

Appendix A

COVID-Inconfidentes: COVID-19 Epidemiological Vigilance in the Inconfidentes region



DATA COLLECTION INSTRUMENT

1) REGISTRATION DATA AND SYMPTOMATOLOGY

- 1.1) ID number: _____
- 1.2) Household status:
- Household previously selected (MAP)
 - Next Neighbor (first)
 - Second Neighbor
 - Household from a new draw
- 1.3) Municipality of residence and notification:
- Mariana
 - Ouro Preto
- 1.4) Are you foreign?
- No
 - Yes. Country of origin: _____
- 1.5) Are you a health professional?
- No
 - Yes
- 1.6) What is your individual taxpayer registry (CPF)? _____. _____. _____. - ____
- 1.7) Full name: _____
- 1.8) Mother's full name: _____
- 1.9) Date of birth: ___/___/_____
- 1.10) Address: _____
- 1.11) Telephone Contact: () _____ - _____
- 1.12) What is your gender?
- Female
 - Male (*Skip to 1.13*)
- If female:**
- 1.12.1) Are you pregnant?
- No
 - Yes
 - 77- Not applicable
- 1.13) In the past 15 days, have you had FEVER, MEASURED BY THERMOMETER?
- No (*Skip to 1.14*)
 - Yes
- If so:**
- 1.13.1) How many days ago did start? A: _____
- 1.13.2) How many days did it last? A: _____ / () I still have this symptom
- 1.14) In the past 15 days, have you had FEVER SENSATIONS?
- No (*Skip to 1.15*)
 - Yes
- If so:**
- 1.14.1) How many days ago did start? A: _____
- 1.14.2) How many days did it last? A: _____ / () I still have this symptom
- 1.15) In the last 15 days, did you have a SORE THROAT?
- No (*Skip to 1.16*)

Yes

If so:

1.15.1) How many days ago did start? A: _____

1.15.2) How many days did it last? A: _____ / I still have this symptom

1.16) In the past 15 days, have you had COUGH?

No (*Skip to 1.17*)

Yes

If so:

1.16.1) How many days ago did start? A: _____

1.16.2) How many days did it last? A: _____ / I still have this symptom

1.17) In the last 15 days, did you feel DIFFICULTY TO BREATH ?

No (*Skip to 1.18*)

Yes

If so:

1.17.1) How many days ago did you start? A: _____

1.17.2) How many days did it last? A: _____ / I still have this symptom

1.18) In the past 15 days, have you had ARRHYTHMIA?

No (*Skip to 1.19*)

Yes

If so:

1.18.1) How many days ago did you start? A: _____

1.18.2) How many days did it last? A: _____ / I still have this symptom

1.19) In the past 15 days, have you had DIARRHEA?

No (*Skip to 1.20*)

Yes

If so:

1.19.1) How many days ago did start? A: _____

1.19.2) How many days did it last? A: _____ / I still have this symptom

1.20) In the last 15 days, did you have VÔMIT?

No (*Skip to 1.21*)

Yes

If so:

1.20.1) How many days ago did start? A: _____

1.20.2) How many days did it last? A: _____ / I still have this symptom

1.21) In the last 15 days, did you SMELLED LESS?

No (*Skip to 1.22*)

Yes

If so:

1.21.1) How many days ago did start? A: _____

1.21.2) How many days did it last? A: _____ / I still have this symptom

1.22) In the last 15 days, did you TASTED LESS?

No (*Skip to 1.23*)

Yes

If so:

1.22.1) How many days ago did start? A: _____

1.22.2) How many days did it last? A: _____ / I still have this symptom

1.23) In the past 15 days, have you felt UNUSUALLY TIRED?

No (*Skip to 1.24*)

Yes

If so:

1.23.1) How many days ago did you start? A: _____

1.23.2) How many days did it last? A: _____ / I still have this symptom

1.24) In the last 15 days, did you notice SPOTS ON YOUR SKIN?

No (*Skip to 1.25*)

Yes

If so:

1.24.1) How many days ago did start? A:

1.24.2) How many days did it last? A: _____ / I still have this symptom

2) SOCIO-DEMOGRAPHIC AND ECONOMIC DATA

2.1) In relation to skin color, how do you consider yourself? (*Interviewer, read the options*)

White

Brown

Black

Indigenous

Yellow

Other

Don't know / Did not answer

2.2) What is your marital status? (*Interviewer, read out options*)

Single

Married/Stable Union

Widower

Divorced/separated

2.3) Do you have children?

