

Supplemental Table 1. Remote patient monitoring program survey questions as of February 15, 2021.

<b>Initial Medical History Survey Questions</b>
<b>Are you male or female?</b>
<b>Are you pregnant?</b>
<b>What was the first day of your last menstrual period?</b>
<b>What is your pregnancy due date?</b>
<b>Is your period late?</b>
<b>When was your last period expected?</b>
<b>Is your OB aware of your COVID-19 diagnosis?</b>
<b>Are you currently being treated for cancer?</b>
<b>Have you been diagnosed with HIV or AIDS?</b>
<b>Do you take any medication that weakens your immune system like prednisone, Humira, Orencia, Enbrel, or Imuran?</b>
<b>Have you been told by a doctor or healthcare provider that you have a condition that hurts your memory?</b>
<b>How long have you taken immune suppression medications?</b>
<b>Why do you take immune suppression medications?</b>
<b>Are you currently being treated?</b>
<b>How long have you had cancer of malignancy?</b>
<b>What is the severity of your cancer or malignancy?</b>
<b>How long have you had coronary artery disease?</b>
<b>What is the severity of your coronary artery disease?</b>
<b>What is the status of your coronary artery disease?</b>
<b>How long have you had heart failure?</b>
<b>What is the severity of your heart failure?</b>
<b>What is the status of your heart failure?</b>
<b>Do you currently have a chronic illness making it hard to think clearly or remember information such as dementia?</b>
<b>Were you admitted to the hospital for COVID-19 or suspected COVID-19?</b>
<b>What hospital were you admitted to?</b>
<b>When were you admitted to the hospital?</b>
<b>When were you discharged from the hospital?</b>

<b>Were you in the ICU or Intensive Care Unit?</b>
<b>Were you intubated?</b>
<b>Were you diagnosed with pneumonia during your COVID-19 illness?</b>
<b>Initial Health Status Survey Questions</b>
<b>If you were told to isolate yourself and not get other people sick, when did that start?</b>
<b>What are your current limitations?</b>
<b>Where there any changes to your limitations recently?</b>
<b>Do you have anything that limits your ability to complete everyday tasks?</b>
<b>Before you were ill, did you need help with activities of daily living such as shopping, getting dressed, or cooking?</b>
<b>Have you ever been diagnosed with a mental or behavioral health condition such as schizophrenia or depression?</b>
<b>Before you were ill, did you have trouble affording groceries?</b>
<b>Do you feel safe where you live?</b>
<b>Do you have anything else that makes life harder?</b>
<b>Where do you currently live?</b>
<b>Who do you currently live with?</b>
<b>Do you have a caretaker or someone that can help take care of you?</b>
<b>Who is your caregiver?</b>
<b>What is your caregiver's health status?</b>
<b>Were there any changes to your caregiver's limitations recently?</b>
<b>Do you have a spouse?</b>
<b>What is your spouse's age?</b>
<b>Please rate your symptoms overall.</b>
<b>How would you describe your symptoms?</b>
<b>Have you traveled outside of Georgia in the past 21 days?</b>
<b>Where did you travel?</b>
<b>Did you have contact with anyone confirmed positive for COVID-19?</b>
<b>What is your relationship to the person confirmed positive for COVID-19?</b>
<b>Who exactly from your household members is confirmed positive for COVID-19?</b>
<b>When did you have your most recent contact with a person confirmed positive for COVID-19?</b>

<b>Did you have contact with anyone suspected to be positive for COVID-19?</b>
<b>Was your spouse suspected to be positive for COVID-19?</b>
<b>Currently does your spouse live in the same residence with you?</b>
<b>Does your spouse have high risk underlying medical conditions?</b>
<b>Is your spouse showing symptoms of COVID-19?</b>
<b>Do you have a primary care provider?</b>

### **Symptom Survey Questions (Initial and Follow Up)**

#### **Vitals and Alarm Symptoms**

<b>Are you able to take your temperature at home?</b>
<b>What is your current or most recent temperature?</b>
<b>Since you have been sick with this illness, what is the highest temperature you've measured?</b>
<b>What was your most recent systolic blood pressure (top number) at home?</b>
<b>What was your most recent diastolic blood pressure (bottom number) at home?</b>
<b>If you are able to check your pulse ox at home, what is your current pulse ox?</b>
<b>Do you need to use supplemental oxygen at home?</b>
<b>Are you having such a hard time breathing that you are gasping for air and can barely talk?</b>
<b>Do you have continuous or severe pain or pressure in your chest?</b>
<b>Have you been able to eat or drink anything in the last 12 hours?</b>
<b>Are you feeling so lightheaded that you fear you may pass out or faint if you stand up?</b>
<b>Have you noticed or has anyone else noticed that you are confused or behaving strangely?</b>

#### **Non-Alarm Symptoms**

<b>Please rate your symptoms overall.</b>
<b>Have you had a sore throat?</b>
<b>Have you had chills?</b>
<b>Have you had body aches?</b>
<b>Have you had sinus congestion?</b>
<b>Have you had loss of smell or taste?</b>
<b>Have you had cough?</b>
<b>Have you had shortness of breath or difficulty breathing?</b>
<b>Do you get short of breath walking up 1 flight of stairs?</b>

<b>Do you get short of breath walking between rooms or getting dressed?</b>
<b>Have you had any shortness of breath at rest?</b>
<b>Have you had any shortness of breath with exertion?</b>
<b>Have you had any wheezing?</b>
<b>Have you had any chest tightness?</b>
<b>Have you had any confusion?</b>
<b>Have you had any dizziness when standing?</b>
<b>Have you had a headache?</b>
<b>Have you had any diarrhea?</b>
<b>Have you had any abdominal pain?</b>
<b>Have you had any nausea?</b>
<b>Have you had a rash?</b>