

## A. Personal Data

Variable	Type	Réponses
1. Last name	Texte	
2. First name	Texte	
3. Date of birth	Date	dd/mm/yyyy
4. Gender	Catégoriel	Woman / man / other
Home address		
5. Care of (C/o)	Texte	
6. Street name	Texte	
7. Street number	Nombre	###
8. Floor number	Nombre	##
9. Postcode	Nombre	#####
10. Locality (City/Town/Village)	Texte	
11. Phone number	Nombre	### / ### ## ##
12. Email address	Texte	_____@_____

## B. Questionnaire data

Variable	Type	Réponses
13. I am filling in this questionnaire for	Catégoriel	myself / other person
14. Date of filling in the questionnaire	Date	dd/mm/yyyy
15. Where are you filling in the questionnaire (only one possible answer)?	Menu déroulant	Home or work / Lausanne study center / Rennaz study center / Yverdon study center / Nyon study center
16. I am filling in this questionnaire with the help of a study investigator	Binaire	yes / no
17. <i>Si oui à 16.</i> Last name of the study investigator	Texte	
18. <i>Si oui à 16.</i> First name of the study investigator	Texte	

## C. Medical history

Variable	Type	Réponses
19. <i>Si femme à 4.</i> Are you pregnant or have you given birth in 2020?	Catégoriel	no / I am currently pregnant/ I gave birth in 2020
20. <i>Si enceinte à 19.</i> When is your due date?	Date	dd/mm/yyyy
21. <i>Si accouché à 19.</i> When did you give birth?	Date	dd/mm/yyyy
Do you have the following diseases?		
22. Arterial hypertension (high blood pressure)	Binaire	yes / no
23. <i>Si oui à 22.</i> Does this hypertension require medication?	Binaire	yes / no
24. <i>Si oui à 23.</i> Is this hypertension well controlled with the medication?	Binaire	yes / no
25. Diabetes	Binaire	yes / no
26. <i>Si oui à 25.</i> Does this diabetes require medication?	Binaire	yes / no
27. <i>Si oui à 25.</i> Is this diabetes well controlled with this medication?	Binaire	yes / no
28. Cardiovascular disease (heart failure, history of heart attack or stroke, heart valve disease)	Binaire	yes / no
29. Kidney disease (impaired renal function) ?	Binaire	yes / no
30. Chronic respiratory disease (other than asthma well controlled by medication and sleep apnea syndrome)	Binaire	yes / no
31. Immune system weakness due to a disease or a treatment	Binaire	yes / no
32. <i>Si oui à 28.</i> Which disease or treatment?	Texte	
33. Cancer currently under treatment	Binaire	yes / no
34. Other chronic disease(s) or recurrent health problem	Binaire	yes / no
35. <i>Si oui à 31.</i> Which disease?	Texte	
36. Do you currently take any medication?	Binaire	yes / no
37. <i>Si oui à 33.</i> List all the medications you are taking (including painkillers, tranquilisers, sleeping pills and natural remedies)	Texte	Saisie semi-automatique
38. Currently, do you smoke (even occasionally) or use products containing nicotine (including electronic cigarettes and iQOS)?	Catégoriel	yes / no
39. <i>Si oui à 38.</i> Currently, how often do smoke or use these products ?	Catégoriel	daily / at least once a week but not everyday / less than once a week
40. <i>Si oui à 38.</i> What do you smoke / which product do you use (several answers possible) ?	Menu déroulant	- cigarettes - electronic cigarettes (vaping) with or without nicotine - heated tobacco products like iQOS (Pax, etc.) - nicotine substitutes (patches, gums, inhaler,...) - other
41. <i>Si des cigarettes à 40.</i> On average, how many cigarettes do you smoke per day (less than one cigarette = 0, 1 pack = 20 cigarettes, / half a pack = 10 cigarettes)	Nombre	##

