**Questionnaire - SARS-CoV-2 prevalence study**

Medical students, medical doctors, nurses, and other health care workers are at a disproportional high and constant risk for influenza, SARS-CoV-2, and other respiratory infections.

The aims of this study were to investigate the prevalence of SARS-CoV-2 infection and clinical characteristics of healthcare workers with ILI and COVID-19 symptoms from the Santa Casa de São Paulo Hospital. The secondary objective is to analyze the prevalence of annual immunization against influenza among HCWs.

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1. **Demographical and epidemiological information**
2. Sex

* Female
* Male

1. Age
2. Occupation/Profession
3. Do you have any of the following conditions? You can check more than one option.

* Pregnancy
* More than 60 years
* Use of aspirin
* Chronic lung disease (including asthma)
* Tuberculosis
* Cardiovascular disease (including hypertension)
* Kidney disease
* Liver disease
* Blood disorder
* Metabolic disorder (including Diabetes Mellitus)
* Immunosuppressive therapy
* Obesity with BMI ≥ 40

1. Check the year(s) that you were vaccinated for Influenza.

* 2020
* 2019
* 2018
* 2017
* 2016
* 2015

1. If you were vaccinated this year (2020) , where did you take it?

* Medical Care Service for students
* Medical Care Service for health care workers
* Health Public Center
* Private Clinic
* Other

1. Did you have contact with a confirmed case of COVID-19 in the last 14 days?

* Yes
* No

1. Did you have contact with a suspect case of COVID-19 in the last 14 days?

* Yes
* No

1. Did you travel abroad until 14 days before the onset of your symptoms?

* Yes
* No

1. How long have passed since your symptoms first appeared?

* Today
* 1 day
* 2 days
* 3 days
* 4 days
* 5 days
* 7 days
* 14 days
* More than 14 days

1. **Clinical information (Symptoms)**
2. Check the symptom(s) that you had/have.

* Cough
* Nasal congestion
* Chills
* Headache
* Myalgia
* Sore throat
* Arthralgia
* Fatigue
* Abdominal pain
* Cutaneous rash
* Diarrhea
* Ocular pain
* Anosmia
* Shortness of breath

1. Please, write below other symptoms not listed.
2. **Knowledge about disease**
3. Once aware that you are infected with influenza, would you go to work/study?

* Yes
* No

1. Once aware that you are infected with SARS-CoV-2, would you go to work/study?

* Yes
* No

1. Do you think that the causative agent of your symptoms is the influenza virus?

* Yes
* No

1. Do you think that the causative agent of your symptoms is the SARS-CoV-2 virus?

* Yes
* No

1. Did you take any medicine? Including antipyretic, anti-inflammatory and analgesic.

* Yes
* No

1. Do you intend to take any medicine if you a have a positive test for COVID-19?

* Yes
* No

1. If yes, which one?
2. If you have a positive test, do you authorize us to contact you by e-mail or Whatsapp? If yes, please write your phone number or e-mail.
3. **Test Results**
4. Influenza test

* Positive
* Negative
* Pending

1. SARS-CoV-2 test

* Positive
* Negative
* Pending