No

Yes. How many? _____

2.4) Until what level did you study? (*Interviewer, do not read the options, mark the option according to the report*)

Never attended school

Adult literacy

The first or elementary school I or primary school (1st to 4th grade) incomplete

The first or elementary school I or primary school (1st to 4th grade) complete

Elementary school II or junior high or high school (5th to 8th or 9th grade)

incomplete

Elementary school II or junior high or high school (5th to 8th or 9th grade) complete

High school or secondary school or technical or technical or normal or scientific or supplementary school (1st to 3rd year) incomplete

Secondary school or high school or technical or technical or normal or scientific or supplementary school (1st to 3rd year) complete

Third-degree or higher incomplete

Third-degree or higher complete

Specialization or Post-graduation *Latu-Sensu*

Stricto Sensu Post-Graduation (Master and/or Doctorate)

Don't know / Did not answer

2.5) Who do you currently live with?

Family

Alone

Shared housing (friends/work)

Student Republic

2.6) How many rooms are there in your household, including the bathroom and kitchen? (Do not consider as room: corridors, open balconies, garage and other rooms for non-residential purposes)

A:

Don't know / Did not answer

2.7) How many rooms in your household are dormitories?

A:

Don't know / Did not answer

2.8) How many people live in this household?

A:

Don't know / Did not answer

2.9) BEFORE THE PANDEMIC (until March 2020), what was your monthly family income? Consider the gross monthly income adding up all the members of your family. *(Interviewer, do not read the options, mark the option according to the report)*

Less than 1 minimum wage (less than USD 194.25)

From 1 to 2 minimum wages (USD 194.25 – USD 388.31)

From 2 to 3 minimum wages (USD 388.49 - USD 582.56)

From 3 to 4 minimum wages (USD 582.74 - USD 776.80)

From 4 to 5 minimum wages (USD 776.99 - USD 971.05)

From 5 to 10 minimum wages (USD 971.24 - USD 1,942.30)

From 10 to 15 minimum wages (USD 1,942.48 - USD 2,913.54)

More than 15 minimum wages (more than USD 2,913.73)

Don't know / Did not answer

2.10) AFTER THE PANDEMIC start (March 2020), was there a CHANGE in the monthly family income? *(Interviewer, read the options)*

No, no change (Skip to 2.11)

Yes, it did. The impact was small

Yes, it did. The impact was great

Yes, increased

Don't know / Did not answer

If so:

2.10.1) What is your CURRENT monthly family income? Consider the monthly gross income adding up all the members of your family. *(Interviewer, do not read the options, mark the option according to the report)*

Less than 1 minimum wage (less than USD 194.25)

From 1 to 2 minimum wages (USD 194.25 – USD 388.31)

From 2 to 3 minimum wages (USD 388.49 - USD 582.56)

From 3 to 4 minimum wages (USD 582.74 - USD 776.80)

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From 10 to 15 minimum wages (USD 1,942.48 - USD 2,913.54)

More than 15 minimum wages (more than USD 2,913.73)

Don't know / Did not answer

2.11) Do you are CURRENTLY working?

No (*Skip to 3.1*)

Yes

Don't know / Did not answer

If you work:

2.11.1) What is your current main job or activity?

A:

2.11.2) After the start of the pandemic (March/2020) your regime/contract of work, has changed? *(Interviewer, read the options)*

No

Did not work before the pandemic

Yes, there was a reduction in the workload WITHOUT loss of pay

Yes, there was a reduction in the workload WITH loss of pay

Yes, there was the cancellation of the contract/dismissal

Don't know / Did not answer

2.11.3) Currently, how is your work routine regarding location? (*Interviewer, readout options*)

- All work activities are being performed at my home.
- Part of the activities are performed in the traditional work environment, and some days at home and others at the workplace.
- All work activities are being performed in my work environment.
- Don't know / Did not answer

2.11.4) Do you work in shifts?

- No (*Skip to 3.1*)
- Yes
- Don't know / Did not answer

If so:

2.11.4.1) If yes, what kind of shift have you worked?

- Night
- Alternating shift
- 12/36h shift
- 24h/48h shift
- Other: _____
- Don't know / Did not answer

2.11.4.2) How long have you been working in shifts?

A: (years _____) _____ (months)

- Don't know / Did not answer

3) LIFESTYLE HABITS

3.1) Are you currently in social distancing? (*Social isolation is the reduction in interaction and contact between people in a community to reduce the speed of transmission of the virus; different from social isolation, which is a measure that aims to separate sick people from non-sick people, to prevent the spread of the virus*)

- No (*Skip to 3.2*)
- Yes, totally
- Yes, partially
- Don't know / Did not answer

If so:

3.1.1) How long have you been in social distancing?

