Appendix 1 – Socio-behavioral Questionnaire

A - IDENTIFICATION BLOCK

- Unique identification number of the questionnaire: _____
- Interview date: _____ / _____ / _____
- City of residence: (1) Salvador, BA   (2) Rio de Janeiro, RJ
- Health unit: _____________________________________________
- Age: __________ years

B - DEMAND CREATION

1 - How did you learn about testing in this project?
( ) Project application
( ) Social networks (Instagram, WhatsApp, Facebook, TikTok, etc.)
( ) Information websites
( ) Posters, flyers
( ) Local radio
( ) Television, newspaper
( ) Podcast
( ) Chatbot
( ) Community Health Agent (CHA) from the unit and in the territory
( ) Health professionals from the unit
( ) School
( ) Church or other religious institutions (Candomblé temple, spiritist center, etc.)
( ) Other community institutions (neighborhood associations, NGOs, etc.).
( ) Word of mouth among family members, neighbors, and/or friends
( ) Other: please specify: ______
( ) I do not want to answer

C - SOCIODEMOGRAPHIC

2 - What is your race/skin color (IBGE criteria)?
(1) White
(2) Pardo
(3) Black
(4) Asian
(5) Indigenous
( ) I do not want to answer

3 - How do you consider yourself:
(1) Woman
(2) Man
(3) Transgender woman
(4) Transgender man
(6) Other
( ) I do not want to answer
4 - What is the highest level of education that you completed?
( ) Daycare center
( ) Preschool
( ) Literacy classes
( ) Youth and adult literacy
( ) Elementary school
( ) Middle school
( ) Regular elementary + middle school
( ) Youth and adult elementary + middle education
( ) High school
( ) Youth and adult high school education
( ) Complete higher education
( ) Incomplete higher education
( ) Specialization (minimum load of 360 hours)
( ) Master’s degree
( ) Doctoral degree
( ) I do not want to answer

5 - What is your religion? (you can tick multiple alternatives)
(1) I do not identify with any religion
(2) Evangelical/Protestant
(3) Umbanda
(4) Candomblé
(5) Kardecism/spiritualism
(6) Catholic
(7) Other
( ) I do not want to answer

6 – In the last two weeks, how many people lived in your house, including you?
________ people (numeric variable)

7 - How many rooms are there in your house?
______ (numeric variable)
(Explain to the interviewee: a room is a compartment of the private household covered by a roof and limited by walls, including a bathroom and kitchen for the exclusive use of the household residents.)

8 - In the last 12 months, have you worked or been an intern for at least one hour in any paid activity?
( ) Yes
( ) No (if not, skip questions 9 and 10)
( ) I do not want to answer

9 - What was your occupation (position or function) at this job?
1. Domestic worker
2. Army, navy, air force, military police, or military fire brigade officer
3. Private sector worker
4. Public sector worker
5. Employer/Entrepreneur
6. Self-employed/informal work
( ) I do not want to answer
10 - What was your gross monthly income in this job?
_________ REAIS (numeric variable)
( ) I do not want to answer

11 - Adding up all of the salaries of the people in your household, what is the monthly household income?
(If the user does not know their monthly income, the interviewer can help estimate an average income)
(1) We only get government aid (Auxílio Brasil/Bolsa Família)
(2) Less than 1 individual’s minimum wage (< 1,212.00)
(3) 1 to 2 individuals’ minimum wages (1,212.00 to 2,424.00)
(4) More than 2 to 5 minimum wages (2,424.01 to 6,060.00)
(5) More than 5 to 10 minimum wages (6,060.01 to 12,120.00)
(6) More than 10 minimum wages (≥ 12,120.01)
( ) I do not want to answer

12 - In the last two weeks, which means of transport did you use the most?
(Explain to the interviewee: if they used several means of transport, tick the one in which they spend more time)
(1) On foot
(2) Bicycle
(3) Motorcycle
(4) Motorcycle taxi
(5) Car
(6) Taxi/application car
(7) Van
(8) Bus
(9) Train/subway/ BRT (Bus Rapid Transit)/LRV (Light Rail Vehicle)
(10) Other
( ) I do not want to answer

D- INDIVIDUAL AND FAMILY CLINICAL HISTORY OF COMORBIDITIES

Now we would like to know a little about your health.