42. <i>Si des cigarettes électroniques à 40.</i> Which dosage of nicotine do you use on average (mg/ml) ?	Catégoriel	0 (sans nicotine) / moins de 6 / 6-12 / 13 ou plus
43. <i>Si non à 38.</i> Have you ever smoked regularly for more than 6 months ?	Binaire	yes / no
44. <i>Si oui à 43.</i> When did you quit smoking ?	Catégoriel	- In the past 12 months - Between one year and less than 2 years ago - Between 2 years and less than 5 years ago - Between 5 years and less than 10 years ago - 10 years ago or more
45. <i>Si oui à 38 ou oui à 43.</i> At what age did you start smoking regularly?	Nombre	##
46. How tall are you (cm)?	Nombre	###
47. How much do you weigh (kg)?	Nombre	###.#
48. Have you gained weight since the end of February 2020?	Binaire	yes / no
49. <i>Si oui à 43.</i> How many kilos?	Nombre	##
50. Have you lost weight since the end of February 2020?	Binaire	yes / no
51. <i>Si oui à 45.</i> How many kilos?	Nombre	##
52. Do you get vaccinated against the flu?	Catégoriel	Yes, every year (or almost), this winter included / yes, only this winter / yes but not this winter / no / I don't know
53. Have you ever been vaccinated against tuberculosis (BCG vaccine, the one that sometimes leaves a mark)?	Binaire	yes / no / I don't know
54. Since the end of February 2020, how many flu episodes (respiratory symptoms or impression of fever or sudden loss of taste/smell) did you have (without link to chronic disease or already known allergy) ?	Catégoriel	0 / 1 / 2 / 3 / 4 / 5

**D. Flu-like symptoms and utilisation of health services** (*sous-questionnaire si oui à 47, un par épisode*)

Variable	Type	Réponses
1. When did this episode of flu-like symptoms begin? ( <i>even if you are not totally sure of the date, please provide a most probable one</i> )	Date	dd/mm/yyyy
2. Is this episode finished?	Binaire	yes / no
3. <i>Si oui à 2.</i> When did this episode finish (end of main symptoms)?	Date	dd/mm/yyyy
During this this episode of flu-like symptoms? (several possible answers)		
4. I coughed	Coche	
5. I had a runny or stuffy nose, I sneezed	Coche	
6. I had a sore throat	Coche	
7. I was out of breath	Coche	
8. It felt like I had a fever	Coche	
9. I had a temperature of 37.5°C or higher (measured)	Coche	
10. I had a headache	Coche	
11. I had aching muscles / joints	Coche	
12. I had chest / thorax/ sternum pain	Coche	
13. I felt tired, exhausted	Coche	
14. I lost my appetite	Coche	
15. I felt nauseous, I was sick (vomited)	Coche	
16. I had diarrhea	Coche	
17. I had a stomach ache	Coche	
18. All of a sudden, I lost my sense of smell or of taste for food/beverages	Coche	
19. Other	Coche	
20. <i>Si coche à 18.</i> What other symptoms did you have?	Texte	
21. Have you taken any anti-inflammatory drug such as aspirin (Aspégic), ibuprofen (Algifor, Irfen, Brufen) or diclofenac (Voltaren) or any true anti-inflammatory drug to treat your symptoms?	Binaire	yes / no
22. Did you contact or go to a healthcare provider (medical practice, emergency, telephone center) for this episode?	Binaire	yes / no
<i>Si oui à 21.</i> Which healthcare provider(s)? (several possible answers)		
23. hotline	Coche	
24. On-call doctors telephone center (Centrale Téléphonique des Médecins de garde - CTMG)	Coche	
25. Ambulance (144)	Coche	
26. General Practitioner (GP)	Coche	
27. Pharmacist	Coche	
28. Medical centre or outpatient clinic	Coche	
29. <i>Si oui à 26.</i> Which one?	Texte	
30. Other healthcare provider?	Texte	

31. Were you admitted to hospital?	Binaire	yes / no
32. <i>Si oui à 29.</i> In which establishment?	Texte	
33. <i>Si oui à 29.</i> When were you admitted to the hospital?	Date	dd/mm/yyyy
34. <i>Si oui à 29.</i> When were you discharged from hospital?	Date	dd/mm/yyyy
35. <i>Si oui à 29.</i> Were you admitted to the Intensive Care Unit (ICU) during this hospitalisation?	Binaire	yes / no
36. <i>Si oui à 33.</i> Were you intubated during this hospitalisation?	Binaire	yes / no
37. Were you tested for COVID-19 by nasal or throat swab during this episode of flu-like symptoms?	Binaire	yes / no
38. <i>Si oui à 35.</i> What were the results of this test(s) (several possible answers)?	Menu déroulant	positive / negative / first negative than positive / still waiting for the results / don't know
39. Did you got to work during this episode of flu-like symptoms?	Binaire	yes / no
40. <i>Si oui à 37.</i> For how many days in total?	Nombre	###
41. Did you stay at home without going out at all during this episode?	Binaire	yes / no
42. <i>Si oui à 39.</i> For how many days in total?	Nombre	###
43. Among the people living under the same roof as you, how many of them stayed at home without going out at all?	Nombre	#
44. <i>Si ≥1 à 41.</i> For how many days in total? Person 1 Person 2 Person 3...	Nombre Nombre Nombre...	## ## ##...
Which preventive measures did you take at home during this episode? (several possible answers)		
45. You had food or other essential products, such as medicine, delivered to your house by a family member, a friend or a delivery service	Coche	
46. You stayed in one room alone, with the door closed, and ate inside the room	Coche	
47. You aired the room several times a day	Coche	
48. You avoided all visitors and contact	Coche	
49. You only left the room if necessary	Coche	
50. You had a trash can in the room dedicated to used tissues	Coche	
51. You avoided all contact with pets	Coche	
52. You used a bathroom solely dedicated to you, or if not possible, you cleaned the bathroom (sink, toilets, shower, bathtub) after each use with a regular household disinfectant	Coche	
53. You washed your hands before preparing food	Coche	
54. You did not share cutlery, glasses, cups and kitchen utensils and you washed them carefully	Coche	
55. You washed clothes, bedding and towels several times a week	Coche	
56. You wore a mask when you left the room	Coche	
57. You asked every person that entered the room to wear a mask	Coche	
58. You cleaned and disinfected, daily, any surface that you touched (door handles, bed frames and other bedroom furniture) with a regular household disinfectant	Coche	