A: _____ months _____ days

3.2) How is your routine? (*Interviewer, read the options. You can mark more than one option*)

- I go out every day for work, study or other regular activity
- I go out to exercise
- I go to the gym to do some physical activity
- Go to restaurants and/or bars
- I participate in celebrations and/or gatherings (such as barbecues, birthday parties)
- I visit close family and friends
- I go out only for essential needs like buying food/ medicine
- I stay at home all the time
- Don't know / Did not answer

3.3) Most of the time, do you have the behaviors described below? (*Interviewer, read the options. You can mark more than one option*)

- Wear masks when going out
- Use masks to receive people or products that are delivered to my home
- Avoid touch eyes, nose, and mouth after contact with surfaces or people outside the home

- Maintain a distance of at least 1.5 meters from other people when you are away from home
- Change clothes when you get home
- Take off your shoes when you get home
- Wash your hands with soap and water or apply alcohol whenever you get home or receive some product
- Sanitize with soap and water, alcohol, or sanitizers (bleach, etc.) all products purchased outside the home
- Avoid crowds of people, such as parties, meetings, or bars/restaurants
- None of the alternatives
- Don't know / Did not answer

3.4) CURRENTLY, from Monday to Sunday do you expose yourself to the sun at any time during the day?

No (*Skip to 3.5*)

Yes

If so:

3.4.1) From Monday to Sunday, how many times a week are you exposed to the sun BEFORE 10:00 AM?

I am not exposed (*Skip to 3.4.3*)

1 time

2 times

3 times

4 times

5 times

6 times

7 times

Don't know / Did not answer (*Skip to 3.4.3*)

3.4.2) How long are you exposed to the sun BEFORE 10:00?

A: (hours _____) _____(minutes)

3.4.3) From Monday to Sunday, how many times a week are you exposed to the sun BETWEEN 10:00 AM and 3:00 PM?

I am not exposed (*Skip to 3.4.5*)

1 time

2 times

3 times

4 times

5 times

6 times

7 times

Don't know / Did not answer (*Skip to 3.4.5*)

3.4.4) How long are you exposed to the sun between 10:00 and 15:00?

A: (hours _____) _____(minutes)

3.4.5) From Monday to Sunday, how many times a week are you exposed to the sun AFTER 3:00 PM?

I am not exposed (*Skip to 3.4.7*)

1 time

2 times

3 times

4 times

5 times

6 times

7 times

Don't know / Did not answer (*Skip to 3.4.7*)

3.4.6) How long are you exposed to the sun AFTER 3:00 PM?

A: (hours _____) _____(minutes)

3.4.7) Do you use any kind of protection when exposed to the sun? (Interviewer, read the options; you can mark more than one option)

No

Yes, hat/bonnet

Yes, covers

Yes, long-sleeved clothes

Yes, sunscreen

Yes, I use umbrellas or umbrella/sun

3.5) BEFORE THE PANDEMIC (March/2020) did you expose yourself to the sun at any time during the day? (Interviewer, read the options)

No

Yes, I exposed myself to the sun the same frequency and time as this days

Yes, but sun exposure was GREATER

Yes, but sun exposure was LESS

Don't know / Did not answer

3.6) During the first few months of the pandemic (March to July/2020), there was a change in your sun exposure? (Interviewer, readout options)

No

Yes, I INCREASED my sun exposure

Yes, it DIMINED my exposure to the sun

Yes, I INTERRUPT my sun exposure

Don't know / Did not answer

3.7) Do you CURRENTLY practice some kind of physical exercise (walking, running, weight training, functional training, pilates, crossfit, yoga, etc)?

No (Skip to 3.8)

Yes

Don't know / Did not answer (Skip to 3.8)

If so:

3.7.1) What physical exercise/sport do you currently practice? How many days a week do you usually practice this physical exercise or sport? And on the day that you practice this exercise or sport, how long does this activity last? (Interviewer, do not read the options, mark the option according to the report. You can mark more than one option)

Walking

Frequency (days in the week) and time (minutes) A:

Race

Frequency (days in the week) and time (minutes) A:

Cycling

Frequency (days in the week) and time (minutes) A:

Bodybuilding

Frequency (days in the week) and time (minutes) A:

Aerobics (spinning, step, jump)

Frequency (days in the week) and time (minutes) A:

Stretching

Frequency (days in the week) and time (minutes) A:

Yoga

Frequency (days in the week) and time (minutes) A:

Pilates

Frequency (days in the week) and time (minutes) A:

Water aerobics

Frequency (days in the week) and time (minutes) A:

Swimming

Frequency (days in the week) and time (minutes) A:

Fights and martial arts (jiu-jitsu, karate, judo, capoeira)

Frequency (days in the week) and time (minutes) A:

Team sports (soccer, basketball, volleyball, tennis)

Frequency (days in the week) and time (minutes) A:

Dance (ballet, ballroom, axé, forró).