13 - Do you smoke?
(1) Yes
(2) No
( ) I do not want to answer

14 - Are you pregnant?
(1) Yes
(2) No (skip question 15)
( ) I do not want to answer

15 – What is the week of your pregnancy? _____ weeks (numeric variable)

16 - Has a doctor or other health professional ever diagnosed you with any of the conditions below
(Tick all options that apply):
( ) Obesity
( ) Diabetes mellitus
( ) Heart disease or high blood pressure
( ) Respiratory disease (for example: Cancer
( ) Hematologic disease (including sickle cell anemia)
( ) Advanced stage chronic kidney disease
( ) Chromosomal diseases with immune fragility (Down syndrome, Turner syndrome)
( ) Liver disease (for example: hepatic steatosis, hepatitis, cirrhosis, etc.)
( ) Autoimmune disorders (for example: systemic lupus erythematosus, rheumatoid arthritis, immune thrombocytopenia, etc.)
( ) Immunodeficiencies (for example: HIV infection, leukemia, etc.)
( ) Other diseases; please specify: ____________
( ) I have never had any diseases
( ) I do not want to answer

17 - Do you live with someone who has the characteristics below? (You can tick more than one option)
( ) Old age (over 60 years of age)
( ) Obesity
( ) Diabetes mellitus
( ) Heart disease or high blood pressure
( ) Respiratory disease (for example: Previous or currently undergoing cancer treatment
( ) High-risk pregnancy
( ) Hematologic disease (including sickle cell anemia)
( ) Advanced stage chronic kidney disease
( ) Chromosomal diseases with immune fragility (Down syndrome, Turner syndrome)
( ) Liver disease (for example: hepatic steatosis, hepatitis, cirrhosis, etc.)
( ) Autoimmune disorders (for example: systemic lupus erythematosus, rheumatoid arthritis, immune thrombocytopenia, etc.)
( ) Immunodeficiencies (for example: HIV infection, leukemia, etc.)
( ) Other diseases; please specify: ____________
( ) They have no diseases or any of the aforementioned conditions
( ) I do not want to answer

18 - In general, how do you classify your health status at this moment?
(1) Very good
(2) Good
(3) Regular
(4) Poor
(5) Very poor
( ) I do not want to answer

E - CLINICAL AND LABORATORY HISTORY OF SARS-COV-2 INFECTION

19 - Have you ever had COVID-19?
(1) Yes, only once
(2) Yes, twice
(3) Yes, more than twice
(4) No- skip to question 25
(5) I do not know
20 - The last time you had COVID-19, what did you do to confirm this diagnosis?

<table>
<thead>
<tr>
<th>Diagnostic method</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory test with blood collection; I got the result after a few days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory test (RT-PCR) with nose swab collection; I got the result after a few days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory test (antigen detection test other than the rapid test) with nose swab collection; I got the result immediately or after a few days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid test with blood collection; I got the result right away</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid test with nose swab collection; I got the result right away</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest X-ray and/or CT scan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The doctor told me, but I did not get tested (skip question 21)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Another health professional told me, but I did not get tested (skip question 21)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I came to this conclusion based on the symptoms I had (skip question 21)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others: Specify _________________________________________________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21 - At which type of health service were you tested?

(1) Drugstore
(2) SUS Emergency Care Unit (ECU)
(3) SUS public hospital
(4) Health center/Family Health Unit/ SUS Basic Health Unit
(5) Private hospital
(6) Private laboratory with direct payment
(7) Private laboratory paid by my health insurance plan
(8) Other

( ) I do not want to answer

22 - Did you have any difficulty in accessing COVID-19 testing?

