FOLLOW-UP QUESTIONNAIRE FOR PATIENTS FROM THE TEMPORARY COVID-19 HOSPITAL AT THE CITIBANAMEX CENTER AT 90 DAYS AFTER DISCHARGE

Dr: Hello, good day! I am calling from the Temporary COVID-19 Hospital at the Citibanamex Center; this is Dr [NAME]. Do I have the pleasure of speaking with (state the patient’s name only)? / May I speak with (state the patient’s name only)?

Dr: Thank you. The reason I am calling you is to follow up on the care you received, and on your current health status. I am going to ask you some questions if that is okay? (If you perceive that they are not willing to respond, or they mention that they do not have time, explain that this information is very important for their health and that this will only take 5 minutes of their time).

Dr: Can you please confirm your full name?

Dr: Can you verify your cell phone number?

Dr: Can you confirm your age?

Dr: During the last 15 days, did you present any of the following signs and symptoms (that may have occurred after the last survey)?

Please check one or more symptoms that you have presented.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Continuous</th>
<th>Recent onset</th>
<th>Recovered</th>
<th>Not occurred</th>
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<tbody>
<tr>
<td>Fever</td>
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<tr>
<td>Cough</td>
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<tr>
<td>Chest pain</td>
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<tr>
<td>Breathing difficulty</td>
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<tr>
<td>Headache</td>
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<tr>
<td>Loss of smell</td>
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<tr>
<td>Loss of taste</td>
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<tr>
<td>Weight loss</td>
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<tr>
<td>Diarrhea</td>
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<tr>
<td>Nausea</td>
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<tr>
<td>Vomiting</td>
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<tr>
<td>Chills</td>
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<tr>
<td>Abdominal pain</td>
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<tr>
<td>Muscle pain</td>
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<tr>
<td>Symptom</td>
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<td>----------------------------------------------</td>
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<tr>
<td>Joint pain</td>
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<tr>
<td>Low back pain</td>
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<tr>
<td>General malaise</td>
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<tr>
<td>Fatigue/tired</td>
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<tr>
<td>Dizziness</td>
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<tr>
<td>Runny nose</td>
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<tr>
<td>Shortness of breath</td>
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<tr>
<td>Sore throat</td>
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<tr>
<td>Red eyes/tearing</td>
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<tr>
<td>Blue or purple lips or fingers</td>
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<tr>
<td>Loss of sensation</td>
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<tr>
<td>Tingling/numbness</td>
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<tr>
<td>Skin rash</td>
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<tr>
<td>Seizures</td>
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<tr>
<td>Confusion</td>
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<tr>
<td>Poor concentration</td>
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<tr>
<td>Insomnia</td>
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<td>Dark spots (pigmentation) on lower limbs</td>
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<tr>
<td>Sadness</td>
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<tr>
<td>Feeling of emptiness</td>
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<tr>
<td>Desire to cry</td>
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<tr>
<td>Angry/irritable/easily frustrated about unimportant matters</td>
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<td>Increased or decreased appetite</td>
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<tr>
<td>Anguish/nervousness/agitation</td>
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<tr>
<td>Sensation of danger/fear</td>
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<td>Tremors</td>
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<tr>
<td>Sweating</td>
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<tr>
<td>Low back pain</td>
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<tr>
<td>Hair loss</td>
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</tbody>
</table>
When comparing your current health status with your pre-COVID-19 health status, how do you view your health today?

- Much worse than before
- Worse than before
- Same as before
- Better than before
- Much better than before

Please rate the degree of respiratory distress that you currently have:

- I do not have any respiratory distress
- I have difficulty making great physical effort (e.g., running, climbing stairs)
- I have difficulty making medium physical effort (e.g., walking one block)
- I have difficulty making minimal physical effort (e.g., getting out of bed)
- I have a constant shortness of breath (e.g., all day long)

Are you currently receiving any respiratory rehabilitation treatment?

- Yes or No

I appreciate the time you spent on this call and the information you provided; I will contact you within 15 days to continue the follow-up. Do you have any doubts?

Have a great day! Take care of yourself.
<table>
<thead>
<tr>
<th>Syndromes</th>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurological</td>
<td>11</td>
<td>Disorientation or confusion, headache, paraesthesia, lack of concentration, insomnia, bradyphrenia, memory loss, slow or difficult walking, loss of smell, dysgeusia, and seizures.</td>
</tr>
<tr>
<td>Mood Disorders</td>
<td>10</td>
<td>Feeling sad, anhedonia, desire to cry, anger, irritability or frustration, hypo- or polyphagia, feeling nervous, anxiety, tremors, and sweating.</td>
</tr>
<tr>
<td>Respiratory</td>
<td>7</td>
<td>Blue or purple lips or fingers, shortness of breath, chest whistling or a whistling cough, chest pain, breathing problems, increased breathing, and lethargy.</td>
</tr>
<tr>
<td>Systemic</td>
<td>5</td>
<td>Feeling tired, fever, chills, weight loss, and general malaise.</td>
</tr>
<tr>
<td>Ear, nose, and throat</td>
<td>5</td>
<td>Dizziness, red or watery eyes, runny nose, throat pain, and globus.</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>4</td>
<td>Muscle pain, joint pain, lower back pain, and back pain.</td>
</tr>
<tr>
<td>Dermatological</td>
<td>3</td>
<td>Skin rash, appearance of dark spots on the skin, and hair loss.</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>3</td>
<td>Diarrhoea, nausea or vomiting, and abdominal pain.</td>
</tr>
</tbody>
</table>
Figure S2a

