

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.

	Continuous	Recent onset	Recovered	Not occurred
Fever				
Cough				
Chest pain				
Breathing difficulty				
Headache				
Loss of smell				
Loss of taste				
Weight loss				
Diarrhea				
Nausea				
Vomiting				
Chills				
Abdominal pain				
Muscle pain				

Joint pain				
Low back pain				
General malaise				
Fatigue/tired				
Dizziness				
Runny nose				
Shortness of breath				
Sore throat				
Red eyes/tearing				
Blue or purple lips or fingers				
Loss of sensation				
Tingling/numbness				
Skin rash				
Seizures				
Confusion				
Poor concentration				
Insomnia				
Dark spots (pigmentation) on lower limbs				
Sadness				
Feeling of emptiness				
Desire to cry				
Angry/irritable/easily frustrated about unimportant matters				
Increased or decreased appetite				
Anguish/nervousness/agitation				
Sensation of danger/fear				
Tremors				
Sweating				
Low back pain				
Hair loss				

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.

Figure S1









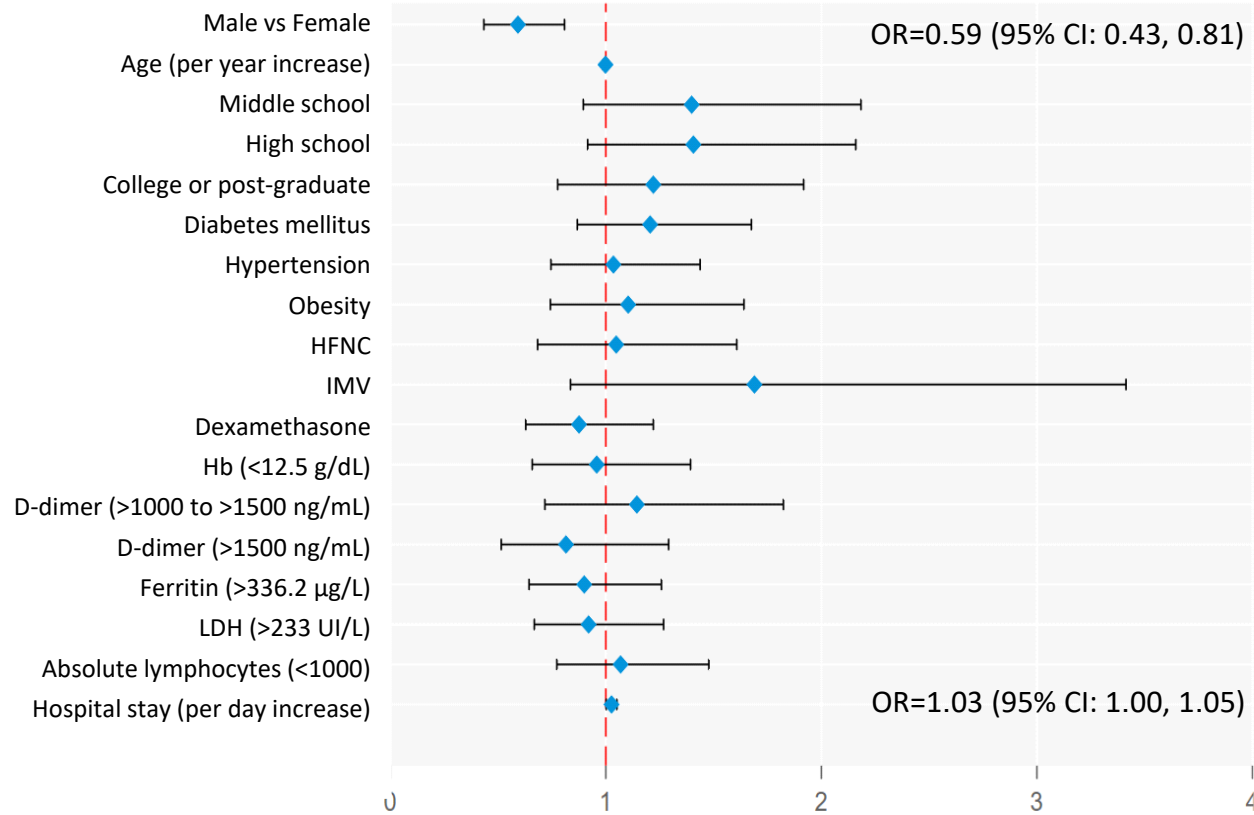
	Syndromes	Number	Description
	Neurological	11	Disorientation or confusion, headache, paraesthesia, lack of concentration, insomnia, bradyphrenia, memory loss, slow or difficult walking, loss of smell, dysgeusia, and seizures.
	Mood Disorders	10	Feeling sad, anhedonia, desire to cry, anger, irritability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

