Appendix 1: History of COVID-19 Infection/Symptom Index used in Models 1 and 2.

|  |  |  |  |
| --- | --- | --- | --- |
| HISTORY | YES | NO | Comments |
| Hospital? (How long?, where?) | [ ]  | [ ]  |  |
| Ventilator? (How long) | [ ]  | [ ]  |  |
| Other Complications? (List out) | [ ]  | [ ]  |  |
| Home Quarantine? (how long) | [ ]  | [ ]  |  |
| Positive COVID-19 test? | [ ]  | [ ]  |  |
| Time spent in bed? | [ ]  | [ ]  |  |
| Weight loss? | [ ]  | [ ]  |  |
| Fever? | [ ]  | [ ]  |  |
| Coughing/SOB? | [ ]  | [ ]  |  |
| Fatigue? 0-10 | [ ]  | [ ]  |  |
| Insomnia/sleep issues? | [ ]  | [ ]  |  |
| Muscle/joint aches? | [ ]  | [ ]  |  |
| Loss of smell? | [ ]  | [ ]  |  |
| Loss of taste? | [ ]  | [ ]  |  |
| Headache? | [ ]  | [ ]  |  |
| Nausea/Vomiting? | [ ]  | [ ]  |  |
| Diarrhea? | [ ]  | [ ]  |  |
| Rash? | [ ]  | [ ]  |  |
| Cognitive impairment? | [ ]  | [ ]  |  |