## E. Place where you live

Variable	Type	Réponses
55. What type of home do you live in?	Catégoriel	Individual house / apartment / studio / residential home / other
56. <i>Si autre à 55,</i> Please specify	Texte	
57. What is the approximate surface area of your home (m <sup>2</sup> )?	Nombre	###
58. How many habitable rooms do you have (apart from the kitchen)?	Nombre	##
59. How many separate bathrooms or toilets does your home have?	Nombre	#
60. Do you have a balcony or a terrace?	Binaire	yes / no
61. Do you have a private or shared garden?	Binaire	yes / no
62. Do you have pets?	Catégoriel	dog / cat / dog and cat / other / none
63. Since the end of February 2020, how many people live under the same roof as you (i.e. people sleeping there at least 3 nights per month)?	Nombre	##

## F. Behaviour and exposure (in private)

Variable	Type	Réponses
Today, in your <u>private</u> life, would you say that you are following proper preventive measures and practices to protect yourself and others from coronavirus, such as:		
64. Following simple hygiene rules (wash hands regularly, sneeze into your elbow, use a disposable tissue, etc.)?	Catégoriel	yes / mostly yes / mostly no / no

**Supplementary material: e-Questionnaire filled by adult close contacts within household and outside (versions filled by index cases and child/teen participants are available upon request)**