Figure S2a

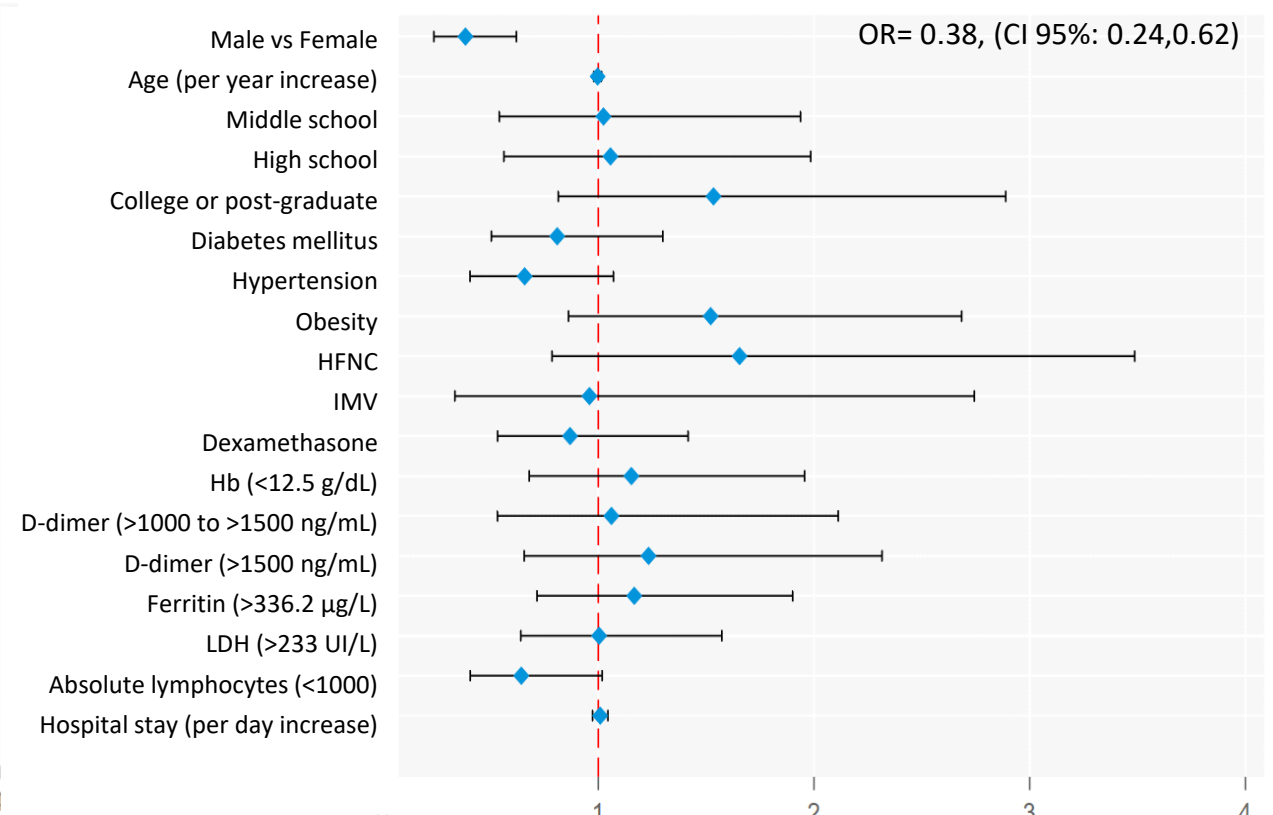
NEUROLOGICAL

30 DAYS