(1) Yes
(2) No (skip to question 24)

( ) I do not want to answer

23 – We will provide you some examples of difficulty in accessing the rapid test, answer yes or no according to your experience:

<table>
<thead>
<tr>
<th>Situations</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The location and transport to health facilities that carry out testing are inadequate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long waiting time for the rapid test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test results took a long time to be delivered</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Difficulty in obtaining information about the places actually carrying out the rapid test

My work schedule prevents me from getting tested during the week

Other: add as many difficulties as necessary and record each one in a different space

24 - Did you have any limitations after having COVID-19 infection?
(0) No limitation – I had no symptoms, pain, depression, or anxiety after recovering
(1) Very mild limitations – I can perform all daily tasks/activities at home or work despite some symptoms, pain, depression, or anxiety.
(2) Mild limitations – I can perform daily tasks/activities at home or work with less intensity or occasionally avoid them due to symptoms, pain, depression, or anxiety.
(3) Moderate limitations – Some daily tasks/activities at home or work have been considerably reduced due to symptoms, pain, depression, or anxiety.
(4) Severe limitations – I need assistance (caregivers) with Activities of Daily Living (ADL) due to symptoms, pain, depression, or anxiety.
( ) I do not want to answer

F- COVID-19 SYMPTOMS AND BEHAVIORS

25 - Are you experiencing any of these symptoms today?
(You can tick more than one option)
Shortness of breath/difficulty breathing ( )
Chest pain ( )
Fever ( )
Chills ( )
Headache ( )
Dry cough ( )
Cough with phlegm ( )
Fatigue or tiredness ( )
Sore throat ( )
Coryza ( )
Nasal congestion ( )
Nausea or vomiting ( )
Diarrhea ( )
Joint pain ( )
Muscle pain ( )
Abdominal pain ( )
Loss of sense of smell ( )
Loss of sense of taste ( )
Sleep pattern changes ( )
Psychomotor agitation ( )
Mood change ( )
Burning eyes ( )
( ) I do not want to answer

Now we want to know about your recent close contacts. The following are considered close contacts:
● Was less than one meter away, for a minimum period of 15 minutes, without wearing a face mask or using it incorrectly
● Had direct physical contact with you (for example: shaking hands)
● Is a health professional who provided health care in a case of COVID-19 without using personal protective equipment (PPE) or using damaged PPE
● Is a household contact or resident in the same house/environment (dorms, daycare, accommodation, etc.)

26 - In the last two weeks, have you had close contact with anyone diagnosed with COVID-19 or who had flu-like symptoms?
( ) No (skip to question 28)
( ) Yes
( ) I do not want to answer

27 - Where did you have contact with this person?
( ) At home
( ) At school
( ) At work
( ) On the streets of my neighborhood
( ) At a neighbor’s house
( ) Other; please specify: ________________
( ) I do not want to answer

28 - Which of these behaviors are part of your daily life today? (You can tick more than one option)

<table>
<thead>
<tr>
<th>Options</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staying at home and avoiding contact with other people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When leaving the house, avoiding places with many people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washing your hands frequently with soap and water or 70% alcohol-based hand sanitizer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoiding touching your eyes, nose, and mouth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wearing a protective mask indoors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wearing a protective mask everywhere (whether indoors or outdoors)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Covering your mouth and nose when coughing or sneezing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not sharing personal use objects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently sanitizing your cell phone and your child’s toys</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keeping a distance of at least one meter from any person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking hydroxychloroquine, chloroquine, and/or ivermectin (NOTE: inform the participant that these drugs are not effective in preventing COVID-19)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

29 - What type of mask do you usually wear?
(1) N95/PFF2
(2) Surgical/disposable
(3) Fabric/cloth
(4) Other
30 - What do you think is your chance of getting COVID-19?

