**Appendix 1: Questionnaire and answers**

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| **AREA:** Demographic data |
| **QUESTIONS** | **ANSWERS** |
| Sex | * Female
* Male
 |
| Age | * 18-28
* 29-39
* 40-50
* 51-61
* +62
 |
| Level of education | * Primary school
* Secondary school
* High school
* College
* Specialty
* Master
* Doctorate
 |
| Residential location | * State
 |
| Marital status | * Single
* Common-law marriage
* Married
* Divorced
* Widowed
 |
| Parental status | * With children
* Not children
 |
| Household size | * 1
* 2
* 3
* >3
 |

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| --- |
| **AREA:** Financial status |
| **QUESTIONS** | **ANSWERS** |
| Employment status | * Student
* Housewife
* Employee
* Unemployed
* Retired
 |
| Monthly income | * 0 to 4k
* 4,001 to 8k
* 8,001 to 12k
* 12,001 to 16k
* >16k
* Not work
 |
| Risk of loss job | * Yes
* No
* Not work
 |
| Reduction in working days | * Yes
* No
* Not work
 |
| Monthly income reduction | * Yes
* No
* Not work
 |

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| **AREA:** Physical health |
| **QUESTIONS** | **ANSWERS** |
| Presence of symptoms such as: fever, chills, headache, myalgia, cough, difficulty in breathing, dizziness, coryza and sore throat | * Yes
* No
 |
| Self-rating physical health status | * Bad
* Regular
* Good
* Very good
* Excellent
 |
| Consultation with a doctor*Means* the respondent gone to doctor public or private for any symptoms of Covid-19. | * Yes
* No
 |
| Admission to the hospital*Means*: means the respondent was hospitalized in public or private medical related to COVID-19. | * Yes
* No
 |
| Being quarantined by a health authority | * Yes
* No
 |
| Being tested for COVID-19 | * Yes
* No
 |
| Presence of symptoms such as: fever, chills, headache, myalgia, cough, difficulty in breathing, dizziness, coryza and sore throat | * Yes
* No
 |

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| **AREA:** Contact history |
| **QUESTIONS** | **ANSWERS** |
| Direct contact with an individual with confirmed COVID-19 | * Yes
* No
 |
| Indirect contact with an individual with confirmed COVID-19 | * Yes
* No
 |
| Direct contact with an individual with suspected COVID-19 | * Yes
* No
 |

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| --- |
| **AREA:** Knowledge and concerns |
| **QUESTIONS** | **ANSWERS** |
| Knowledge about the routes of transmission | * Yes
* No
 |
| Confidence in diagnosis | * Yes
* No
 |
| Level of satisfaction of health information about COVID-19 | * No satisficed
* Poor satisficed
* Regular
* Satisficed
* Very satisficed
 |
| Level of satisfaction of information about the trend of new cases and the potential treatment for COVID-19 infection | * No satisficed
* Poor satisficed
* Regular
* Satisficed
* Very satisficed
 |
| Mainly source of information | * Social networks
* Parents and friends
* Internet
* Newspaper and magazines
* Scientific journals
* Television
 |
| Knowledge about the routes of transmission | * Yes
* No
 |
| Confidence in diagnosis | * Yes
* No
 |

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| **AREA:** Precautionary measures |
| **QUESTIONS** | **ANSWERS** |
| Covering mouth when coughing and sneezing | * Yes
* No
 |
| Washing hands with soap | * Yes
* No
 |
| Washing hands immediately after coughing or sneezing | * Yes
* No
 |
| Wearing a mask regardless of the presence or absence of symptoms | * Yes
* No
 |
| Avoid buying food in informal establishments | * Yes
* No
 |
| Avoid handshakes and leaving home only in indispensable situations | * Yes
* No
 |
| Covering mouth when coughing and sneezing | * Yes
* No
 |

**Appendix 2: Frequency distribution of the respondents of Mexican sample**