Frequency (days in the week) and time (minutes) A:

Other A:

Frequency (days in the week) and time (minutes) A:

3.8) BEFORE the PANDEMIC (March/2020) did you practice physical exercise?

(Interviewer, read the options)

No

Yes, practiced as this days, considering the frequency and duration of the exercise

Yes, but my practice of physical exercise was GREATER

Yes, but my practice of physical exercise was LOWER

Don't know / Did not answer

3.9) DURING THE FIRST MONTHS OF PANDEMIC (March to July/2020), did you change your exercise practice? *(Interviewer, readout options; you may mark more than one option)*

No

Yes, I INTERRUPT the practice of physical exercise

Yes, I DECREASE the practice of physical exercise

Yes, I STARTED practicing some physical exercise

Yes, I CHANGED the TYPE of exercise

Yes, I CHANGED only the PLACE of exercise

Yes, I INCREASED the practice of physical exercise

Don't know / Did not answer

3.10) CURRENTLY, from Monday through Friday, how much time (in hours) do you currently stay seated (include time used for cell phone, TV, computer, tablet, books, car, public transportation)?

A:

3.11) BEFORE PANDEMIA (March/2020), from Monday to Friday, how much time (in hours) per day did you stayed seated (include time used for cell phone, TV, computer, tablet, books, car, public transportation)?

A:

3.12) DURING THE FIRST MONTHS OF THE PANDEMIC (March to July/2020), from Monday to Friday, how much time (in hours) per day did you stayed seated (include time used for cell phone, TV, computer, tablet, books, car, public transportation)?

A:

3.13) Do you smoke or have you ever smoked cigarettes or any other tobacco product? *(Interviewer, read the options)*

No, never smoked *(Skip to 3.14)*

Yes, I have smoked but quit more than six months ago *(Skip to 3.14)*

Yes, I have smoked but quit less than six months ago *(Skip to 3.14)*

Yes, I smoke since before the pandemic

Yes, I started smoking after the beginning of the pandemic

If so:

3.13.1) CURRENTLY how many cigarettes on average do you smoke a day?

A:

3.13.2) BEFORE THE PANDEMIC (March/2020), your cigarette consumption was different?

No (*Skip to 3.14*)

Yes

If so:

3.13.2.1) BEFORE THE PANDEMIC how many cigarettes on average did you smoke per day?

A:

3.14) CURRENTLY, how often do you usually consume some alcoholic beverage?

I do not use alcoholic beverages (*Skip to 3.15*)

From 1 to 2 times a month

From 3 to 4 times a month

From 1 to 2 times a week

3 to 4 times a week

From 5 to 6 times a week

Every day of the week

If so:

3.14.1) (MALE) In the last 30 days, have you consumed 5 or more doses of an alcoholic beverage on a single occasion? Consider a dose of alcoholic beverage as equivalent to a can of beer or a glass of wine, or a dose of cachaça, whiskey, or any other distilled alcoholic beverage.

(FEMALE) In the past 30 days, have you had 4 or more drinks at one time? Consider a dose of alcohol as equivalent to a can of beer or a glass of wine, or a dose of cachaça, whiskey, or any other distilled alcoholic beverage.

No

Yes

Don't know / Did not answer

3.15) BEFORE THE PANDEMIC (March/2020), your alcohol consumption was different?

No (*Skip to 3.16*)

Yes

If so:

3.15.1) BEFORE THE PANDEMIC (March/2020), how often did you consume some alcoholic beverage?

Did not use alcoholic beverages

From 1 to 2 times a month

From 3 to 4 times a month

From 1 to 2 times a week

3 to 4 times a week

From 5 to 6 times a week

Every day of the week

3.16) Do you have any beliefs/religions?

No (*Skip to 4.1*)

Yes

If so:

3.16.1) BEFORE THE PANDEMIC (March/2020), how often did you go to temples, churches, religious services/celebrations?

More than once a week

Once a week

Two to three times a month

A few times a year

- Once a year or less
- Never
- Don't know / Did not answer

3.16.2) And CURRENTLY, how often are you attending religious services/celebrations in person or online?

- More than once a week
- Once a week
- Two to three times a month
- A few times a year
- Once a year or less
- Never
- Don't know / Did not answer

4) HEALTH CONDITION

4.1) Would you classify your health condition as: *(Interviewer, read the options)*

- Very good
- Good
- Regular
- Poor
- Very bad
- Don't know / Did not answer

4.2) Compared to the same month last year, would you rate your health condition as: *(Interviewer, read the options)*

- Much better than now
- A little better than now
- The same as now
- A little worse than now
- Much worse than now
- Don't know / Did not answer

4.3) CURRENTLY, do you feel any physical pain (pain in the body) most of the days?