(1) None
(2) Low
(3) Moderate
(4) High

( ) I do not want to answer
G - USE OF HEALTH SERVICES

31 - How do you access health services?
(1) Exclusively through SUS
(2) Exclusively through my health insurance
(3) I pay the professional or private clinics directly for all appointments
(4) I access all services: SUS, health insurance, and/or direct payment to the professional
(5) Other; please specify: ____________________________
( ) I do not want to answer

32 - In general, where do you usually go when you are sick or in need of health care?
(1) Drugstore
(2) Basic health unit (health unit or family health unit)
(3) Specialty center, public polyclinic, or Medical Assistance Unit (MAU)
(4) Emergency Care Unit
(5) Emergency room in a public hospital
(6) Outpatient clinic in a public hospital
(7) Private office
(8) Outpatient clinic or office in a private clinic
(9) Emergency room in a private hospital
(10) I see a professional from the family health team at home
(11) Healer, prayer healer, or similar persons
(12) Emergency Mobile Unit/Emergency mobile care service (SAMU)
(13) Other; please specify: ____________________________
(14) I do not go anywhere
( ) I do not want to answer

33 - Is your household registered in the family health unit?
(1) Yes
(2) I do not know
(3) No (skip to question 35)
( ) I do not want to answer

34 - How often does a CHA (community health agent) or a member of the Family Health Team visit you at home?
(1) Monthly
(2) Every 2 months
(3) 2 to 4 times a year
(4) Once a year
(5) Never
( ) I do not want to answer

35 - When was the last time you saw a doctor?
(1) In the last twelve months
(2) One to two years ago
(3) More than 2 years ago
(4) I have never been to a doctor
( ) I do not want to answer
36 - Have you ever been discriminated against in any health service?
(1) Yes, because of my skin color
(2) Yes, because of my sexual orientation
(3) Yes, because of my low income/salary
(4) Yes, for another reason
(5) No, I have never been discriminated against
( ) I do not want to answer

37 - In the last 12 months, did you seek the Health Unit to care for your own health?
(1) Yes, and I had an appointment
(2) Yes, but I neither had an appointment nor got a password
(3) Yes, but there was no doctor working
(4) Yes, but there was no specialized service or professional to see me
(5) Yes, but I waited too long and gave up
(6) Yes, but the health service was not working
(7) No
( ) I do not want to answer

**H - COVID-19 VACCINATION**

38 – Have you taken the COVID-19 vaccine?
(1) Yes
(2) No - > skip to question 42
( ) I do not want to answer

39 – Which vaccine did you take for your first dose?
(1) CoronaVac
(2) Pfizer
(3) Oxford AstraZeneca
(4) Janssen
( ) I do not remember
( ) I do not want to answer

40 – Considering the vaccination schedule, how many doses have you taken?

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoronaVac</td>
<td>1st DOSE</td>
</tr>
<tr>
<td>Pfizer</td>
<td>1st DOSE</td>
</tr>
<tr>
<td>Oxford AstraZeneca</td>
<td>1st DOSE</td>
</tr>
<tr>
<td>Janssen</td>
<td>SINGLE DOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2nd DOSE</th>
<th>1st BOOSTER</th>
<th>2nd BOOSTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoronaVac</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pfizer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxford AstraZeneca</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Janssen</td>
<td>1st BOOSTER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

( ) I do not remember
( ) I do not want to answer
41 – When did you take your last COVID-19 vaccine?
______ months ago
( ) I do not remember
( ) I do not want to answer

42 – What impacted your decision not to take the COVID-19 vaccine?

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of side effects or adverse effects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Political convictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious convictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A health condition prevented me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative news about the vaccine in the media and on social networks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do not believe they are effective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: add as many difficulties as necessary and record each one in a different space</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

43 – Did you take the flu (influenza) vaccine in 2021?
(1) Yes
(2) No
( ) I do not want to answer

**I - SELF-TEST ACCEPTABILITY**

44 - Have you heard about self-tests for COVID-19?
(1) Yes
(2) No
( ) I do not want to answer

45 - How did you find out?
( ) Internet
( ) Social networks (Instagram, Facebook, WhatsApp, etc.)
( ) Friends
( ) Family
( ) Media/TV/Newspaper
( ) Health service
( ) I do not want to answer

