



## Appendix A

**Note:** In the electronic version, the first step is the exposure of the consent form and the agreement or not to participate (question 1) and a question about the patient's age (question 2), only being able to progress to the following questions, those who agree to the term and that they are of legal age.

The questionnaire in the electronic model is available at the link: [https://docs.google.com/forms/d/e/1FAIpQLSceG5wocqKMW3nAfADQ6sNCTk19drw4oF7uo\\_C5haQyiOCTQ/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSceG5wocqKMW3nAfADQ6sNCTk19drw4oF7uo_C5haQyiOCTQ/viewform?usp=sf_link)

### Do you agree to participate in the research?

- Yes, I am aware of my way of participating in the research, as well as its risks and benefits, and therefore I agree to participate.
- No.

### How old are you?

- + 18 years old and would like to participate.
- + 18 years old but would not like to participate.
- 18 years old.

Cont. Assessment of the practice of self-medication in COVID-19.

The next questions will be about the practice of consuming drugs that are claimed to be effective in preventing COVID-19. The data collected will be confidential and will not be used for other purposes.

### Please enter your full name and age in the field below (Access control purposes only).

Name:

Age:

### Have you ever used any medication for the early treatment of COVID-19?

- Yes.
- No.

### If the answer to the previous question was yes, which drug(s) was (are) used?

### Do you currently use any medication for the early treatment of COVID-19?

- Yes.
- No.

### If the answer to the previous question was yes, what is (are) the medication(s) used?

A:

### When using this (these) medication(s), have you had any adverse reaction? If yes, what were they?

- headache
- nausea
- vomit
- diarrhea
- change in pressure
- itchy skin
- redness of the skin
- cardiac changes
- change in hearing
- change in vision
- other: (specify) \_\_\_\_\_

**How long have you been using or have you used this medication(s)?**

- Short period - a few days.
- Average period- weeks.
- Long period - months.
- I did not use any medication for early treatment.

**Have you ever had COVID-19?**

- Yes.
- No.

**What was the intensity of the symptoms that you felt?**

- Light.
- Moderate.
- Severe.
- I did not have COVID-19.

**What were the most intense symptoms you felt?**

A: \_\_\_\_\_

**Did you need to be hospitalized to treat the disease?**

- Yes.
- No.

## Appendix B

**Free and Clarified Consent Term**

You are being invited as a volunteer to participate in the research “Self-medication in Covid-19: Retrospective Epidemiological Study”. To participate in this research, you will answer a questionnaire to know, mainly:

1. If you have used or use any medication to prevent COVID-19;
2. If you have ever had an adverse reaction due to the consumption of these medicines (if you have already used these medicines);
3. If you had (or not) COVID-19 and;
4. If you already had it, what was the intensity of the symptoms you presented?

The benefits of participating in the research are related to the fact that you and others may have access to information related to the risk of using the medication without monitoring or guidance from health professionals. The risks of participating in the research are minimal, possibly related to the possibility of you feeling afraid to answer about the practice of non-guided use of medicines, but to minimize such risk, the consent form will reinforce the guarantee of the confidentiality of the information, as well as the exclusively scientific purpose of the research. Finally, participants will have direct access to the researchers, even being able to call collect, to ask questions related to the research. To participate in this study, you will not incur any cost or receive any financial benefit. He will be informed about the study in any aspect he wishes and will be free to participate or refuse to participate at any time. Your participation is voluntary and refusal to participate will not result in any penalty or change in the way you are treated by the researcher. Only people over 18 years old who agree to participate in the research will be included in the research and those under 18 years old and those who do not agree to participate in the research will be excluded. Your name or material indicating your participation will not be released without your permission. You will not be identified in any publication that may result and your identity will be kept confidential. In case of doubt, regarding the ethical aspects of this research, you can consult:

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