

Table S1. Formula used in the sample size (s) calculation.

$s = (Z^2 p (1-p) / m^2) / [1 + ((Z^2 p (1-p) / m^2) - 1) / P]$	
Z	z-value (1.96)
p	proportion of population with the expected outcome (0.82)
m	margin of error (0.05)
P	total population (1645).

Table S2. Survey questionnaire.

Date ____/____/____ Place _____

1. Weight _____	2. Height _____
3. Sex <input type="checkbox"/> M <input type="checkbox"/> F	4. Age _____
5. Nationality <input type="checkbox"/> Italian <input type="checkbox"/> Other (specify) _____	

6. Highest degree?

- ☐ None
- ☐ Primary school
- ☐ Secondary school
- ☐ High school
- ☐ Bachelor's degree

7. Work condition?

- ☐ Unemployed
- ☐ Occasional employment
- ☐ Part-time
- ☐ Full-time
- ☐ Student
- ☐ Retired
- ☐ Freelance
- ☐ Other

8. Housing?

<input type="checkbox"/> Alone	Go to question 9	
<input type="checkbox"/> Dormitory		
<input type="checkbox"/> Unstable (e.g., a friend's house)		
<input type="checkbox"/> Homeless		
<input type="checkbox"/> Sharing an apartment	8.1. How many people?	(number)_____

	8.2. Over 65 years old?	<input type="checkbox"/> Yes (number)____ <input type="checkbox"/> No
	8.3. Under 18 years old?	<input type="checkbox"/> Yes (number)____ <input type="checkbox"/> No

9. Which of the following ones is applicable to you?

<input type="checkbox"/> I contracted COVID-19	9.1 Where the diagnosis was made? <input type="checkbox"/> during hospitalization/in the hospital <input type="checkbox"/> by local health unit swab
<input type="checkbox"/> I have been in contact with a person with COVID-19	Go to question 10
<input type="checkbox"/> I had symptoms but did not run further tests	
<input type="checkbox"/> None of the above	

10. Have you ever been tested before for COVID-19?

<input type="checkbox"/> Yes, it was negative	10.1 If yes, recommended by who? <input type="checkbox"/> Hospital staff <input type="checkbox"/> General practitioner <input type="checkbox"/> Self <input type="checkbox"/> Employer <input type="checkbox"/> Villa Maraini Foundation <input type="checkbox"/> Other
<input type="checkbox"/> Yes, it was positive	
<input type="checkbox"/> No	Go to question 11

11. Have you ever done a serological test for COVID-19 antibodies?

<input type="checkbox"/> Yes, it was negative	11.1 If yes, recommended by who? <input type="checkbox"/> Hospital staff <input type="checkbox"/> General practitioner <input type="checkbox"/> Self <input type="checkbox"/> Employer <input type="checkbox"/> Villa Maraini Foundation <input type="checkbox"/> Other
<input type="checkbox"/> Yes, it was positive	
<input type="checkbox"/> No	Go to question 12

12. Have you ever experienced the following symptoms since the beginning of the pandemic?
(multiple options can be selected)

- | | |
|--|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Breathlessness |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Asthenia |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Conjunctivitis |
| <input type="checkbox"/> Loss of taste | <input type="checkbox"/> Unusual muscle aches |
| <input type="checkbox"/> Loss of smell | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Cold | <input type="checkbox"/> None → |

12.1 If you experienced one of the previous symptoms, what have you done?

- | | |
|--|---|
| <input type="checkbox"/> Nothing | <input type="checkbox"/> I went to the hospital |
| <input type="checkbox"/> I consulted my general practitioner | <input type="checkbox"/> I asked to be visited by Villa Maraini staff |
| <input type="checkbox"/> I called the ministry of health freephone | <input type="checkbox"/> I took medication on my own |
| <input type="checkbox"/> I asked my friends and family for help | |
| <input type="checkbox"/> I self-quarantined | |

