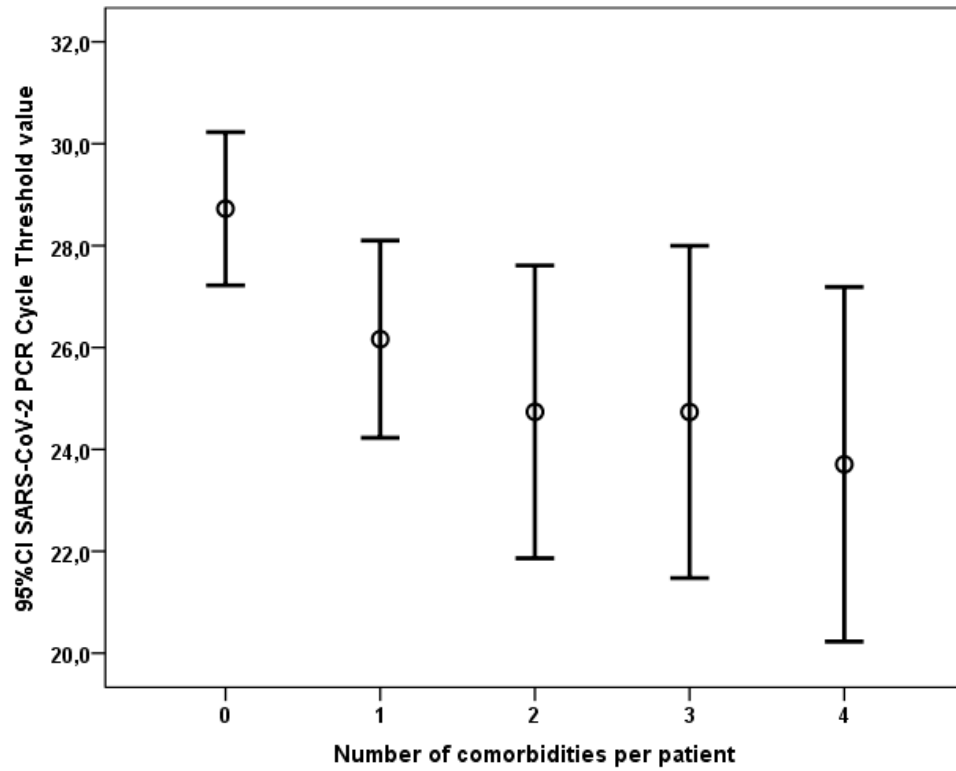


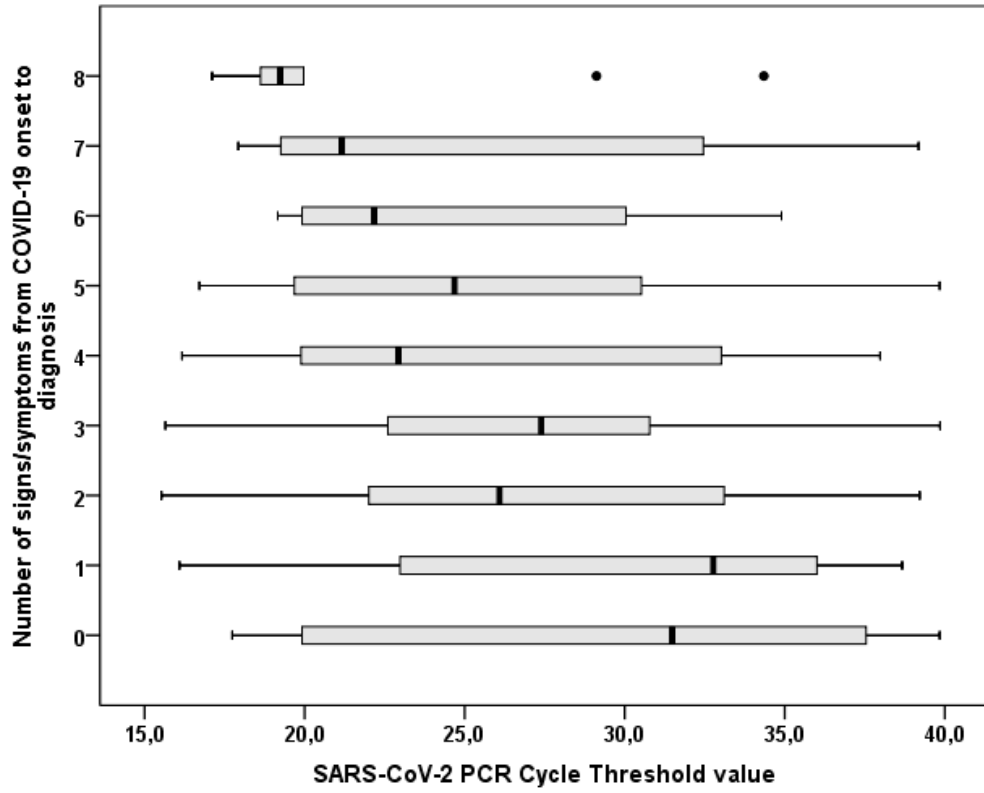
Supplementary Material

<b>Patient Identificative Code</b>							<b>PCR Ct</b>				
<b>First positive swab (date)</b>		<b>Age</b>					<b>Hospital Admission</b>		Yes	No	
<b>Sex</b>	M	F					<b>Outcome</b>	Complete recovery	Death	Sequelae (specify)	
<b>Confirmative negative swab (date)</b>		<b>Oxygen support</b>	No	Yes	CPAP	Intub	<b>Comorbid.</b>	Diabetes	Hypertension	Overweight/obesity	
							Asthma	COPD	Cancer	Act. Smoking	
<b>Time from COVID-19 onset and first swab (days)</b>							Other (specify)				
<b>Signs and Symptoms at the diagnosis</b>											
<b>Notes</b>											

**Figure S1.** Phone survey questionnaire.



**Figure S2.** Distribution of SARS-CoV-2 PCR Cycle threshold values according to the number of comorbidities per patient at COVID-19 diagnosis.



**Figure S3.** Distribution of SARS-CoV-2 PCR cycle threshold values according to the number of signs and symptoms of COVID-19 at diagnosis.