- No *(Skip to 4.4)*
- Yes
- Don't know / Did not answer

If so:

4.3.1) How long have you felt physical pain (pain in the body) most of the days?

(Interviewer, read the options)

- Less than 3 months
- Between 3 and 6 months
- More than 6 months
- Don't know / Did not answer

4.4) Has any doctor or other health professional ever told you that you have

(Interviewer, readout options):

- Hypertension or high blood pressure?
- Diabetes or blood sugar?
- Asthma or bronchitis?
- Chronic lung disease?
- Cancer (any type)?
- Chronic kidney disease?
- Any heart disease?
- Depression?
- Anxiety disorder?
- Sleep apnea?

Hypo or hyperthyroidism?

Other: _____

None of the above

4.5) In the last 30 days, have you used any medication?

No (*Skip to 4.6*)

Yes. How many? _____

If yes, answer questions 4.5.1 to 4.5.5.1 for all the drugs you use:

4.5.1) name of the drug?

A: _____

4.5.2) What is the indication (what do you use the medicine for)?

A: _____

4.5.3) Who or where was it prescribed/recommended?

Doctor's appointment

Another health professional

Radio/TV/newspapers/internet

Indication of relatives/friends/neighbors

Other A: _____

4.5.4) How long have you been using this medication?

Use as needed (*Skip to 4.6*)

Less than 30 days

From 1-3 months

From 3-12 months

More than 1 year

4.5.5) Have you stopped taking this medication in the last 7 days?

No (*Skip to 4.6*)

Yes

Not applicable

4.5.5.1) If yes, what was the reason?

Forgot to take

Had adverse (side) effect

For lack of money to buy

Decided to discontinue use

Other reason A: _____

Not applicable

4.6) In the last 3 MONTHS have you used any vitamin or mineral supplements?

No (*Skip to 4.7*)

Yes

If so:

4.6.1) If yes, did they contain any of the vitamins below? (*Interviewer, read out options; you may check more than one option*)

Folate or folic acid or vitamin B9

Vitamin B6 or Pyridoxine

Vitamin B12 or cobalamin

Vitamin D or cholecalciferol or codfish oil supplementation

Multivitamin. Which one? _____

Other A: _____

Don't know / Did not answer

Does not apply

4.7) Do you believe you are infected with COVID-19 at this moment?

No

Yes

Don't know / Did not answer

4.8) Do you believe you have ever had COVID-19?

- No
 Yes
 Don't know / Did not answer
- 4.9) Have you sought medical attention at any time for suspected you had COVID-19?
- No
 Yes
 Don't know / Did not answer
- 4.10) Have you ever been tested for COVID-19?
- No (*Skip to 4.11*)
 Yes
 Don't know / Did not answer
- If so:**
- 4.10.1) What is the result of the test?
- Negative
 Positive
 Don't know / Did not answer
- 4.10.2) What type of test was performed? (*Interviewer, readout options*)
- Blood test ("taken from the vein")
 Blood test ("taken from the tip of the finger")
 Swab (cotton swab) in the nose or mouth
 Don't know / Did not answer
- 4.11) Have you ever had contact with someone who is or has been infected by COVID-19? (*Interviewer, read the options*)
- No
 Don't know
 Probably yes, but not confirmed with a test
 Yes, confirmed with a test
- 4.12) In your household, are any residents considered to be in risk for COVID-19? People over 60 years old or with cardiovascular disease, diabetes, respiratory disease, neurological or renal disease, immunosuppression, obesity, asthma, pregnant women or women who have had children less than 42 days ago (who are pregnant).
- No
 Yes
 Don't know / Did not answer
- 4.13) What is your current weight? (*In case you don't know your exact weight, fill in an approximate value*)
- A: (Kg _____)
- Don't know / Did not answer
- 4.14) What was your weight before the pandemic (March/2020)? (*If you do not know your exact weight, fill in an approximate value*)
- A: (Kg _____)
- Don't know / Did not answer
- 4.15) How tall you are? (*In case you don't know your exact height, fill in an approximate value*)
- A:
- Don't know / Did not answer

5) MENTAL HEALTH

Now let's talk about how you have felt during the **last two weeks**. The options of answers are: Not at all; Several days; More than half of the days; Almost every day.

