

Supplementary material 3.

Questionnaire of risk of infection assessment (region of residence, presence of suspected flu symptoms and any risk of contact with COVID-19 positive subjects) in Italian and translated in English.

VALUTAZIONE EPIDEMIOLOGICA E CLINICA PRIMA DEL RICOVERO

1) Viaggi o residenza in aree a rischio negli ultimi 14 giorni?

- Sì
- No

2) Contatto stretto con caso confermato negli ultimo 14 giorni?

- Sì
- No

3) Lavoro o frequenza presso reparto dove sono stati ricoverati pazienti con infezione da COVID 19?

- Sì
- No

4) Le persone che vivono con lei hanno febbre, tosse, fatica a respirare?

- Sì
- No

5) Ha tosse?

- Sì
- No

6) Fa fatica a respirare?

- Sì
- No

7) Ha febbre?

- Sì
- No

EPIDEMIOLOGICAL AND CLINICAL EVALUATION BEFORE HOSPITALIZATION

1) Are you resident or did you traveled in high risk areas in the last 14 days?

- Yes
- No

2) Have you been in close contact with a confirmed case of COVID 19 in the last 14 days?

- Yes
- No

3) Do you work in a facility where COVID patients have been hospitalized?

- Yes
- No

4) Did your cohabitants reported fever, cough or difficulty in breathing?

- Yes
- No

5) Do you have cough?

- Yes
- No

6) Do you have difficulty in breathing?

- Yes
- No

7) Do you have fever ($> 37,5^{\circ}$)?

- Yes
- No