NEUROLOGICAL

**30 DAYS**

- Male vs Female
- Age (per year increase)
- Middle school
- High school
- College or post-graduate
- Diabetes mellitus
- Hypertension
- Obesity
- HFNC
- IMV
- Dexamethasone
- Hb (<12.5 g/dL)
- D-dimer (>1000 to >1500 ng/mL)
- D-dimer (>1500 ng/mL)
- Ferritin (>336.2 µg/L)
- LDH (>233 UI/L)
- Absolute lymphocytes (<1000)
- Hospital stay (per day increase)

**90 DAYS**

- Male vs Female
- Age (per year increase)
- Middle school
- High school
- College or post-graduate
- Diabetes mellitus
- Hypertension
- Obesity
- HFNC
- IMV
- Dexamethasone
- Hb (<12.5 g/dL)
- D-dimer (>1000 to >1500 ng/mL)
- D-dimer (>1500 ng/mL)
- Ferritin (>336.2 µg/L)
- LDH (>233 UI/L)
- Absolute lymphocytes (<1000)
- Hospital stay (per day increase)

**Odds Ratio (OR)**

- 30 DAYS: OR = 0.59 (95% CI: 0.43, 0.81)
- 90 DAYS: OR = 0.38, (CI 95%: 0.24, 0.62)
Figure S2b

MOOD DISORDERS

30 DAYS

- Male vs Female
- Age (per year increase)
- Middle school
- High school
- College or post-graduate
- Diabetes mellitus
- Hypertension
- Obesity
- HFNC
- IMV
- Dexamethasone
- Hb (<12.5 g/dL)
- D-dimer (>1000 to >1500 ng/mL)
- D-dimer (>1500 ng/mL)
- Ferritin (>336.2 µg/L)
- LDH (>233 UI/L)
- Absolute lymphocytes (<1000)
- Hospital stay (per day increase)

OR = 0.57 (95% CI: 0.41, 0.78)

90 DAYS

- Male vs Female
- Age (per year increase)
- Middle school
- High school
- College or post-graduate
- Diabetes mellitus
- Hypertension
- Obesity
- HFNC
- IMV
- Dexamethasone
- Hb (<12.5 g/dL)
- D-dimer (>1000 to >1500 ng/mL)
- D-dimer (>1500 ng/mL)
- Ferritin (>336.2 µg/L)
- LDH (>233 UI/L)
- Absolute lymphocytes (<1000)
- Hospital stay (per day increase)

OR = 0.42 (95% CI: 0.25, 0.70)
### MUSCULOSKELETAL

#### 30 DAYS

- **Male vs Female:** OR=0.59 (95% CI: 0.42, 0.82)
- **Age (per year increase):**
- **Middle school:**
- **High school:**
- **College or post-graduate:**
- **Diabetes mellitus:**
- **Hypertension:**
- **Obesity:** OR=1.57 (95% CI: 1.01, 2.45)
- **HFNC**
- **IMV**
- **Dexamethasone**
- **Hb (<12.5 g/dL):**
- **D-dimer (>1000 to >1500 ng/mL):**
- **D-dimer (>1500 ng/mL):**
- **Ferritin (>336.2 µg/L):**
- **LDH (>233 UI/L):**
- **Absolute lymphocytes (<1000):**
- **Hospital stay (per day increase):**

#### 90 DAYS

- **Male vs Female:** OR=0.50 (95% CI: 0.30, 0.84)
- **Age (per year increase):**
- **Middle school:**
- **High school:**
- **College or post-graduate:**
- **Diabetes mellitus:**
- **Hypertension:**
- **Obesity:**
- **HFNC**
- **IMV**
- **Dexamethasone**
- **Hb (<12.5 g/dL):**
- **D-dimer (>1000 to >1500 ng/mL):**
- **D-dimer (>1500 ng/mL):**
- **Ferritin (>336.2 µg/L):**
- **LDH (>233 UI/L):**
- **Absolute lymphocytes (<1000):**
- **Hospital stay (per day increase):**

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Odds Ratio (OR) 30 days

Odds Ratio (OR) 90 days
Figure S2d

**DERMATOLOGICAL**

### 30 DAYS

- Male vs Female: OR = 0.27 (95% CI: 0.18, 0.41)
- Age (per year increase): OR = 0.52 (95% CI: 0.34, 0.81)
- Middle school: OR = 0.64 (95% CI: 0.42, 0.97)
- College or post-graduate: OR = 1.75 (95% CI: 1.16, 2.64)

### 90 DAYS

- Male vs Female: OR = 0.27 (95% CI: 0.16, 0.45)
- Age (per year increase): OR = 0.52 (95% CI: 0.34, 0.81)
- Middle school: OR = 0.64 (95% CI: 0.42, 0.97)
- College or post-graduate: OR = 1.82 (95% CI: 1.12, 2.94)