

Supplemental Table 1. COVID-19 symptom score.

| S. No. | Symptom ^a | Response ^b |
|--------|---|--|
| 1. | Low energy or tiredness | 0: None 1: Mild 2: Moderate 3: Severe |
| 2. | Muscle or body aches | |
| 3. | Headache | |
| 4. | Chills or shivering | |
| 5. | Feeling hot or feverish | |
| 6. | Stuffy or runny nose | |
| 7. | Sore throat | |
| 8. | Cough | |
| 9. | Shortness of breath (difficulty breathing) | |
| 10. | Nausea (feeling like you wanted to throw up) | |
| 11. | Vomiting (throw up) | |
| 12. | Diarrhea (loose or watery stools) | |
| 13 | Rate your sense of smell in the last 24 hours | 0: My sense of smell is the same as usual 1: My sense of smell is less than usual 2: I have no sense of smell |
| 14. | Rate your sense of taste in the last 24 hours | 0: My sense of taste is the same as usual 1: My sense of taste is less than usual 2: I have no sense of taste |

^aFor items 1–10, sample item wording could be: “What was the severity of your symptom at its worst over the last 24 hours?”

^bScore values are included in the table for ease of reference. The FDA cautions against including the score values within the response options presented to patients to avoid confusion.

COVID-19 = coronavirus disease 2019, FDA = Food and Drug Administration.