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? |  |  |  |