

Community Treatment Centers for Isolation of Asymptomatic and Mildly Symptomatic Patients with Coronavirus Disease, South Korea

Appendix

Questionnaire for Basic Medical Information

A. Gimje Center

1. Name: _____
2. Location
 - Building B
 - Building C
3. Room number:
4. Did you have following symptoms?
 - No symptom
 - Fever ($\geq 37.5^{\circ}\text{C}$)
 - Coughing
 - Muscle pain
 - Runny nose or stuffy nose
 - Sore throat
 - Dyspnea
 - Feebleness (Malaise)
 - Diarrhea
 - Abdominal pain
 - Others (_____)
5. What is the date of initial symptom expression? (If you don't have any symptoms, please skip this question)
___/___/___ (Day/Month/Year)
6. What is the date of diagnosis of COVID-19
___/___/___ (Day/Month/Year)

7. Underlying conditions (Please check all the disease you have.)

- Hypertension
- Diabetes mellitus
- Chronic Renal disease
- Chronic liver disease
- Chronic pulmonary disease
- Chronic cardiovascular disease (except hypertension)
- Hematologic malignancy
- Undergoing chemotherapy
- Use of immunosuppressants
- HIV
- Others (_____)

8. Any of following?

- Obesity
- Pregnant
- Transplantation recipient
- Others (_____)
- Not applicable

B. Gyeongju Center

1. Name: _____

2. Sex

- Male
- Female

3. Date of birth: ___/___/___ (Day/Month/Year)

4. What is the date of initial symptom expression? (If you don't have any symptoms, please skip this question)

___/___/___ (Day/Month/Year)

5. Underlying conditions: _____

6. Are you pregnant?

- Yes
- No

7. Did you have following symptoms

- Fever ($\geq 37.5^{\circ}\text{C}$)
- Coughing
- Muscle pain
- Runny nose or stuffy nose
- Sore throat
- Dyspnea
- Febleness (Malaise)
- Diarrhea
- Abdominal pain
- Others (_____)

8. Has the medication been taken in the last 24 hours?

- Yes (_____)
- No

9. Others: _____

C. Jecheon Center

1. Name: _____
2. Sex
 - Male
 - Female
3. Date of birth: ____/____/____ (Day/Month/Year)
4. Location
 - Building B
 - Building C
5. Room number: _____
6. Mobile phone number: _____
7. Mobile phone number of guardians: _____
8. Underlying disease (Please check all the disease you have.)
 - Hypertension
 - Diabetes mellitus
 - Renal disease
 - Others (_____)
 - None
9. Do you have sufficient medication more than 1 month?
 - Yes (Sufficient)
 - No (Not sufficient)
 - Irrelevant
10. If you don't have sufficient medication, do you have supplement plan?
 - I have family member who can deliver medication
 - I need someone to help purchase medication for me
 - Irrelevant
11. Are you pregnant now?
 - No
 - Yes
 - Irrelevant
 - Others (_____)
12. Clinical symptoms (Please check all the symptoms you have.)
 - No symptom
 - Fever ($\geq 37.5^{\circ}\text{C}$)
 - Coughing
 - Muscle pain
 - Runny nose or stuffy nose
 - Sore throat
 - Dyspnea
 - Feebleness (Malaise)
 - Diarrhea
 - Abdominal pain
 - Others (_____)

13. Medication you had during 24 hours (Please check all the drugs you had)

- General medication for cold
- Fever remedy
- Antibiotics
- Medications for hypertension
- Medications for diabetes
- None
- Others (_____)

Questionnaire for Daily Health Self-Monitoring

A. Gimje Center

1. Name: _____
2. Location
 - Building B
 - Building C
3. Room number: _____
4. Body temperature: _____ °C
5. Clinical symptoms (Please check all the symptoms you have.)
 - No symptom
 - Fever ($\geq 37.5^{\circ}\text{C}$)
 - Coughing
 - Muscle pain
 - Runny nose or stuffy nose
 - Sore throat
 - Dyspnea
 - Feebleness (Malaise)
 - Diarrhea
 - Abdominal pain
 - Others (_____)
6. Do you have severe symptoms that need doctor's consultation?
 - Yes
 - No
7. Other requests about medical support: _____

B. Gyeongju Center

1. Body temperature: _____ °C
2. Clinical symptoms (Please check all the symptoms you have.)
 - Coughing
 - Muscle pain
 - Runny nose or stuffy nose
 - Sore throat
 - Feebleness (Malaise)
 - Vomiting
 - Diarrhea
 - Abdominal pain
 - Others (_____)

C. Jecheon Center

1. Name: _____
2. Location
 - Building B
 - Building C
3. Room number: _____
4. Body temperature: _____ °C
5. Clinical symptoms (Please check all the symptoms you have.)
 - No symptom
 - Fever ($\geq 37.5^{\circ}\text{C}$)
 - Coughing
 - Muscle pain
 - Runny nose or stuffy nose
 - Sore throat
 - Dyspnea
 - Feebleness (Malaise)
 - Diarrhea
 - Abdominal pain
 - Other (_____)
6. Do you have severe symptoms that need doctor's consultation?
 - Yes
 - No