65. Respecting « social distancing » rules (avoid shaking hands or kissing, stay at home, avoid leaving your home unless absolutely necessary, etc.)?	Catégoriel	yes / mostly yes / mostly no / no
66. <u>During</u> the confinement (March 16 to May 10), on average, how many times per week do you or did you go outside to do grocery shopping?	Nombre	##
67. <i>Si &gt;0 à 66.</i> Where do you do your grocery shopping?	Binaire	Mainly small nearby businesses/ mainly supermarkets / both
68. <i>Si &gt;0 à 68.</i> What mode of transport do/did you use most of the time to do your grocery shopping (only one possible answer)?	Menu déroulant	car / public transport / motorcycle / bike / scooter / on foot
69. <i>Si &gt;0 à 68.</i> What other mode of transport (second most frequent) do/did you use to do your grocery shopping (only one possible answer)?	Menu déroulant	car / public transport / motorcycle / bike / scooter / on foot / no other
70. <u>During</u> the confinement (March 16 to May 10), on average, how many times per week did other people living under the same roof as you go/went out to do grocery shopping ?	Nombre	##
<u>During</u> the confinement (March 16 to May 10), which other trips did you make?		
71. A trip to go to your work place (number of times)	Nombre	###
72. A trip to go to the pharmacy (number of times)	Nombre	##
73. A trip to go to the doctor (number of times)	Nombre	##
74. A trip to go to a therapist other than a doctor (number of times)	Nombre	##
75. A trip to go to the hairdresser or any other beauty care provider (number of times)	Nombre	##
76. A trip to go to a garden center or hardware store (number of times)	Nombre	##
77. A trip to help your relatives (number of times)	Nombre	##
78. A trip to visit people living in a EMS (seniors residential home) (number of times)	Nombre	##
79. A trip to visit family (number of times)	Nombre	##
80. A trip to visit friends (number of times)	Nombre	##
81. Other visits or trips (type)	Texte	
82. Other trips or visits (number of times)	Nombre	##
83. <u>During</u> the confinement (March 16 to May 10), what mode of transport do/did you use most of the time for these trips (only one possible answer)?	Menu déroulant	car / public transport / motorcycle / bike / scooter / on foot
84. <u>During</u> the confinement (March 16 to May 10), what other mode of transport (second most frequent) do/did you use for these trips (only one possible answer)?	Menu déroulant	car / public transport / motorcycle / bike / scooter / on foot / no other
85. <u>During</u> the confinement (March 16 to May 10), on average, how many people do/did you meet per week apart from the people living under the same roof as you?	Catégoriel	0 / 1 to 2 / 3 or 5 / 6 or 10 / more than 10
<i>Si &gt;0 à 78.</i> In what context are/were you meeting these people?		
86. Meetings with friends	Coche	
87. Family reunions	Coche	
88. Work	Coche	
89. Public transport	Coche	
90. By car	Coche	
91. Sports	Coche	
92. Other	Coche	
93. <i>Si coche à 85.</i> Please specify	Texte	
94. <u>During</u> the confinement (March 16 to May 10), did you reduce the number of people you normally met/meet?	Catégoriel	Yes a lot / yes moderately / no
95. Do you wear a mask in public?	Catégoriel	no / yes, sometimes / yes, all the time
<i>Si oui, parfois à 88.</i> In which situations (several possible answers) ?		
96. In public transport	Coche	
97. In shops	Coche	
98. Other	Coche	
99. <i>Si coche à 91.</i> Please specify	Texte	
<i>Si oui, parfois / oui, toujours à 88.</i> Which type of mask do/did you use in public spaces (several possible answers)?		
100. Simple medical mask (also known as a surgical mask)	Coche	
101. Disposable mask made by myself	Coche	
102. Respiratory protection mask (also know as shell, duck or FFP2 mask)	Coche	
103. Cloth mask	Coche	
104. Did the confinement influence your consumption of cigarettes or other products with nicotine?	Menu déroulant	- I stopped smoking / using these products - I diminished my consumption - I did not change my consumption - I increased my consumption - I started again - I did not start again - I have never smoked / used these products

105. Since the end of February 2020, how many times have you travelled outside of Switzerland (apart from a professional activity in a neighbouring area)?	Nombre	##
<i>Si ≥1 à 97. Pour chaque voyage:</i>		
106. In which country (several possible answers)?	Menu déroulant	All the countries
107. Start date	Date	dd/mm/yyyy
108. End date	Date	dd/mm/yyyy
109. Apart from the people living under the same roof as you, how many people were you in close contact with (at less than 2 meters for more than 15 minutes) who had symptoms suggestive of COVID-19 (fever or cough or fatigue or out of breath or muscular pain or loss of taste/smell) while they were sick (or 48 hours before they were sick)?	Nombre	##
<i>Si ≥1 à 101. Pour chaque personne :</i>		
110. What is the gender of this person?	Catégoriel	woman / man / other
111. How old is this person?	Nombre	##
112. When was this contact made? (even if you are not totally sure of the date, please provide a most probable one)	Date	dd/mm/yyyy
113. Was this person tested for COVID-19 with a nasal or throat swab during this episode?	Binaire	yes / no / don't know
114. <i>Si oui à 105.</i> What were the results of the test(s) (only one possible answer)?	Menu déroulant	Positive / negative/ first negative than positive / still waiting for the results / I don't know

## G. Formation, situation professionnelle

Variable	Type	Réponses
115. What is the highest level of education that you have successfully achieved and for which you have obtained a diploma or a certificate (only one possible answer)?	Menu déroulant	<ul style="list-style-type: none"> <li>- No diploma</li> <li>- Compulsory school (Certificate of end of secondary school)</li> <li>- General/ vocational secondary education (Trade school, diploma)</li> <li>- Secondary education preparing for a trade (CFC)</li> <li>- General secondary education, superior level (maturité)</li> <li>- General secondary education preparing for a trade, superior level (specialised maturité)</li> <li>- Non-university higher education, 3 years or less</li> <li>- Non-university higher education, 3 years or more</li> <li>- University, EPFL/EPFZ</li> </ul>
116. Which category best corresponds to your professional activity during the greatest number of years (only one possible answer)?	Menu déroulant	<ul style="list-style-type: none"> <li>- Labourer, worker</li> <li>- Skilled worker, foreman</li> <li>- Farmer</li> <li>- Unqualified employee (e.g. Office assistant)</li> <li>- Qualified employee (e.g. secretary, accountant)</li> <li>- Middle management (e.g. technician, teacher)</li> <li>- Independant small business owner, craftsman</li> <li>- Senior management (e.g. economist, company lawyer)</li> <li>- Liberal profession (e.g. doctor, lawyer)</li> <li>- Director, head of a company or of a public service</li> <li>- At home without a profession, retired or no longer in business</li> <li>- Did not work for health reasons (invalidity, chronic disease, ...)</li> <li>- Did not work for reasons other than health (e.g. student)</li> </ul>
Currently, you are?		
117. Retired	Coche	
118. A student	Coche	
119. An independent worker	Coche	
120. An employee	Coche	
121. A homemaker (house-wife or house-husband)	Coche	
122. Unemployed	Coche	
123. Other	Coche	