46 - Would you test yourself for COVID-19 using a self-test?
47 - Why would you take the self-test?
(You can tick more than one alternative)
(1) Out of curiosity
(2) Routine examination
(3) I have COVID-19 signs and symptoms
(4) My job requires:
(5) The health unit is very far from my home/work
(6) I do not know where to take the test
(7) I do not want anyone to know the result
(8) I do not want to spend hours waiting in line to take the test
(9) I want to take the test without leaving home
(10) I want to take the test alone or with someone I trust
(11) Other; please specify: ______________________________________________________
( ) I do not want to answer

48 – Why would you not take the self-test?
(1) I am not sure if I could do it myself
(2) I would not know what to do after diagnosis
(3) I prefer to do it in the presence of a health professional
(5) Swab collection is not comfortable; I am not sure if I could do it myself
(6) Other; please specify: __________________________________________________________________

( ) I do not want to answer
Appendix 2 – Telemonitoring Form

BLOCK A: IDENTIFICATION

UNIQUE IDENTIFICATION NUMBER: _____
- City of residence: (1) Salvador, BA  (2) Rio de Janeiro, RJ
- Health unit: ________________________________
- Completion date ______/_____/______

Date of the positive rapid antigen test SARS-CoV-2 ______/______/_____

PCR for SARS-CoV-2: ( ) Detected ( ) Not detected ( ) Inconclusive ( ) Unavailable

- Age:

- Presence of comorbidities and other risk factors for COVID-19 worsening:

- Is the patient pregnant? ( ) yes ( ) no

[ ] days after COVID-19 diagnosis

1. Did the patient die from COVID-19 complications?
( ) Yes (Open Block: Mortality surveillance); Date of death: ______/_____/______
( ) No (Open Block: Patient’s clinical history)

MORTALITY SURVEILLANCE BLOCK

2 - Did the patient receive medical care during the illness that led to his/her death?
( ) Yes
( ) No (skip question 3)

3 - Had he/she been referred to any of the services below?
( ) Specialty center, public polyclinic, or Medical Assistance Unit (MAU)
( ) Emergency Care Unit
( ) COVID-19 treatment facility
( ) Field hospitals (temporary beds)
( ) Emergency Mobile Unit/Emergency mobile care service (SAMU)
( ) Emergency room in a public hospital
( ) Outpatient clinic in a public hospital
( ) Outpatient clinic or office in a private clinic
( ) Emergency room in a private hospital
( ) Other; please specify: __________________________
( ) There was no referral

4 - Did the doctor declare COVID-19 as the cause of death in the death certificate?
( ) Yes, COVID-19 was the underlying cause of death (part I);
( ) Yes, COVID-19 recorded as “other significant conditions that contributed to death but did not directly cause death” (part II)
( ) No death certificate found (Skip question 5)
5 - Was this diagnosis confirmed by any of these tests? (Check all that apply)
( ) RT-qPCR
( ) Rapid COVID-19 antigen test
( ) Imaging (chest X-ray/chest CT)
( ) None of these

BLOCK B: PATIENT'S CLINICAL HISTORY

6 - Are you experiencing any of these symptoms today? (You can tick more than one option)
Ask the patient to indicate the intensity of symptoms from 0 to 5.
Shortness of breath/difficulty breathing ( )
Chest pain ( )
Fever ( )
Chills ( )
Headache ( )
Dry cough ( )
Cough with phlegm ( )
Fatigue or tiredness ( )
Sore throat ( )
Coryza ( )
Nasal congestion ( )
Nausea or vomiting ( )
Diarrhea ( )
Joint pain ( )
Muscle pain ( )
Abdominal pain ( )
Loss sense of smell ( )
Loss of sense of taste ( )
Sleep pattern changes ( )
Psychomotor agitation ( )
Mood change ( )
Burning eyes ( )
I do not want to answer ( )

7 - Fill in the table with the symptoms indicated and their intensity on a scale of 0 to 5.

