**Supplementary Appendix 3. Day 0 and Day 10 health questionnaire. PRIMA-CoV study**

**D0 health questionnaire.**

* Have you been in contact with a person with a confirmed diagnosis of SARS –CoV-2 infection in the last 10 days?
* Have you been diagnosed with COVID-19 infection (confirmed by PCR) in the last 10 days?
* Have you had a temperature higher than 37.0º in the last 10 days?
* Have you had muscle aches in the last 10 days?
* Have you had diarrhea (liquid stools of more than 3 per day) and / or vomiting, in the last 10days?
* Have you had cough and / or a sore throat in the last 10 days?
* Have you had difficulty breathing and / or been hospitalized for pneumonia in the last 10 days?
* Have you lost smell and / or taste in the last 10 days?
* Have you had allergic-type skin lesions in the last 10 days?
* Have you been diagnosed with COVID-19 infection (confirmed by PCR) for more than 14 days prior to the event date?

**D10 health questionnaire.**

* Have you been in contact with a person with a confirmed diagnosis of SARS-CoV-2 from the day after the event to today?
* Have you been diagnosed with COVID-19 infection (confirmed by PCR) since the next day to the event until today? (If the answer is yes, contact the principal investigator of the study, phone: …….)
* Have you had a temperature higher than 37.0º?
* Have you had muscle aches?
* Have you had diarrhea (liquid stools more than 3 per day) and / or vomiting?
* Have you had a cough and / or a sore throat?
* Have you had difficulty breathing and / or have you been hospitalized for pneumonia?
* Have you lost smell and / or taste?
* Have you had allergic-type skin lesions?