During the LAST TWO WEEKS, how often were you bothered by any of the following problems?		No time	Several days	More than half of the days	Almost every day
5.1)	You felt nervous, anxious, or very tense (<i>Readout options</i>)	()	()	()	()
5.2)	Was not able to prevent or control your worries	()	()	()	()
5.3)	It was very concerned about several things	()	()	()	()
5.4)	Had difficulty to relax	()	()	()	()
5.5)	You have become so agitated that it was difficult to remain seated	()	()	()	()
5.6)	Easily upset or irritated	()	()	()	()
5.7)	felt afraid as if something horrible was going to happen	()	()	()	()
5.8)	had little interest or pleasure in doing things	()	()	()	()
5.9)	Felt "down", depressed or without perspective	()	()	()	()
5.10)	Difficulty getting to sleep, or staying asleep, or sleeping more than usual?	()	()	()	()
5.11)	Felt tired or low on energy	()	()	()	()
5.12)	Lack of appetite or overeating?	()	()	()	()
5.13)	Felt bad about yourself or think that you are a failure or that you have let your family or yourself down	()	()	()	()
5.14)	Difficulty concentrating on things, like reading the newspaper or watching TV	()	()	()	()

5.15)	Slow to move or speak, or were so agitated that you were pacing back and forth	()	()	()	()
5.16)	Thought about getting hurt in some way or that you would be better off dead?	()	()	()	()

INTERVIEWER, IF YOU HAVE SIGNED ONCE OR MORE ANY OF THE ABOVE PROBLEMS, please ask:

5.17) How difficult it was for you to do your job, take care of things at home, or socialize with other people? (*Interviewer, read out options*)

- () No difficulties
- () Little difficulty
- () Very difficult
- () Extreme difficulty
- () Don't know / Did not answer
- () Not applicable

6) SLEEPING HABITS

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6.1) During the LAST MONTH, what time did you usually go to bed at night?

A: h: min

- () Don't know / Did not answer

6.2) During the LAST MONTH, how long (in minutes) did you usually take to go to sleep at night? A: _____ min

- () Don't know / Did not answer

6.3) During the LAST MONTH, what time did you usually get up in the morning?

A: h: min

- () 99- Don't know / Did not answer

6.4) During the LAST MONTH, how many hours of sleep did you get each night? This may be different from the number of hours you stayed in bed:

A: h

- () Don't know / Did not answer

Now let's talk about your sleep in the LAST MONTH, the answer choices are: Not once in the last month; Less than once a week; 1 or 2 times a week; 3 or more times a week

	During the LAST MONTH, how often have you been bothered by any of the problems below:	Not once in the last month	Less than once a week	1 or 2 times a week	3 or more times a week
6.5)	Could not fall asleep within 30 minutes (<i>Interviewer, readout options</i>)	()	()	()	()
6.6)	Woke up in the middle of the night or early in the morning	()	()	()	()
6.7)	Had to get up to go to the bathroom	()	()	()	()

6.8)	He couldn't breathe comfortably	()	()	()	()
6.9)	Coughed or snored heavily	()	()	()	()
6.10)	Felt very cold	()	()	()	()
6.11)	Felt very hot	()	()	()	()
6.12)	Had bad dreams	()	()	()	()
6.13)	He had pain	()	()	()	()
6.14)	Others: _____	()	()	()	()

6.15) During the LAST MONTH, how often did you take medicine (prescribed or "on your own") to help you sleep? (*Interviewer, readout options*)

- () Not at all in the last month
- () Less than once a week
- () 1 or 2 times a week
- () 3 or more times a week
- () Don't know / Did not answer

6.16) During the past month, how often have you had difficulty staying awake while driving, eating, or participating in social activity (party, gathering with friends, work, study)? (*Interviewer, readout options*)

- () Not at all in the last month
- () Less than once a week
- () 1 or 2 times a week
- () 3 or more times a week
- () Don't know / Did not answer

6.17) During the LAST MONTH, how difficult was it for you to maintain enthusiasm for doing things (your usual activities)? (*Interviewer, read out options*)

- () No difficulties
- () A mild problem
- () A reasonable problem
- () A big problem
- () Don't know / Did not answer

6.18) During the LAST MONTH, how would you rate the quality of your sleep in general? (*Interviewer, read out options*)

- () Very good
- () Good
- () Poor
- () Very bad
- () Don't know / Did not answer

7) FOOD AND NUTRITION

Now let's talk about your diet in the LAST THREE MONTHS.