<table>
<thead>
<tr>
<th>Patient-reported symptoms</th>
<th>DEGREE OF INTENSITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>...</td>
<td></td>
</tr>
</tbody>
</table>

8 - Had any doctor prescribed any medication for COVID-19?
( ) Antipyretic
( ) Analgesic
( ) Antibiotic
( ) Corticosteroid
( ) Herbal medicine
( ) Chloroquine/hydroxychloroquine
( ) Ivermectin
( ) Azithromycin
( ) Other; please specify: ____________________________________
( ) No medication
( ) I do not want to answer

(NOTE: Inform that chloroquine, ivermectin, and azithromycin have no confirmed efficacy for COVID-19 prevention)

9 - Which of these drugs are you using right now?
( ) Antipyretic
( ) Analgesic
( ) Antibiotic
( ) Corticosteroid
( ) Herbal medicine
( ) Chloroquine/hydroxychloroquine
( ) Ivermectin
( ) Azithromycin
( ) Other; please specify: ____________________________________
( ) No medication
( ) I do not want to answer

(NOTE: Inform the participant that chloroquine, ivermectin, and azithromycin have no confirmed efficacy for COVID-19 prevention)

10 – In the last one or two days, did you seek any type of healthcare due to intensification of COVID-19 symptoms?
( ) Drugstore
( ) Basic health unit (health unit or family health unit)
( ) Specialty center, public polyclinic, or Medical Assistance Unit (MAU)
( ) Emergency Care Unit
( ) Emergency room in a public hospital
( ) Outpatient clinic in a public hospital
( ) Private office
( ) Outpatient clinic or office in a private clinic
( ) Emergency room in a private hospital
( ) A professional from the family health team at home
( ) Emergency Mobile Unit/Emergency mobile care (SAMU)
( ) Healer, prayer healer, or similar persons
( ) Other; please specify: ____________________
( ) I did not seek healthcare
( ) I do not want to answer

11 - Over the past two weeks, how often were you bothered by any of the following problems?
PHQ-2 QUESTIONNAIRE FOR SCREENING DEPRESSIVE SYMPTOMS*

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half of the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

BLOCK C: CLINICAL MANAGEMENT

Professional assessment:
12 – According to the classification by the Ministry of Health (Brazil, 2022)¹, how do you classify the user’s current condition:

Asymptomatic [ ] Positive COVID-19 laboratory test absence of symptoms.

Mild [ ] Patient has cough, sore throat, coryza, may be followed by anosmia (loss of sense of smell), ageusia (loss of the sense of taste), diarrhea, abdominal pain, fever, chills, myalgia (muscle pain), fatigue, and/or headache.

Moderate [ ] Mild signs of illness to signs of progressive worsening of another symptom related to COVID-19 (i.e., prostration, decreased appetite, diarrhea), along with pneumonia with no severe signs or symptoms.

Severe [ ] Severe acute respiratory syndrome is defined as the presence of dyspnea/respiratory discomfort and/or persistent pressure in the chest or saturation lower than 95% in ambient air and/or bluish discoloration of lips and/or face.

Critical [ ] Occurrence of sepsis, septic shock, acute respiratory distress syndrome, severe respiratory failure, multiple organ dysfunction, severe pneumonia, need for respiratory support, and/or admissions to intensive care units.


13 - Did the user present a condition indicated the need for an assessment IN PERSON at the basic health/family health unit? ( ) Yes ( ) No

14 - Did the user present a clinical picture that indicated referral due to COVID-19 complications? ( ) Yes ( ) No (skip question 15)

15 - If yes, which service was the user referred to?
( ) Specialty center, public polyclinic, or Medical Assistance Unit (MAU)
( ) Emergency Care Unit
( ) COVID-19 treatment facility
( ) Field hospitals (temporary beds)
( ) Emergency Mobile Unit/Emergency mobile care service (SAMU)
( ) Emergency room in a public hospital
( ) Outpatient clinic in a public hospital
( ) Outpatient clinic or office in a private clinic
( ) Emergency room in a private hospital
( ) Other; please specify: ____________________
( ) No referral

CASE OUTCOME BLOCK

☐ Not applicable

16 - Case outcome
( ) Recovery
( ) Reinfection
( ) Death

BLOCK D: ISOLATION AND QUARANTINE

17 – Can you be isolated in a room in your house for 7 to 10 days without having contact with other people?  ( ) Yes (skip question 18)  ( ) No
( ) I do not want to answer

