

COVID-19 QUESTIONARY

Part 1: General Background

- 1.1. Age : _____
- 1.2. Sex : Male Female
- 1.3. City of residence: _____ State: _____
- 1.4. Monthly income (BRZ) : No income <1,045 1,045 – 2,090 2,091 - 4,180 4,181-6,270 7,135 and over
- 1.5. Educational level : Elementary High school Graduated Post-graduated
- 1.6. Marital status : Single Married Divorced/Separated Windowed
- 1.7. Are you a health worker? Yes No
- 1.8. Occupation : _____

Part 2: How often do you use the face mask when in public?

	Never	Rarely	Sometimes	Frequently	Always
I wear a face mask in public to protect myself against COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 : The reason of using face mask

	Yes	No
3.1. Do you feel vulnerable to contracting the disease of outbreak?	<input type="checkbox"/>	<input type="checkbox"/>
3.2. Do you fear about getting the disease of outbreak?	<input type="checkbox"/>	<input type="checkbox"/>
3.3. Whether you knew or had close contact with any individuals infected with the disease of outbreak?	<input type="checkbox"/>	<input type="checkbox"/>
3.4. Do you consider your occupation at risk for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>