

Supplementary Figure 1

QUESTIONNAIRE

Welcome to the DIANCUSAL clinical-epidemiological questionnaire

Weight and height data

Height (in cm.) *

Weight (in kg.) *

1. Information about your home during the 20/21 academic year

Type of residence *

Apartment / University Residence

If you live in an apartment, square meters of your home

If you live in a residence, Name of the university residence

Place of your habitual residence *

Postal Code

Place of confinement *

Cod. Confinement postcard

Number of habitual partners *

Number of partners during confinement *

Pets

YES / NO

Number

Species

2. Clinical data

Toxic Habits

No / Smoker / Alcohol / Other drugs

Medical antecedents

Blood group

A / B / AB / O / No I know

Diseases

[write another disease] / Arterial Hypertension (HBP) / Diabetes Mellitus (DM) / Cardiovascular Risk Asthma / Chronic Obstructive Pulmonary Disease / Immunosuppression / Cardiovascular Pathology / Chronic kidney failure

Number of chronic medications

Types of medications

What protective measures have you used

None / Social withdrawal / Gloves / Gel / Handwashing Mask

3. COVID Diagnosis Have

you been diagnosed with COVID?

YES / NO

If the previous answer is affirmative, have you required hospitalization?

YES / NO

Date of admission

Place of hospitalization

Date of discharge

Briefly explain the reasons for admission

Clinical Evolution

4. If you have not been diagnosed with COVID, have you had any of these symptoms?

Do you think you may have had COVID?

YES / NO / Don't know / can

Fever

YES / NO / Don't know / can

Cough

YES / NO / Don't know / can't know / can

Sore throatSevere

YES / NO / Don't know / can

Chills

YES / NO / Do

Tiredness

YES / NO / Don't know / can

Feeling short of breath

YES / NO / Don't know / can

Headache

YES / NO / Don't know / can

Nausea

YES / NO / Don't know / can

Vomiting and / or diarrhea

YES / NO / No know / may

Sudden loss of sense of smell or taste

YES / NO / Don't know / may

5. COVID-19 diagnosis of a COVID-19: any

Has cohabitant been diagnosed with COVID?

YES / NO / Don't know / can

how many?

Age / Ages

Degree of familiarity

Have they required hospitalization?

YES / No / Don't know

6. Even though no COVID-19 has been diagnosed with COVID, do you know if they have had any of these symptoms?

Do you think that a partner may have had COVID even though it has not been confirmed?

YES / NO / Don't know / can

Fever

YES / NO / Don't know / can

Cough

YES / NO / Don't know / cann't know / can

Sore throatSevere

YES / NO / Don't know / can

Chills

YES / NO / Do

Tiredness

YES / NO / Don't know / can

Feeling short of breath

YES / NO / Don't know / can

Headache

YES / NO / Don't know / can

Nausea

YES / NO / Don't know / can

Vomiting and / or diarrhea

YES / NO / No know / can

sudden loss of sense of taste or smell

YES / NO / Do not know / can