◆ Odds Ratio (OR) 30 days

90 DAYS

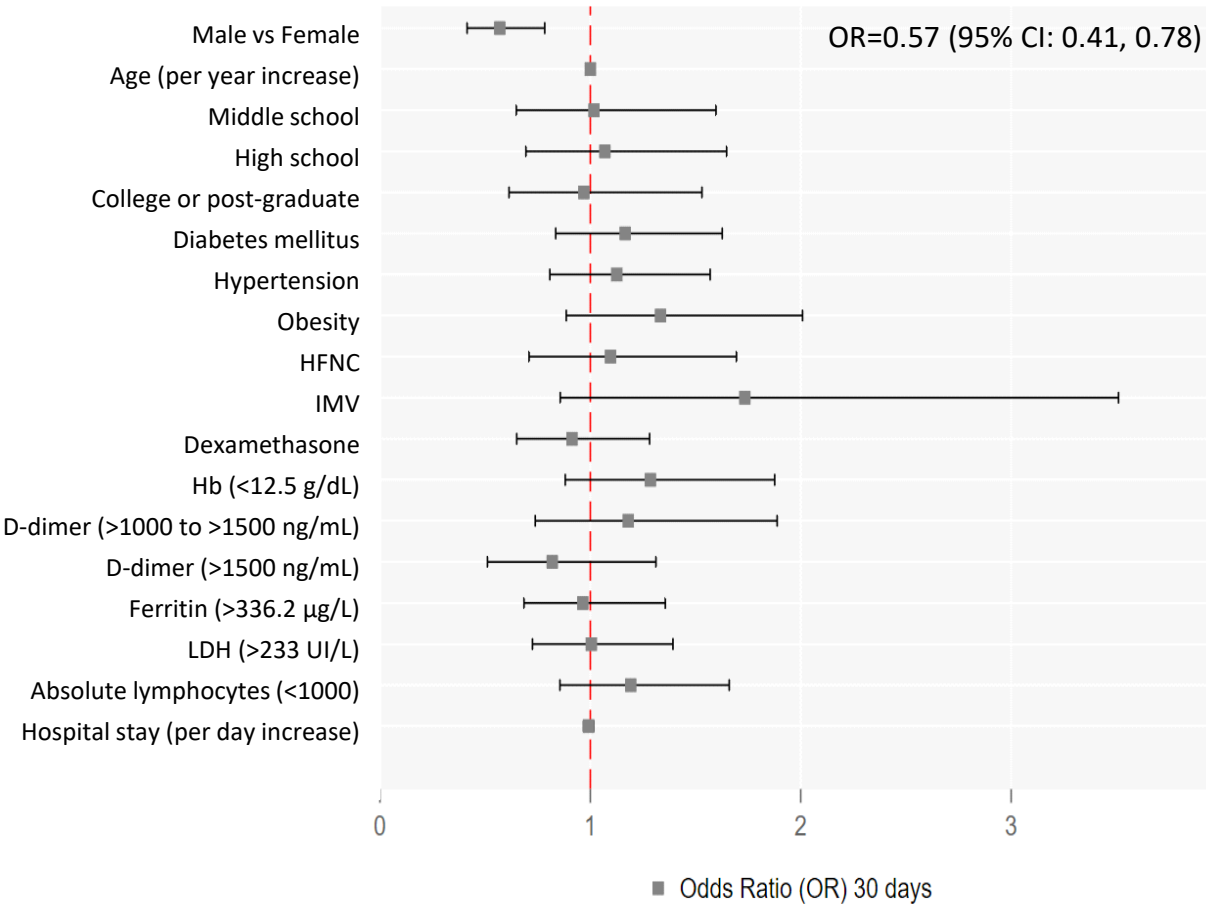


