

**ANNEX 1****QUESTIONNAIRE****Estimate of the prevalence of asymptomatic subjects affected by COVID-19 in residents of the municipality of Verona**

1. Subject Id \_\_\_\_\_

2. Issuing informed consent

1Yes 0No

3. Enrollment date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

4. Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

5. Sex

1 Male 0 Female

7. Have you already been diagnosed with Covid-19 positivity?

0=No 1=Yes, with swab 2=Yes, with rapid test 3=Yes, with venous sampling

7.1 If yes, on what date or how many days ago? \_\_\_\_\_

8. How often are you vaccinated for seasonal flu?

1=Regularly 2=Occasionally 3=Never

9. Presence of comorbidities

1Yes 0No

9.1 If yes, which diseases are these?

1=Pulmonary 2=Cardiological 3=Hypertension 4=Oncological 5=Renal 6=Immunological  
7=Metabolic 8=Rheumatological 9=Hepatic 10=Depression and / or anxiety 11=Other

**In the past two weeks**

10. Have you had loss of taste and / or smell?

1Yes 0No

11. Did you experience burning or feeling of sand in your eyes (conjunctivitis)?

1Yes 0No

12. Have you had a fever (> 37.5)?

1Yes 0No

13. Have you had dry cough and / or productive cough (phlegm)?

1Yes 0No

14. Have you suffered from general muscle pain?

1Yes 0No

15. Have you had an unjustified feeling of tiredness / general asthenia?

1Yes 0No

16. Have you had a headache?

1Yes 0No

17. Have you had a sore throat?

1Yes 0No

18. Did you have chills?

1Yes 0No

19. Have you had diarrhea?

1Yes 0No

20. Have you suffered from shortness of breath / or dyspnea?

1Yes 0No

21. Have you had nausea / vomiting?

1Yes 0No

From 10 March 2020

22. With whom do you live at home (or other residential facility)?

1=alone 2=with another person 3=with more than one other person

23. For any reason, did you leave the house (or other residential facility)?

1Yes 0No

24. Have you had direct contacts (for at least 15 continuous minutes) with people other than your potential cohabitants?

1=Yes 2=No 3=I don't have cohabitants

25. Did any of your cohabitants, if any, leave the house / other facility?

1=Yes 2=No 3=I don't have cohabitants

26. Are you aware that you have been in contact with a positive person at COVID-19?

1=Yes 2=No 3=I am not aware of it

27. Did you use protective equipment during the emergency?

1=Yes, masks and gloves 2=Yes, only masks 3=No

28. Do you currently use protective equipment?

1=Yes, masks and gloves 2=Yes, only masks 3=No