**Figure S1:** Map of seropositivity (made with Rstudio, own source)

## 

*Colors indicating the general population (blood donors)*

*Text boxes indicating the study cohort.*

*Gellerupparken: Including SH area Gellerupparken and Bazar Vest*

*Noejsomhed: Including SH area Noejsomhed and SH area Vapnagaard*

**Figure S2**: Frequency of symptoms among 3,236 individuals in SH areas stratified by seropositivity.



*Red: Seropositive, Blue: Seronegative*

**Figure S3**: Forest plot of risk ratios (RR) for each symptom reported by questionnaire cohort.

## 

**Figure S4**: General recommendations from the Danish Health authorities

|  |  |
| --- | --- |
| 1 | Keep a distance of 2 meters whenever possible and always at least 1 meter |
| 2 | Avoid handshakes, hugs and kisses on the cheek |
| 3 | Self-isolate and take a PCR test if you have symptoms of COVID-19 |
| 4 | Open windows and doors and ventilate your home regularly |
| 5 | Avoid being too many people together indoors |
| 6 | Cough or sneeze into your sleeve |
| 7 | Wash your hands often or use hand sanitizer |
| 8 | Clean thoroughly and regularly, especially surfaces that are touched by many people |
| 9 | Persons aged 12 or more must wear face masks or shields in following locations: public transportation, wholesale and retail shops, at premises for cultural, sports and club activities, religious communities, day-care facilities, schools, education institutions, public and private hospitals and clinics and premises where clients are offered services involving physical contacts |

**Figure S5**: Change of behavior among 3,236 individuals in Danish SH areas during the pandemic by seropositivity



*Red: seropositive, Blue: seronegative*

**Figure S6**: Change of behavior among 2,871 individuals in SH areas by sex and age in quartiles



*(Green – age >56 years, red – age 45-56 years, blue – age 31-45 years, yellow - <31 years)*

**Appendix**

**List of test sites:**

|  |  |
| --- | --- |
| Copenhagen | Mjoelnerparken |
|  | Tingbjerg |
|  | Aldersrogade |
|  | Amager |
|  | Taastrupgård |
| Helsingoer | Noejsomhed |
|  | Vapnagaard |
| Slagelse | Ringparken |
| Korsoer | Motalavej |
| Aarhus | Bispehaven |
|  | Gellerupparken and Bazar Vest |
| Odense | Solbakken |
|  | Vollsmose |

**The questionnaire:**

|  |  |
| --- | --- |
| **Introductory questions** | |
| Do you want to state your civil registration (CPR) number? | 🌕 Yes  🌕 No |
| What is your civil registration number (without hyphen)? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Confirm your civil registration number (without hyphen) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| THE CIVIL REGISTRATION NUMBERS DO NOT MATCH. PLEASE CHECK ABOVE AND ENTER AGAIN (This field disappears when the civil registration numbers entered in the above fields are identical) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What is your gender? | 🌕 Male  🌕 Female  🌕 Other  🌕 Don’t wish to answer |
| What is your date of birth? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What is your postcode? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How much do you weigh in kilograms (kg)? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How tall are you in centimetres (cm)? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you wish to do a finger prick test for COVID-19? | 🌕 Yes  🌕 No  🌕 Don’t know |
| May we compare the results of this survey with public registers? | 🌕 Yes  🌕 No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Questions about your antibody tests**  **This part of the questionnaire concerns the antibody tests you have done in connection with We are testing Denmark** | | | | | | |
| What is the result of your finger prick test? | | | 🌕 Negative  🌕 Positive for IgM  🌕 Positive for IgG  🌕 Positive for both IgM and IgG  🌕 Inconclusive  🌕 I have not done the test/the test failed | | | |
| **Questions about COVID-19 infection**  **This part of the questionnaire concerns whether you have been infected with COVID-19.** | | | | | | |
| If you were to give your best assessment, do you think/know that you have ever been infected with COVID-19? | | | 🌕 Yes, I know/think that I have had COVID-19  🌕 No, I know that I haven’t had/I don’t think that I have had COVID-19 | | | |
| Have you previously been tested for COVID-19? | | | 🌕 Yes  🌕 No | | | |
| What type of COVID-19 test have you taken?  Select one or both answer options | | | □ Swab (sample from throat, nose or pharynx)  □ Antibody test (finger prick test or blood test)  □ Don’t know/don’t wish to answer | | | |
| Was one or more of your tests positive? | | | 🌕 Yes  🌕 No | | | |
| **Symptoms**  **The next questions concern your general health and whether you have had symptoms of COVID-19.**  **Have you had one or more of the following symptoms since 1 February?**  **(Select an answer for each option)** | | | | | | | |
|  | No | Yes, slight | | Yes, some | Yes, pronounced | Don’t know | |
| Fever | 🌕 | 🌕 | | 🌕 | 🌕 | 🌕 | |
| Chills | 🌕 | 🌕 | | 🌕 | 🌕 | 🌕 | |
| Impaired sense of smell | 🌕 | 🌕 | | 🌕 | 🌕 | 🌕 | |
| Impaired sense of taste | 🌕 | 🌕 | | 🌕 | 🌕 | 🌕 | |
| Sore throat | 🌕 | 🌕 | | 🌕 | 🌕 | 🌕 | |
| Cough | 🌕 | 🌕 | | 🌕 | 🌕 | 🌕 | |
| Difficulty breathing/shortness of breath | 🌕 | 🌕 | | 🌕 | 🌕 | 🌕 | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What do you think is/was the cause of your symptoms?  Select one or more of the following answer options: | | | □ COVID-19  □ Influenza or an influenza-like disease  □ Common cold  □ Allergy/hay fever  □ Asthma  □ Gastrointestinal infection  □ Other  □ Don’t know | | |
| Which of the following conditions best describes how you felt when you were feeling the worst, while you had/suspected you had COVID-19? | | | 🌕 I had no symptoms  🌕 I was at home with symptoms, but felt well  🌕 I was bed-ridden at home with symptoms  🌕 I was admitted to hospital  🌕 I was admitted and on a ventilator. | | |
| **Risk of COVID-19**  **The following questions concern how great the risk is that you have been exposed to coronavirus.** | | | | | |
|  | Yes | No | | Don’t know | Not relevant |
| Have you stayed for minimum 15 minutes in the same room as an infected person? | 🌕 | 🌕 | | 🌕 | 🌕 |
| Have you had body contact with a person infected with COVID-19? | 🌕 | 🌕 | | 🌕 | 🌕 |
| Have you worked/studied with someone who was infected with COVID-19? | 🌕 | 🌕 | | 🌕 | 🌕 |
| Has someone in your household been infected with COVID-19? | 🌕 | 🌕 | | 🌕 | 🌕 |
| Has someone in your family or a friend outside your household been infected with COVID-19? | 🌕 | 🌕 | | 🌕 | 🌕 |
| **This part concerns behaviour** | | | | | |
| Have you taken any of the following measures due to the risk of COVID-19 infection?  Select all relevant answers: | | | □ I wash hands more often  □ I cough or sneeze into my sleeve  □ I use disposable tissues  □ I wear disposable face masks  □ I avoid shaking hands  □ I avoid greeting persons by hugging and/or kissing them on both cheeks  □ I limit my use of public transport  □ I avoid places where many people are gathered  □ I stay at home  □ I work more from home  □ I avoid travelling outside my own country and/or region  □ None of the above | | |
| Do you smoke? | | | 🌕 No  🌕 Yes – occasionally  🌕 Yes – daily, less than 10 times a day  🌕 Yes – daily, 10 or more times a day  🌕 Previously  🌕 Don’t wish to answer | | |