13. Have you been vaccinated against COVID-19?

<input type="checkbox"/> Yes, one dose	13.1 What vaccines? <input type="checkbox"/> Pfizer/BionTech _____ <input type="checkbox"/> Moderna _____ <input type="checkbox"/> AstraZeneca _____ <input type="checkbox"/> Other _____ _____	13.2 When? <i>(as precise as possible)</i> _____ _____
<input type="checkbox"/> Yes, two doses		
<input type="checkbox"/> Yes, three doses		
<input type="checkbox"/> No	Go to question 14	

14. Why? _____

15. Have you ever been diagnosed with any chronic disease? *(Multiple options can be selected)*

- | | |
|---|--|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> HCV <input type="checkbox"/> cured |
| <input type="checkbox"/> Heart diseases | <input type="checkbox"/> HBV |
| <input type="checkbox"/> COPD | <input type="checkbox"/> HIV <input type="checkbox"/> in therapy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Psychiatric/neurological |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Obesity | |

16. Do you take medications routinely?

<input type="checkbox"/> Yes	16.1 What medications? _____
<input type="checkbox"/> No	Go to question 17

17. Do you smoke?

<input type="checkbox"/> Yes	17.1 What do you smoke? <input type="checkbox"/> Tobacco <input type="checkbox"/> E-cig <input type="checkbox"/> Htps	17.2 How often? <input type="checkbox"/> Less than 1 times a week <input type="checkbox"/> 2-3 times a week <input type="checkbox"/> Daily	17.3 How many? <input type="checkbox"/> Less than 5 <input type="checkbox"/> Between 5 and 9 <input type="checkbox"/> Between 10 and 14 <input type="checkbox"/> Between 15 and 2 <input type="checkbox"/> More than 20
<input type="checkbox"/> No	Go to question 18		

18. Did you take one or more of these substances during the pandemic period?

*(Way of intake: i.v.=intravenous, i.m.=intramuscular, f=smoked, s=sniffed, os=oral;
 Frequency: daily/ more than 3 times a week/ during weekend/ once a week / 1-3 times a month/
 less than 10 times a year/ 1 or 2 times a year)*

Substance	Way of intake	Frequency
Heroin		
Cocaine		
Street methadone		
Benzodiazepines		
Other psychiatric drugs		
Alcohol		
Cannabinoids		
Ketamine		
Ecstasy		
Other _____		

19. Do you take drugs alone?

- ☐ Alone
☐ With others

20. Do you share the tools to take the substance?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

21. Are you being treated with replacement therapies?

<input type="checkbox"/> Yes	21.1 What drugs?	21.2 Last dose?	21.3 Schedule and frequency
	<input type="checkbox"/> MTD 1% <input type="checkbox"/> MTD 5% <input type="checkbox"/> Levo MTD <input type="checkbox"/> Buprenorfina	_____	<input type="checkbox"/> stable dose <input type="checkbox"/> variable dose <input type="checkbox"/> regular frequency <input type="checkbox"/> irregular frequency
<input type="checkbox"/> No	Go to question 22		

22. From the onset of the pandemic have you ever had an overdose?

<input type="checkbox"/> Yes	22.1 How many times?	22.2 What happened?
	_____	<input type="checkbox"/> I went to the ER <input type="checkbox"/> I have been assisted by Villa Maraini staff <input type="checkbox"/> A relatives (or similar) gave me naloxone
<input type="checkbox"/> No	Go to question 23	

23. What type of mask do you use the most?

- ☐ FFP2 o FFP3
- ☐ Surgical mask
- ☐ Community mask (fabric or similar)

24. On a scale from 0 (never) to 10 (always), how often do you:

keep your mask indoor with non-cohabiting people?	0	1	2	3	4	5	6	7	8	9	10
keep you mask on outside?	0	1	2	3	4	5	6	7	8	9	10
wash your hands or disinfect them with a hydroalcoholic solution?	0	1	2	3	4	5	6	7	8	9	10
keep interpersonal distance?	0	1	2	3	4	5	6	7	8	9	10

25. On a scale from 0 (none) to 10 (extremely), how much are you concerned about:

yourself	0	1	2	3	4	5	6	7	8	9	10
your loved	0	1	2	3	4	5	6	7	8	9	10

ones											
other people	0	1	2	3	4	5	6	7	8	9	10

Table S3. General characteristics of the participants that reported an incomplete vaccination cycle at the time of the survey (N=16).

