**Appendix 1A (English)**

**# Questionnaire for Phase 1 – Acute COVID-19**

**Demographic data**

* Gender
	+ Male
	+ Female
* Date of birth: \_\_/\_\_/\_\_\_\_

**Do you fell any of the following symptoms? (acute phase)**

* myalgia (body/muscle pain)
* hyposmia/anosmia (loss of smell)
* dysgeusia/ageusia (loss of taste)
* fever
* fatigue
* dry cough
* coriza
* dyspnea (difficulty breathing/shortness of breath)
* sore throat
* diarrhea
* headache
* nausea and/or vomiting
* loss of appetite
* abdominal pain
* cough with mucus (expectoration)
* no symptoms
* I don’t want to answer
* other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Was the use of oxygen necessary?**

* Yes
* No

**Was hospitalization necessary?**

* Yes
* No

**Was intubation necessary?**

* Yes
* No

**Was intensive care unit (ICU) required?**

* Yes
* No

**Have you already taken the COVID vaccine?**

* Yes
* No

**Which vaccine? (Coronavac, Oxford-Astrazeneca)**

* Sinovac/Instituto Butantã - CoronaVac
* AstraZeneca/Oxford (Fiocruz) – Covishield
* Pfizer/BioNTech - BNT162
* Janssen (Johnson & Johnson) - Ad26
* Instituto Gamaleya/União Química - Sputnik V
* Did not informed

**When took the 1st. dose?** \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Already took the 2nd. Vaccine dose?**

* Yes \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_
* No

**Appendix 2A (English)**

**# Questionnaire for Phase 2 – Chronic Long COVID**

**Was there a reinfection by COVID?**

* Yes
* No

**Body mass index (BMI)**

* Height: \_\_\_\_\_\_
* Weight: \_\_\_\_\_\_

**Was the** **use of oxygen necessary?**

* Yes
* No

**Was hospitalization necessary?**

* Yes
* No

**Was intubation necessary?**

* Yes
* No

**Was intensive care unit (ICU) required?**

* Yes
* No

**Do you fell any of the following typical COVID-19 symptoms? (Long COVID)**

* myalgia (body/muscle pain)
* hyposmia/anosmia (loss of smell)
* dysgeusia/ageusia (loss of taste)
* fever
* fatigue
* dry cough
* coriza
* dyspnea (difficulty breathing/shortness of breath)
* sore throat
* diarrhea
* headache
* nausea and/or vomiting
* loss of appetite
* abdominal pain
* cough with mucus (expectoration)
* no symptoms
* I don’t want to answer
* other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In relation to your sleep before COVID-19 disease, how satisfied or dissatisfied are you with your current sleep pattern?**

* very satisfied
* satisfied
* indifferent
* dissatisfied
* very unsatisfied

**Do you feel sad or depressed during most time after COVID-19 infection?**

* Yes
* No

**Do you feel sad or depressed during the last 5 months?**

* Yes
* No

**During the last 2 weeks, how frequent did you feel nervous, anxious, or tense?**

* 0– None of these days
* 1– Many days
* 2– More than half of the days
* 3– Almost all days

**During the last 2 weeks, how frequent was you unable to avoid or control your worries?**

* 0– None of these days
* 1– Many days
* 2– More than half of the days
* 3– Almost all days

**Did you feel any 'new symptoms’ after COVID-19, i.e., symptoms that appear after the disease?**

* Drowsiness during the day
* Memory loss
* Difficulties with daily activities
* Motor difficulty
* Difficulty concentrating
* Did not show any symptoms

**Do you have any comorbidities?**

* Cancer (neoplasia)
* Long-term kidney disease (chronic kidney disease - with or without hemodialysis)
* Disease of the lung or bronchus or nose (chronic or allergic bronchitis or pulmonary emphysema or asthma or sinusitis or allergic rhinitis)
* Type 1 or 2 diabetes (high blood sugar)
* Do you have a heart disease? (myocardial infarction or heart valve disease)
* Do you have high blood pressure? (hypertension)
* Do you have weak immune system? (Immune compromised)
* Smoker (currently or in the past)
* Organ or bone marrow transplantation
* No comorbidity
* Another comorbidity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you already taken the COVID vaccine?**

* Yes
* No

**Which vaccine? (Coronavac, Oxford-Astrazeneca)**

* Sinovac/Instituto Butantã - CoronaVac
* AstraZeneca/Oxford (Fiocruz) – Covishield
* Pfizer/BioNTech - BNT162
* Janssen (Johnson & Johnson) - Ad26
* Instituto Gamaleya/União Química - Sputnik V
* Did not informed

**When took the 1st. dose?** \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Already took the 2nd. Vaccine dose?**

* Yes \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_
* No