	In the LAST THREE MONTHS, how many days a week do you usually eat?	Never	1 to 2 days a week	3 to 4 days a week	5 to 6 days a week	Every day (including Saturday and Sunday)
7.1)	Beans (or soybeans, peas, lentils, chickpeas)?	()	()	()	()	()
7.2)	Oilseeds (nuts, peanuts, walnuts, almonds, macadamia nuts, among others)?	()	()	()	()	()
7.3)	Vegetables (lettuce, tomato, carrot, chayote, eggplant, zucchini - do not consider potato, cassava, or yam)?	()	()	()	()	()
7.4)	Dark green vegetables (spinach, kale, watercress, arugula)?	()	()	()	()	()
7.5)	Red meat (beef and pork)?	()	()	()	()	()
7.6)	Chicken?	()	()	()	()	()
7.7)	Fish (sardines, tuna, salmon)?	()	()	()	()	()
7.8)	Eggs?	()	()	()	()	()
7.9)	Fruit?	()	()	()	()	()
7.10)	Soda or artificial juice (powder, carton, or bottle)?	()	()	()	()	()
7.11)	Chocolate drinks or flavored yogurt?	()	()	()	()	()
7.12)	Milk, cheese, or other dairy products?	()	()	()	()	()
7.13)	Industrialized (packaged) cookies?	()	()	()	()	()
7.14)	Packaged snacks (Cheetos, Ruffles, or any other brand)?	()	()	()	()	()

7.15)	Noodles or instant soups?	()	()	()	()	()
7.16)	Hamburgers, sausages, sausage, , salami, ham, turkey breasts?	()	()	()	()	()
7.17)	Frozen products (pizza, ready meals, nuggets, French fries)?	()	()	()	()	()
7.18)	Canned food (corn, olives, vegetable)?	()	()	()	()	()
7.19)	hamburger bread, hot dog bread, or other sweet bread?	()	()	()	()	()
7.20)	Bread, simple cakes, and pasta?	()	()	()	()	()
7.21)	Candy and sweets (candy, gum, candy, ice cream, jelly, chocolate, etc.)?	()	()	()	()	()
7.22)	Do you exchange your lunch meal for sandwiches, snacks, pizza, or other snacks?	()	()	()	()	()
7.23)	Do you exchange you dinner meal for sandwiches, snacks, pizza, or other snacks?	()	()	()	()	()

7.24) Did you notice, in general, any change in the price of food during the pandemic?

(Interviewer, read the options)

No *(Skip to 7.25)*

Yes, prices have increased

Yes, prices have decreased *(Skip to 7.25)*

Don't know / Did not answer

If so:

7.24.1) If you have observed a price increase, for which foods? *(You can mark more than one option)*

Fruit, vegetables

Meat

Rice, beans

Oilseeds (nuts, peanuts, walnuts, almonds, macadamia nuts, among others)

Milk, cheese, and yogurt

Frozen products (pizza, ready meals, nuggets, French fries)

Sweets and candies

Other industrialized/ ultra-processed foods (soft drinks, packaged snacks, canned food, etc.)

7.25) What foods have you consumed that give you pleasure, comfort, and well-being sensation? (*Interviewer, do not read the options. You can mark more than one option*)

- Potato chips
- Ice cream
- Cookies/Cakes
- Chocolates/sweets
- Pasta/pizza
- Greens, vegetables/salad
- Soup
- Breads (French bread, sweet bread, cheese bread, bread with cream)
- Meat or barbecue
- Hamburger/sandwich
- I have not consumed
- OtheA: _____
- Not applicable

7.26) Compared to BEFORE THE PANDEMIC, have you modified your consumption of foods that give you pleasure, comfort, and well-being sensation?

- Yes, increased
- Yes, it decreases
- No, I did not change consumption
- Don't know / Did not answer

Now I will ask questions about your diet now and before the pandemic (March/2020):

7.27) CURRENTLY, what is the main way you purchase food items? (*Interviewer, read out options*)

- In person
- Delivery (delivery service) via phone/whatsapp
- Delivery (Delivery service) via application/website
- Does not buy
- OtheA: _____

7.28) BEFORE the PANDEMIC (March/2020), what was the main way you purchased food items? (*Interviewer, read out options*)

- In person
- Delivery (delivery service) via phone/whatsapp
- Delivery (Delivery service) via application/website
- Does not buy
- OtheA: _____

7.29) CURRENTLY, what are the top three places where you get most of your food? (*Interviewer: Do not read out options. You can mark up to **THREE** options*)

- Supermarkets and hypermarkets
- Fruit and vegetable store
- Butchery and fishmonger
- Local or neighborhood markets (including a grocery store, mini-market, and warehouse)
- Fairs
- Home garden
- Direct from the farmer
- Convenience store or gas station
- Street vendor and informal sales (including a trailer, food truck, etc.)
- 10- Bakery
- Snack bar (includes tea houses, juice houses, ice cream parlors, pastry shops, and the like)
- Bars and restaurants

Donation

Other: _____

() Don't know / Did not answer

7.30) BEFORE THE PANDEMIC (March/2020), what were the three main places where you got most of your food? (*IntervieweA: Do not readout options. You can mark up to **THREE** options*)

Supermarkets and hypermarkets

Fruit and vegetable store

Butchery and fishmonger

Local or neighborhood markets (including a grocery store, mini-market, and warehouse)

Fairs

Home garden

Direct from the farmer

Convenience store or gas station

Street vendor and informal sales (including a trailer, food truck, etc.)