124. <i>Si coche à 115.</i> Please specify	Texte	
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**H. Exposure at work** (*sous-questionnaire si coche à 118 ou 119 ou 122*)

Variable	Type	Réponses
125. What is your profession?	Texte	
In which sector(s) do you study or work? (several possible answers)		
126. Agriculture	Coche	
127. Industrial manufacturing	Coche	
128. Production and distribution of energy, of water	Coche	
129. Waste management	Coche	
130. Construction	Coche	
131. Agri-food trade	Coche	
132. Whole sale and retail sale	Coche	
133. Transportation and storage	Coche	
134. Postal and courier activities	Coche	
135. Accomodation and catering	Coche	
136. Information and communication	Coche	
137. Financial and insurance activities, real estate	Coche	
138. Specialised, scientific and technical activities	Coche	
139. Legal, accounting and management activities	Coche	
140. Architectural and engineering activities	Coche	
141. Scientific research and development	Coche	
142. Administrative and support service activities	Coche	
143. Public administration	Coche	
144. Education	Coche	
145. Human health and social action	Coche	
146. Arts, entertainment and recreation	Coche	
147. Other	Coche	
148. <i>Si coche à 140.</i> Please specify	Texte	
149. <i>Si coche à 138.</i> In what type of establishment do you work (only one possible answer)?	Menu déroulant	hospital / outpatient clinic / medical office / EMS / ESE / CMS
150. <i>Si coche à 148.</i> During your work, are you or were you in direct contact with sick people?	Binaire	yes / no
151. <i>Si oui à 148.</i> Among these sick patients, are there any that are or were suspected of having COVID-19?	Binaire	yes / no / don't know
152. <i>Si coche à 138.</i> During your work, did you wear a mask (surgical mask, II or or IIR)?	Catégoriel	Yes, all the time / yes, only when I was in contact with a sick person / no
153. <i>Si coche à 138.</i> Was there a period of time during which you were in contact with a sick person and that you were unable to wear a mask?	Binaire	yes / no
154. <i>Si oui à 145.</i> During how many days?	Nombre	##
155. Since the beginning of the COVID-19 epidemic, has there been a change in your working conditions?	Binaire	yes / no
<i>Si oui à 147.</i> Please specify (several possible answers)		
156. <i>Si oui à 147.</i> Decrease in activity	Coche	
157. <i>Si oui à 147.</i> Stopped activity	Coche	
158. <i>Si oui à 147.</i> Use of teleworking (remote working)	Coche	
159. <i>Si oui à 147.</i> Sick leave	Coche	
160. <i>Si oui à 147.</i> Unemployment	Coche	
161. <i>Si oui à 147.</i> Other	Coche	
162. <i>Si coche à 153.</i> Please specify	Texte	
163. <i>Si pas de coche à 148.</i> During the confinement (March 16 to May 10) did you continue to go to your workplace?	Menu déroulant	yes most of the time / yes, but only part of the time / no
164. <i>Si oui à 166.</i> In relation to the preventive measures recommended by the authorities?		
165. Were you able to respect the hygiene rules at work?	Menu déroulant	yes / mostly yes / mostly no / no
166. Were you able to respect the « social distancing » measures at work?	Menu déroulant	yes / mostly yes / mostly no / no
167. Was there disinfectant made available at work?	Binaire	yes / no
168. Were masks available at work?	Binaire	yes / no
169. Were physical barriers (i.e. plexiglas) made available at work?	Binaire	yes / no
170. Since the beginning of the COVID-19 epidemic, did you go to work at the Swiss border or on the other side of the border?	Binaire	yes / only in the beginning / no
171. <i>Si oui à 167.</i> Please specify in which neighbouring country/countries you went to work (several possible answers)	Menu déroulant	France / Italy / Germany / Austria / Liechtenstein