◆ Odds Ratio (OR) 90 days

Figure S2b

MOOD DISORDERS

30 DAYS



90 DAYS

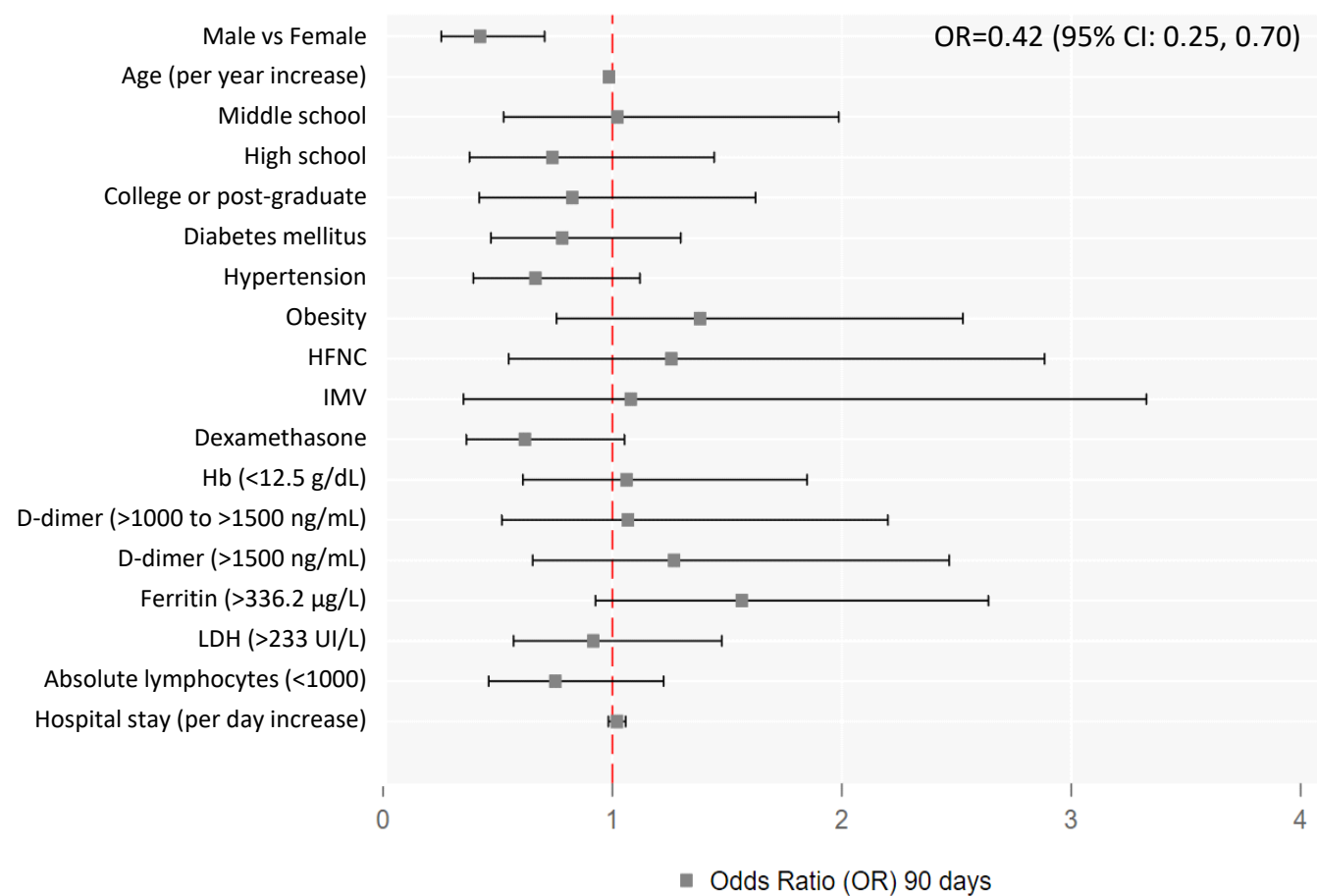
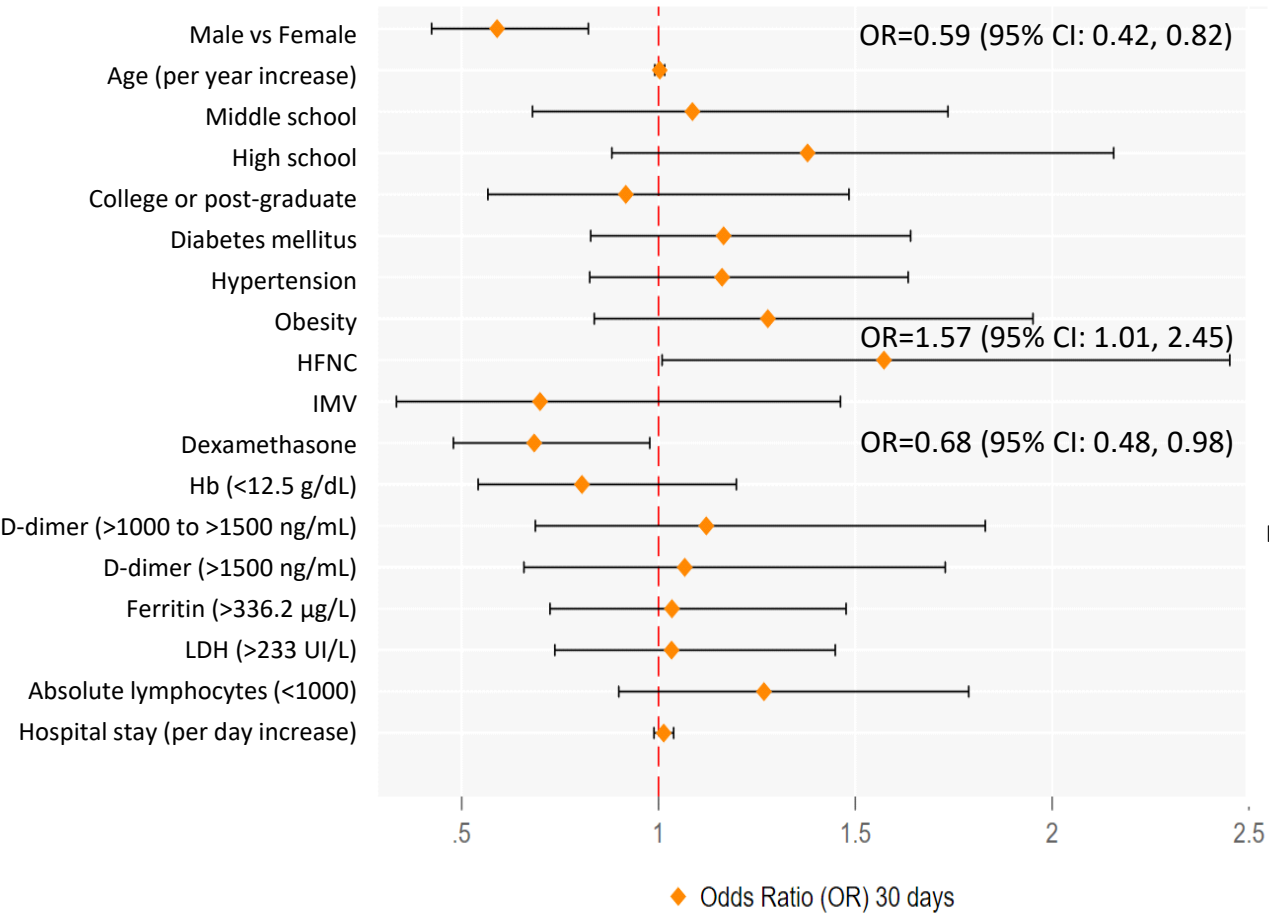


