
(If yes) How many days ago did it start? ___
- m. Mental confusion?
 (1) Yes (2) No (8) Don't remember (9) No answer
(If yes) How many days ago did it start? ___
- n. Have you had diarrhea?
 (1) Yes (2) No (8) Don't remember (9) No answer
(If yes) How many days ago did it start? ___
- o. Have you had any nausea and/or vomiting?
 (1) Yes (2) No (8) Don't remember (9) No answer
(If yes) How many days ago did it start? ___

10. Have you ever been diagnosed as being infected by the SARS-CoV-2 virus or COVID-19?

- (1) Yes (2) No (8) Don't remember (9) No answer

(If yes) When? _____

(If yes) Were you tested?

- (1) Yes (2) No (8) Don't remember (9) No answer

If so, what kind of test have you done?

- (1) Molecular test (2) Serologic test (8) Don't remember (9) No answer

11. Do you do any work in the healthcare area?

- (1) Yes (2) No (9) No answer

12. How do you identify yourself in terms of skin color or race?

- (1) White (2) "brown" (pardo) (3) Black (4) Asian (5) Indigenous
 (9) No answer

13. Number of rooms in the household: __ __

(9) No answer

14. Number of rooms in the household that are used as bedrooms: __ __

(9) No answer

15. Number of toilets: __

(9) No answer

16. Number of computers in the household: __

(8) Don't know (9) No answer

17. Household income: ____

(8) Don't know (9) No answer