

Supplementary Table 1 Questionnaire for the Severity Score

<Subjective symptoms>

How are you affected by the following symptoms on your daily activities, compared with before the infection of new coronavirus?

Select only one option in each symptom.

Subjective symptoms	Cough	<input type="checkbox"/> 0: not affected, <input type="checkbox"/> 1: little affected, <input type="checkbox"/> 2: affected, <input type="checkbox"/> 3: severely affected
	Shortness of breath	<input type="checkbox"/> 0: not affected, <input type="checkbox"/> 1: little affected, <input type="checkbox"/> 2: affected, <input type="checkbox"/> 3: severely affected
	Fatigue	<input type="checkbox"/> 0: not affected, <input type="checkbox"/> 1: little affected, <input type="checkbox"/> 2: affected, <input type="checkbox"/> 3: severely affected
	Headaches	<input type="checkbox"/> 0: not affected, <input type="checkbox"/> 1: little affected, <input type="checkbox"/> 2: affected, <input type="checkbox"/> 3: severely affected
	Loss of smell	<input type="checkbox"/> 0: not affected, <input type="checkbox"/> 1: little affected, <input type="checkbox"/> 2: affected, <input type="checkbox"/> 3: severely affected
	Loss of taste	<input type="checkbox"/> 0: not affected, <input type="checkbox"/> 1: little affected, <input type="checkbox"/> 2: affected, <input type="checkbox"/> 3: severely affected
	General unwellness	<input type="checkbox"/> 0: not affected, <input type="checkbox"/> 1: little affected, <input type="checkbox"/> 2: affected, <input type="checkbox"/> 3: severely affected