	Total N	(%)	Incomplete vaccination cycle N	(%)	<i>p</i> -value
Sex					0.999
Male	169	(84.5)	14	(8.3)	
Female	31	(15.5)	2	(6.5)	
Age, years					0.574
Mean (SD)	43.9	(10.6)	42.4	(12.3)	
Median (IQR)	44	(35.5-52)	42	(31-50)	
Nationality					0.077
Italian	144	(72.0)	8	(5.6)	
Non-Italian	56	(28.0)	8	(14.3)	
Educational level					0.724
Middle school diploma or below	100	(50.0)	6	(6.0)	
High school diploma or above	100	(50.0)	10	(10.0)	
BMI category (N=198)					0.433
Underweight (BMI <18.5)	24	(12.3)	2	(8.3)	
Normal weight (BMI between 18.5 and 24.9)	102	(51.2)	11	(10.8)	
Overweight (BMI between 25.0 and 29.9)	52	(26.3)	3	(5.8)	
Obese (BMI > 30)	20	(10.2)	0	(0.0)	
Work status					0.966
Occasional work or unemployed	124	(62.0)	10	(8.1)	
Stable work	76	(38.0)	6	(7.9)	
Housing					0.867
Unstable	26	(13.0)	1	(3.9)	
Living alone	59	(29.5)	5	(8.5)	
Living with others	115	(57.5)	10	(8.7)	
Number of cohabitants					
None	80	(52.5)	6	(7.5)	
One or two	95	(47.5)	6	(6.3)	0.270
At least three	25	(12.5)	4	(16.0)	
Living with someone aged 65 years old or above					0.999
No	165	(82.5)	14	(8.5)	
Yes	35	(17.5)	2	(6.7)	

BMI: body mass index (kg/height in meter²). COVID-19: coronavirus disease 2019.

Wilcoxon test for continuous variables, chi² test or Fisher's test for categorical variables.

Table S4. Self-reported comorbidities of the participants (N=200).

	Total		Adherence to COVID-19 vaccination		<i>p</i> -value
	N	(%)	N	(%)	
Hypertension					0.578
No	179	(89.5)	144	(80.4)	
Yes	21	(10.5)	16	(76.2)	
Heart diseases					0.200
No	192	(96.0)	155	(80.7)	
Yes	8	(4.0)	5	(62.5)	
COPD					0.726
No	187	(93.5)	150	(80.2)	
Yes	13	(6.5)	10	(76.9)	
Asthma					0.026
No	187	(93.5)	153	(81.8)	
Yes	13	(6.5)	7	(53.8)	
Diabetes					0.999
No	194	(97.0)	155	(79.9)	
Yes	6	(3.0)	5	(83.3)	
HCV					0.292
No	135	(67.5)	110	(81.5)	
Yes	21	(10.5)	14	(66.7)	
Cured	44	(22.0)	36	(81.8)	
HBV					0.999
No	186	(93.0)	149	(80.1)	
Yes	14	(7.0)	11	(78.6)	
HIV					0.186
No	183	(91.5)	146	(79.8)	
Yes	4	(2.0)	2	(50.0)	
In therapy	13	(6.5)	12	(92.3)	
Psychiatric/neurological disorder					0.415
No	172	(86.0)	136	(79.1)	
Yes	28	(14.0)	24	(85.7)	
Other (e.g., cancer, CKD)					0.275
No	176	(88.0)	143	(81.2)	
Si	24	(12.0)	17	(70.8)	

COPD: Chronic Obstructive Pulmonary Disease. HCV: Hepatitis C Virus. HBV: Hepatitis B Virus.
 CKD: Chronic Kidney Disease.