Supplemental Table 1. COVID-19 Screening Form Tangerang District Hospital

Patient's Name : ……
Date of birth / Age : ……
Address : ……
Phone : ……

No	Questions	Yes	No
Symptoms			
1	Fever / fever history		
2	Signs and symptoms of respiratory disorders: cough, cold/flu, sore throat, etc.		
3	Pneumonia / severe acute respiratory infections (hard to breathe)		
4	Diarrhea / myalgia		
5	No other causes based on convincing clinical descriptions		
Supporting Examinations			
1	Hemoglobin ≥ 10 g%		
2	Leukopenia		
3	Lymphopenia		
4	CXR: bilateral and peripheral opacity		
5	CT Scan: ground glass opacities		
Underlying Conditions			
1	Age >65 years		
2	Lung disease: TBC, asthma, Chronic Obstructive Pulmonary Disease (COPD)		
3	Cardiovascular disease: hypertension, heart disease		
4	Diabetes Mellitus (DM)		
5	Cancer / ……		
Risk Factors			
1	Contact history with confirmed covid-19 cases in the last 14 days?		
2	Been/travelled abroad where local transmission was occuring in the last 14 days? o China o Italia o Iran o Spain o South Korea o Germany o France o Other. Specify: ……		
3	Travelled domestically where local transmission was occurring in the last 14 days?		

	o Jakarta o Depok o Bekasi o Tangerang o Solo o Other. Specify: ……		
Assessment Method			
Patient Under Observation / *Pasien Dalam Pengawasan (PDP)*	- Symptom 1 + 2 + 3 + 4 + 5 and Risk Factor (RF) 1 or 2 or 3 - Symptom 1 or 2 or 3 and RF 1 - Symptom 1 and/or 2 + Supporting examination 2 + 3 - Symptom 1 or 2 or 3 + Supporting examination 4 or 5		
People Under Observation *Orang Dalam Pengawasan (ODP)*	Symptom 1 or 2 or 3 and RF 2 or 3		
Close Contact High Risk	RF 1		
Follow-Up Plan			

Put tick (√) in the appropriate box!

Date : _____

Doctor's Signature