Figure S2c

MUSCULOSKELETAL

30 DAYS



90 DAYS

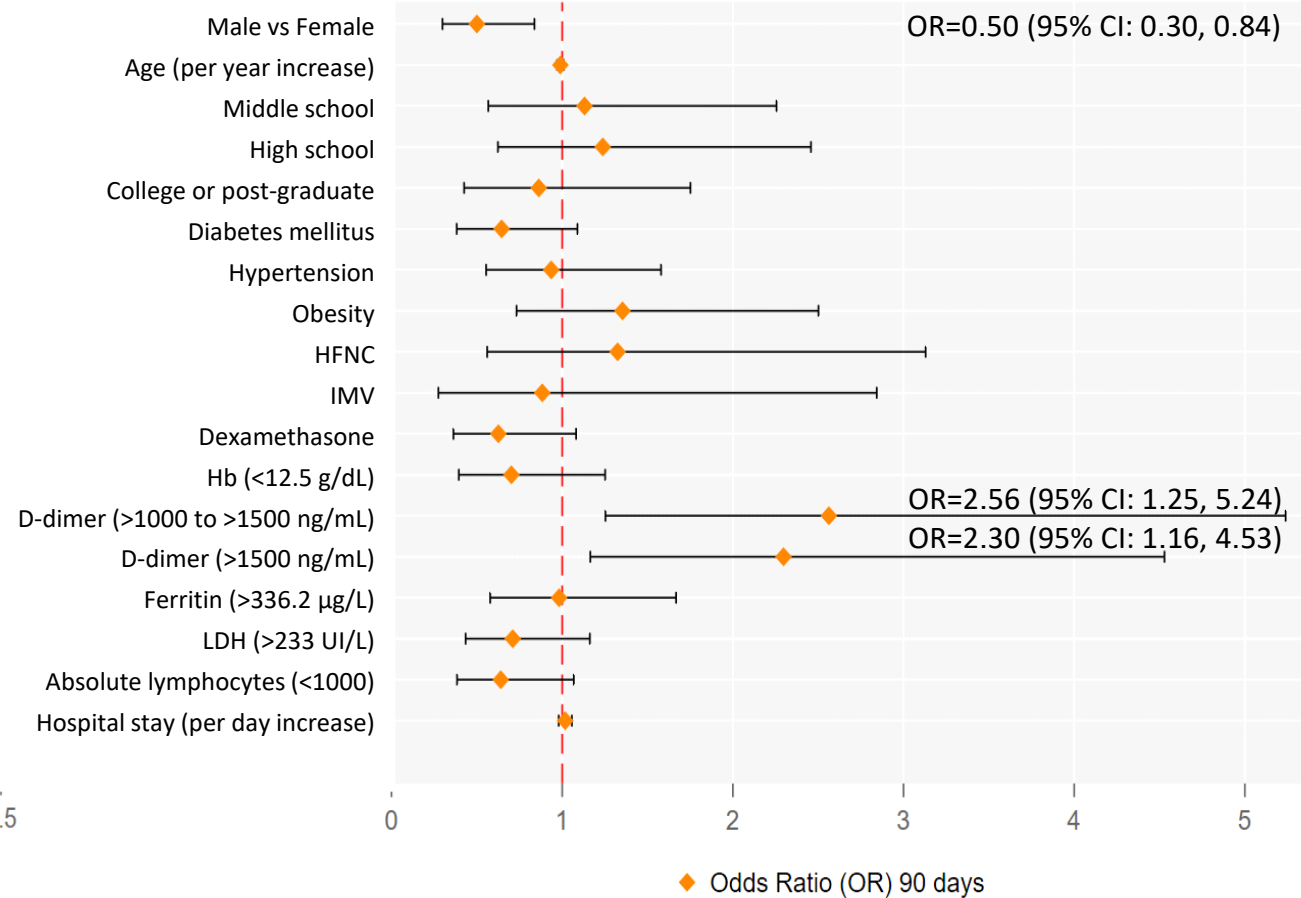
