Korea Seroprevalence Study of Monitoring of SARS-CoV-2 Antibody Retention and Transmission

Questionnaire

The following questions are about your health status.

1. How would you describe your overall health in general?

① Excellent ② Very good ③ Good ④ Fair ⑤ poor

2. Have you ever been diagnosed with any medical conditions by a doctor?

① Yes (→ Proceed to question 2-1) ② No (→ Proceed to question 3)

2-1. What medical conditions have you been diagnosed with by a doctor? Please select all that apply.

□ Hypertension	□ Diabetes	□ Hyperlipidemia	□ Cancer
□ Cerebrovascular Disease	□ Chronic Kidney Disease	□ Chronic Pulmonary Disease	□ Liver Disease
□ Immunodeficiency	□ Autoimmune Disease	□ Other(please specify):	

3. What is your usual height and weight?

3-1. Height: □□□cm

3-2. Weight: □□□kg

The following questions are about your smoking history.

4. Do you currently smoke?

① Smoke daily (→ Proceed to question 4-1) ② Smoke occasionally (→ Proceed to question 4-1) ③ Quit smoking (→ Proceed to question 4-1) ④ Never smoked (→ Proceed to question 5)

4-1. For how many years have you been smoking? □□ years

4-2. How many cigarettes do you smoke per day? □□□ cigarettes

The following questions are about your COVID-19 infection history and related symptoms.

5. Can you stay home and rest if you have a fever or respiratory symptoms like a cough?

① Yes ② No

6. Since the beginning of the COVID-19 pandemic, have you experienced any symptoms of COVID-19?

① Yes ② No

7. Have you ever used a self-test kit for COVID-19?

① Yes ② No

8. Have you ever visited a hospital or clinic, or a public health center to be tested for COVID-19?

① Yes ② No

9. Have you ever been diagnosed with COVID-19?

① Yes (Number of times: □) (→ Proceed to question 9-1) ② No (→ Proceed to question 10)

9-1. Please provide the time of your first diagnosis.

Month, Year □ Don't know

9-2. If you have been diagnosed more than once, please provide the time of your last diagnosis.

Month, Year □ Don't know □ NA(only once)

9-3. Have you ever been hospitalized for treatment due to COVID-19 symptoms?

① Yes (Length of stay: □□ days) ② No

9-4. Have you experienced symptoms lasting for more than 2 months due to a COVID-19 diagnosis?

① Yes (→ Proceed to question 9-4-1) ② No (→ Proceed to question 10)

9-4-1. What symptoms have lasted for more than 2 months or are still present? Please select all that apply.

Respiratory/Cardiovascular	Eye/Ear/Nose/ Throat/Neurological	General and Mental Symptoms	Other
□ Shortness of breath	□ Sore throat	□ Sweating or fever	□ Joint pain
□ Chest pain	□ Cough or phlegm	□ Fatigue	□ Hair loss
□ Palpitations	□ Headache	□ Muscle pain	□ Irregular menstruation
Digestive	□ Loss or changes in sense of smell	□ Anxiety or depression	□ Skin allergies
□ Vomiting or diarrhea	□ Loss or changes in sense of taste	□ Cognitive decline (e.g., memory or concentration difficulties)	□ Other (please specify):
□ Other digestive issues	□ Red eyes	□ Sleep disturbances	-
-	□ Dry mouth or eyes	-	-

The following questions are about your COVID-19 vaccination status.

10. Have you ever been vaccinated for COVID-19?

① No, I have not been vaccinated.
② Yes, I received the first dose.
③ Yes, I received the second dose
④ Yes, I received the third dose (booster shot).
⑤ Yes, I received the fourth dose or a bivalent (updated) vaccine. (→ Go to question 10-⑤-1)

10-⑤-1. When was your most recent COVID-19 vaccination?

Month, Year □ Don't know

The following questions are about socioeconomic factors.

11. Are you currently employed?

① Yes (→ Proceed to question 11-1) ② No (→ Proceed to question 11-3)

11-1. What kind of work do you do in your current job?

① Manager, director, or senior official	② Professional occupations
③ Associate professional or technical occupation	④ Administrative and secretarial occupations
⑤ Skilled trades occupations	⑥ Caring, leisure, and other service occupations
⑦ Sales and customer service occupations	⑧ Process, plant, and machine operatives
⑨ Elementary occupation	⑩ Skilled Agricultural, Forestry, and Fishery Workers
⑩ Other (please specify):	

11-2. What is the type of employment in your current job?

① Self-employed (→ Proceed to question 12)
② Regular worker (→ Proceed to question 12)
③ Non-regular worker (→ Proceed to question 12)
④ Other (please specify): _____(→ Proceed to question 12)

11-3. What is the reason you are not currently working?

① Retired (Previously worked for at least one year but not currently employed)
② Looking for a job (Not employed in the past month)
③ Homemaker
④ Student
⑤ Other (please specify):

The following questions are related to the K-SEROSMART survey.

12. Do you agree to be contacted as part of the K-SEROSMART survey after this survey?

① Yes ② No

Thank you for completing the survey.

Please schedule the date and location for your blood collection.