18 - Why? (You can tick more than one option)
( ) Fear of losing my job
( ) I need to work to support my family
( ) I have mild symptoms; I do not transmit it to other people when I use a mask
( ) I am asymptomatic; I do not transmit the infection to others when I wear a mask
( ) I get anxious at home
( ) I have only gone out for essential activities – drugstore, supermarket, and bank
( ) Other: Please specify __________
( ) I do not want to answer

19 - type of mask? Please check all that apply.
N95/PFF2  ( )
Surgical/disposable  ( )
Fabric  ( )
Other  ( )
( ) I do not want to answer
Appendix 3 – Training

To enable this process, the teams will implement the following activities: a) development and maintenance of a webpage in on an online social network for information dissemination on the intervention topics; b) implementation of a health professionals’ training program for the use of healthcare technologies and protocols; c) Health professionals will participate in workshops addressing the following topics: (i) telehealth care, (ii) remote clinical approaches to different target audiences, (iii) approaches to the implementation of technical protocols, and (iv) strategic planning techniques to support the multisectoral management of the intervention. The training will cover the following topics:

- Ethical issues in research with human subject;
- Epidemiological context of COVID-19 and the role of PHC in dealing with the pandemic and in the COVID-19 testing, diagnostic and care;
- Different types of testing for COVID-19: RT-PCR and RAT (self-test and applied by a health professional), antibody test and genotyping; the training for health professionals will focus in accurate sample collection and not in sample analysis by the RT-PCR technique.
- TQT intervention presentation, monitoring and evaluation indicators, and intervention flow in the health unit and the territory;
- Data collection protocol, demand creation questionnaire,] (with focus in gender issues), and biosecurity;
- A practical course for:
  - Application of the RAT for COVID-19.

A total of 115 CBHA will be trained in a course with 28 hours, and 35 physicians, 39 dentists, 35 nurses and 42 nurse technicians will be trained with a course with 34 hours in both cities.
Appendix 4 – Demand creation plan

Strategies to create demand will be developed to invite the population to participate in the intervention. We have two main strategies: i) passive search: people who need to be tested will be able to go directly to PHC units; and active search, which is:

1. Internet and online social networks: Materials for dissemination and communication of the project (e.g., videos, posters, and flyers) will be created and disseminated through social networks used by the communities (e.g., Instagram, WhatsApp, Facebook, and TikTok), previously identified during formative research.

2. Community radio and podcast: Health professionals, community health agents, and researchers linked to the project will participate in community radio programs and podcasts already being aired in the intervention territories. Information on COVID-19 prevention, access to COVID-19 testing, and services offered by PHC centers will be frequently disseminated.

3. CBHA: These professionals linked to the project will be responsible for community mobilization, promoting COVID-19 prevention, and testing information during daily home visits, which are already carried out within the scope of the CHA’s work in PHC. In addition, these professionals will be mobilized to identify people with flu-like symptoms and contact cases of COVID-19 to promote access to COVID-19 testing and assist in monitoring people identified as infected.

4. School health program: This is an integrated response program from the health and education sectors to contribute to the prevention, promotion, and health care actions already existing in the territories. The PHC teams will develop actions in the schools in coordination with teachers and school managers. In this sense, the schools with this program will be mobilized to identify children and adolescents with flu-like symptoms and for contacts in the classroom to perform COVID-19 testing and guidance of suspension of classes and isolation of cases.

5. Mobilization of religious institutions: Religious institutions, identified during formative research (e.g., evangelical churches, Catholic parishes, Spiritism centers, and Afro-Brazilian centers), will have their leaders and members mobilized to disseminate information on COVID-19 prevention and testing in their meetings. Posters and informative flyers will be distributed during meetings.

6. Mobilization of civil society organizations: civil society institutions (e.g., non-governmental organizations, residents' associations, and sports clubs) will have their leaders and members mobilized to disseminate information on COVID-19 prevention and testing in their meetings. Posters and informative flyers will be distributed during meetings.