

COVID-19

SEROLOGICAL SURVEY

TO BE FILLED BY THE LABORATORY

Código de Identificação do laboratório:

Código de Identificação do Teste:

Preenchimento do Inquérito: No Ponto de Colheita

Externamente

SURVEY RELATED TO UNIVERSAL AND FREE IMMUNITY TESTS IN CASCAIS

SUMMARY

The following survey aims to study the presence of SARS-COV2 antibodies in Cascais inhabitants. All the collected data intends to be treated and analyzed within the scope of scientific projects related to the evolution of the pandemic at the municipality of Cascais.

The data collected does not allow the identification of the person interviewed, and it will be only used to create a general profiling of the population.

The analysis identification code will allow the correlation between this survey and the diagnosis result, and this will be the only moment data will be cross-checked.

The data therefore collected will be stored on the municipal information systems. It can possibly be publicly shared in the future for third party analysis, always having identified the origin of the information.

By agreeing to participate in this study, you accept the processing of the data for the purposes stated above.

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SEROLOGICAL CHARACTERIZATION

1. Gender Male Female Other

2. Year of Birth 3. Country of Birth _____

4. Post Code

5. What is your highest level of education (highest year of schooling you have completed or to which you have obtained equivalence)?

Less than Primary School

Primary School

Second Level

Third Level

Secondary (general, technological or professional)

Advanced Technical Specialization (no Higher Education)

Higher Education (Bachelor, Master, PhD)

Don't know/ Don't Answer

6. What is your current situation in terms of your occupation or professional activity?

Employed Unemployed

(includes paid internships, maternity/paternity leaves, medical leaves, lay-off or research grants)

Student / Under Training Retired

Domestic Work Provider Community Service Provider OR Informal Care Provider

Permanently Disabled Other inactive situation Don't know/ Don't Answer

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6.1 If you have answered that you are employed, what is your main professional activity?

7. How many people has your household?

BACKGROUND | CHRONIC DISEASES

8. Have you been diagnosed with any of the following chronic diseases?

Diabetes Yes No I don't know

Chronic Pulmonary Disease (excludes asthma) Yes No I don't know

Asthma Yes No I don't know

Cardiovascular Disease (includes hypertension) Yes No I don't know

Obesity Yes No I don't know

Autoimmune Disease Yes No I don't know

Chronic Kidney Disease Yes No I don't know

Other Diseases. Which ones?

PREVIOUS BACKGROUND - COVID 19

9. Have you been in contact with any suspicious or confirmed cases of COVID-19?

Yes No Don't know / Don't answer

9.1 If you answered "Yes", please state the last date of contact: / /

10. In the months of January and February 2020, did you travel outside Portugal?

Yes No Don't know / Don't answer

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10.1. If so, to which countries did you travel?

11. Have you ever had a test for COVID-19 detection? Yes No Don't know

11.1. In case you responded "Yes", what was the result?

Positive. If so, please indicate the date of the first positive test: / /

Negative

Inconclusive

Don't Know/ Don't Answer

12. Since the beginning of March, have you ever had any of the following symptoms, even lightly? If so, identify if the first symptoms have occurred:

A) Last Week **B)** 2 Weeks ago **C)** 3 Weeks ago **D)** 1 Month ago **E)** More than 1 Month ago

12.1 Fever ($\geq 37,5^{\circ}\text{C}$) Yes No DK/DA How long:

12.2 Shivers Yes No DK/DA How long:

12.3 Fatigue Yes No DK/DA How long:

12.4 Muscular Aches and Pains Yes No DK/DA How long:

12.5 Joint Pains Yes No DK/DA How long:

12.6 Sore Throat Yes No DK/DA How long:

12.7 Cough Yes No DK/DA How long:

12.8 Congested Nose
/Nasal Discharge Yes No DK/DA How long:

12.9 Shortness of Air
(Respiratory Difficulty) Yes No DK/DA How long:

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12.10 Wheeze Yes No DK/DA How long:

12.11 Thoracic pain Yes No DK/DA How long:

12.12 Other Respiratory Complaints Yes No DK/DA How long:

12.13 Conjunctivitis Yes No DK/DA How long:

12.14 Headaches Yes No DK/DA How long:

12.15 Changes in the State of Conscience Yes No DK/DA How long:

12.16 Convulsions Yes No DK/DA How long:

12.17 Other Neurological Complaints Yes No DK/DA How long:

12.18 Nausea or Vomiting Yes No DK/DA How long:

12.19 Diarrhea Yes No DK/DA How long:

12.20 Abdominal Pain Yes No DK/DA How long:

12.21 Loss of Odor Yes No DK/DA How long:

12.22 Loss of Taste Yes No DK/DA How long:

12.23 Loss of appetite Yes No DK/DA How long:

12.24 Nasal Hemorrhage Yes No DK/DA How long:

12.25 Other symptoms Yes No DK/DA How long:

13. Did you seek medical support due to any of these symptoms? Yes No DK/DA

14. Did you miss work/school because of any of these symptoms? Yes No DK/DA

15. Were you hospitalized for any of these symptoms? Yes No DK/DA

16. If you were hospitalized, did you need intensive care? Yes No DK/DA