10- Bakery

Snack bar (includes tea houses, juice houses, ice cream parlors, pastry shops, and the like)

Bars and restaurants

Donation

OtheA: _____

() Don't know / Did not answer

7.31) CURRENTLY, how often do you have meals outside your home? Consider any food prepared and consumed away from home.

() I do not have this habit

() From 1 to 2 times a month

() From 3 to 4 times a month

() From 1 to 2 times a week

() 3 to 4 times a week

() From 5 to 6 times a week

() Every day of the week

() Don't know / Did not answer

7.32) BEFORE THE PANDEMIC (March/2020), how often did you have meals outside your home? Consider any food prepared and consumed away from home.

() I do not have this habit

() From 1 to 2 times a month

() From 3 to 4 times a month

() From 1 to 2 times a week

() 3 to 4 times a week

() From 5 to 6 times a week

() Every day of the week

() Don't know / Did not answer

7.33) CURRENTLY, how often do you have meals at home that have been prepared elsewhere? (Such as delivery or picked up at the restaurant/location to be consumed at home)?

() I do not have this habit

() From 1 to 2 times a month

() From 3 to 4 times a month

() From 1 to 2 times a week

() 3 to 4 times a week

() From 5 to 6 times a week

() Every day of the week

Don't know / Did not answer

7.34) BEFORE THE PANDEMIC (March/2020), how often did you have meals at home that were prepared elsewhere? (Such as delivery or picked up at the restaurant/location to be consumed at home)?

I do not have this habit

From 1 to 2 times a month

From 3 to 4 times a month

From 1 to 2 times a week

3 to 4 times a week

From 5 to 6 times a week

Every day of the week

Don't know / Did not answer

7.35) CURRENTLY, considering the meals that were prepared outside your home (restaurants or delivery), what is the MAIN group of foods that you consume?

(IntervieweeA: readout options)

Food and meals in natural or minimally processed, such as fruits, vegetables, legumes, rice, beans, meat, and others

Ultra-processed foods, such as salty snacks, pizza, sandwiches, nuggets, potato chips

Sweets and candies, such as desserts, candies, chocolates, ice cream, and others

Don't know / Did not answer

Food Safety Scale - EBIA

Now, I will ask you some questions about your household's access to food. In all of the questions, you must answer for the LAST 3 MONTHS. Some questions are similar to each other, but you must answer them all

7.36) In the last 3 months, were you worried that the food in your home would end before you could buy more food?

No

Yes

Don't know / Did not answer

7.37) In the last 3 months, did the food end before you had money to buy more?

No

Yes

Don't know / Did not answer

7.38) In the last 3 months, did you run out of money and you could not have a healthy and varied diet?

No

Yes

Don't know / Did not answer

7.39) In the last 3 months, did the residents in your home eat only some food in your meals, because there was not enough money to buy food?

No

Yes

Don't know / Did not answer

7.40) In the last three months, has any resident 18 years of age or older skip meals because there was not money to buy food?

No

Yes

Don't know / Did not answer

7.41) In the last three months, did any resident 18 years of age or older ever eat less than you thought you should have because there was not enough money to buy food?

No

Yes

Don't know / Did not answer

7.42) In the last three months, has any resident 18 years of age or older ever hungry but did not eat because there was not money to buy more food?

No

Yes

Don't know / Did not answer

7.43) In the last three months, has any resident 18 years of age or older ever go without eating for a whole day or have just 1 meal in a whole day because there wasn't enough money to buy food?

No

Yes

Don't know / Did not answer

7.44) Are there any residents under 18 years old?

No (Finish the questionnaire)

Yes

If so:

7.44.1) In the last three months, has any resident under the age of 18 could not have a healthy and varied diet because there was not enough money to buy food?

No

Yes

Don't know / Did not answer

7.44.2) In the last three months, has any resident under the age of 18 eat less than what you thought you should because there wasn't enough money to buy food?

No

Yes

Don't know / Did not answer

7.44.3) In the last three months, have you ever reduce the size of meals because there wasn't enough money to buy food?

No

Yes

Don't know / Did not answer

7.44.4) In the last three months, have any residents under the age of 18 ever have to skip a meal because there wasn't enough money to buy food?

No

Yes

Don't know / Did not answer

7.44.5) In the last three months, have any residents under the age of 18 ever hungry but you just couldn't buy more food?

No

Yes

Don't know / Did not answer

7.44.6) In the last three months, have any residents under the age of 18 ever go without eating for a whole day or have just 1 meal in a whole day because there wasn't enough money to buy food?

No

Yes

Don't know / Did not answer

Thank you!