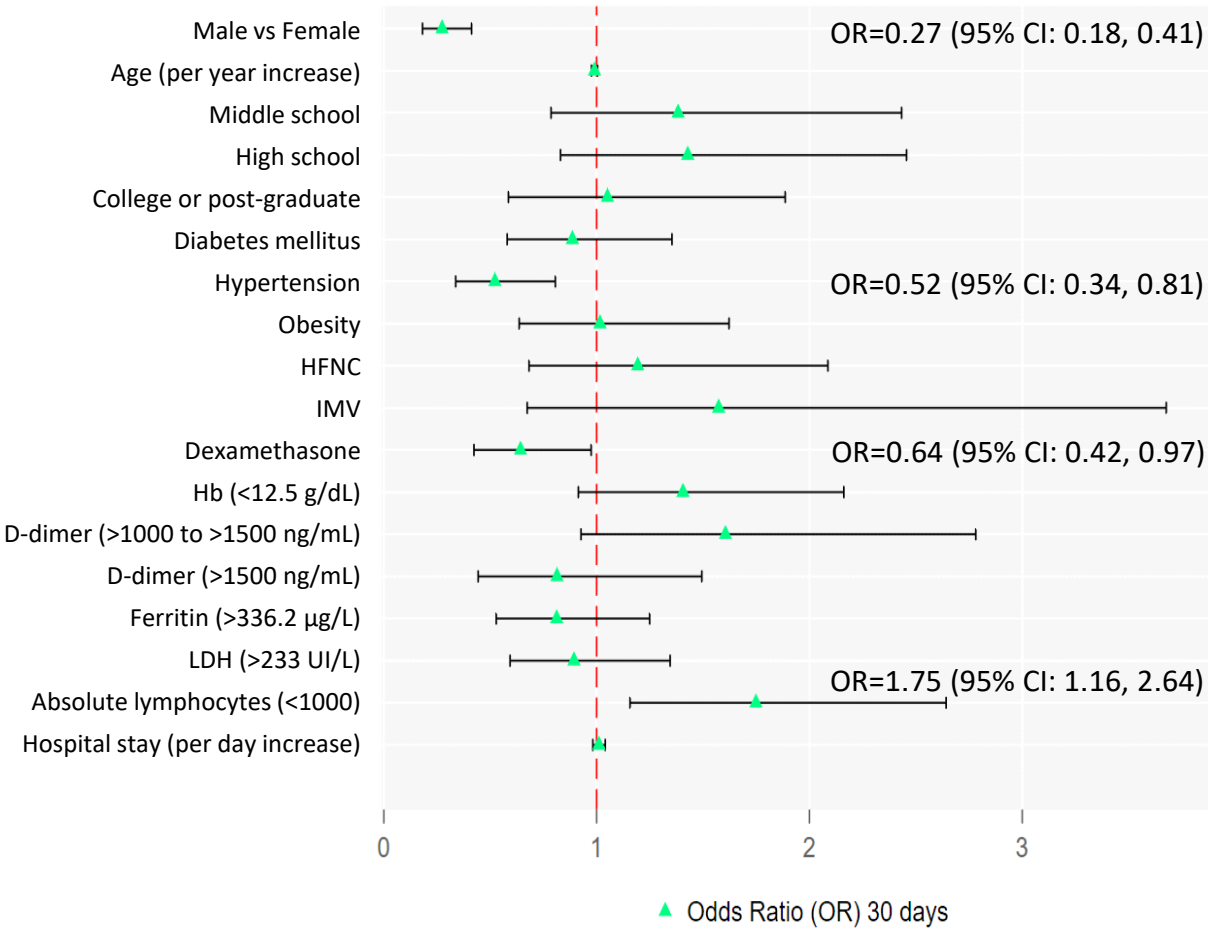


Figure S2d

DERMATOLOGICAL

30 DAYS



90 DAYS

