Supplementary file 1. Clinical signs and symptoms checklist

1.	**Clinical signs and symptoms**	
2.	Direct contact with a positive COVID-19 patient	□ Yes □ No □ Unknown
3.	Recent travel (Through the past 14 days)	□ Yes □ No □ Unknown
4.	Fever (≥ 37.3˚C)	□ Yes □ No □ Unknown
5.	Dry cough	□ Yes □ No □ Unknown
6.	Anorexia	□ Yes □ No □ Unknown
7.	Fatigue	□ Yes □ No □ Unknown
8.	Myalgia	□ Yes □ No □ Unknown
9.	Dyspnea	□ Yes □ No □ Unknown
10.	Headache, sore throat, rhinorrhea, gastrointestinal symptoms (e.g. nausea and diarrhea)	□ Yes □ No □ Unknown

Other signs and symptoms

□ Chills	□ Headache	□ Anorexia	□ Nasal bleeding
□ Sputum production	□ Fatigue	□General weakness	□ Rhinorrhea

High-risk patient records

□ Obesity □ Cancer □ Diabetes □ Immune system disorders (AIDS, chemotherapy, etc.) □ Cardiovascular disease (hypertension / valvular / failure) □ Asthma □ Chronic lung disease □ Chronic Kidney Disease □ Pregnancy □ Chronic Liver Disease □ Organ transplant or bone marrow transplant □ Patient over 60 years of age

□ Patients treated with corticosteroids (prednisolone)

□ Other diseases.....

Exposure to people with COVID-19 symptoms for the past 14 days

Which of the following have you done in the last 14 days?

□ Traveling inside the city □ Traveling outside the city □ Traveling outside the province □ Traveling Abroad

□ Contact with a COVID-19 positive patient □ Contact with a suspected COVID-19 person

□ Others.....