|  |  |
| --- | --- |
| Have you consumed alcohol in the past 12 months? | 🌕 Yes  🌕 No  🌕 Don’t know/don’t wish to answer |
| On how many days a week do you drink alcohol? | 🌕 0-1 days  🌕 2 days  🌕 3 days  🌕 4 days  🌕 5 days  🌕 6 days  🌕 7 days |
| How many units do you typically drink per week?  1 unit = 1 regular beer or 1 glass of red/white wine or 1 alcoholic soft drink or 1 alcoholic cider or 1 glass of fortified wine or 1 drink/cocktail or 1 acquavit/shot | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you use euphoriant drugs? | □ No  □ Yes – occasionally  □ Yes – often  □ Previously  □ Don’t wish to answer |
| Did you get an influenza vaccine last autumn/winter 2019?  Select one of the following answer options: | 🌕 Yes  🌕 No  🌕 I don’t know/don’t remember |
| Did you get an influenza vaccine this autumn/winter 2020?  Select one of the following answer options: | 🌕 Yes  🌕 No  🌕 I don’t know/don’t remember |
| **Work and education**  **The following questions are about your education and your work** | |
| What is your highest level of completed education?  Select one of the following answer options: | 🌕 I have no formal education  🌕 Primary education  🌕 Secondary education (youth education)  🌕 Vocational training or short-term/medium-term higher education  🌕 Long-term higher education  🌕 Don’t know |
| What is your main occupation?  Select one of the following answer options: | 🌕 Full-time work  🌕 Part-time work  🌕 Self-employed  🌕 Student  🌕 Homemaker  🌕 Unemployed  🌕 On long-term sick leave or parental leave  🌕 Pensioner  🌕 Other |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Which area(s) or type(s) of work best describe(s) your work?  Select one or more answers | | | | | □ Healthcare sector  □ Nursing home  □ Home care  □ Shop work  □ Office work  □ School/other educational establishment  □ Tradesman  □ Transport (Bus, taxi, train or other means)  □ Other  □ Don’t wish to answer | | | | |
| **The following questions concern your household**  **Information about your household is important to enable us to assess your risk of being infected with coronavirus and getting COVID-19.**  **How many people in the following age groups, including yourself, live in your household?**  **Please select one answer for each element.** | | | | | | | | | |
|  | None | 1 | 2 | 3 | | 4 | 5 | >5 | Not relevant |
| 0-4-year-olds | 🌕 | 🌕 | 🌕 | 🌕 | | 🌕 | 🌕 | 🌕 | 🌕 |
| 5-18-year-olds | 🌕 | 🌕 | 🌕 | 🌕 | | 🌕 | 🌕 | 🌕 | 🌕 |
| 19-44-year-olds | 🌕 | 🌕 | 🌕 | 🌕 | | 🌕 | 🌕 | 🌕 | 🌕 |
| 45-64-year-olds | 🌕 | 🌕 | 🌕 | 🌕 | | 🌕 | 🌕 | 🌕 | 🌕 |
| 65+-year-olds | 🌕 | 🌕 | 🌕 | 🌕 | | 🌕 | 🌕 | 🌕 | 🌕 |
| May we contact you later if we have elaborating further questions? | | | | | 🌕 Yes  🌕 No | | | | |
| What is your email address? | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Confirm your email address | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| THE EMAIL ADDRESSES DO NOT MATCH. PLEASE CHECK ABOVE AND ENTER AGAIN (This field disappears when the email addresses entered in the above fields are identical) | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |