

Checklist of demographic information and follow up

Name of questionnaire

Medical center

Date

Patient information

Age

Name

Gender

Occupation

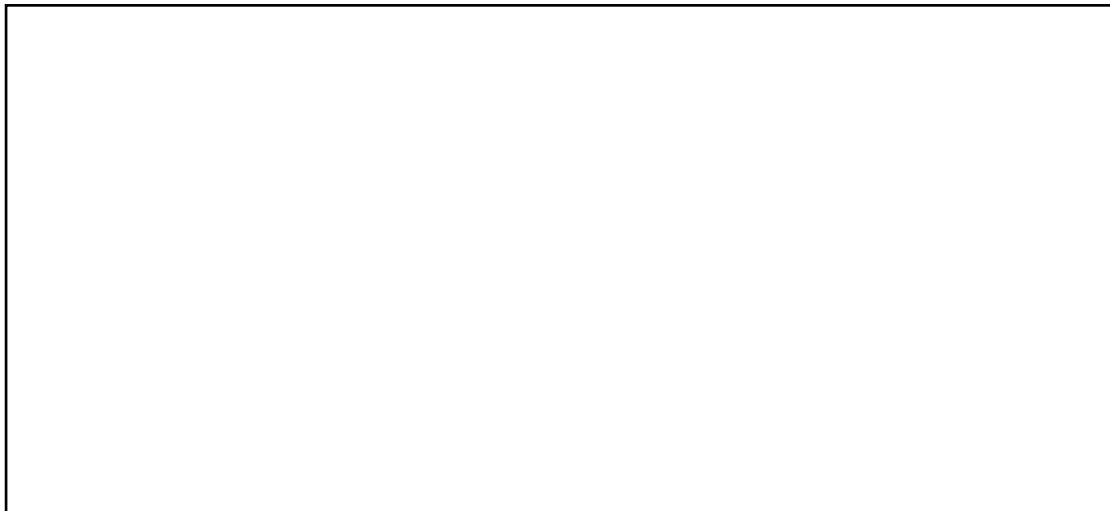
Education

Address

Telephone

History of smoking

Principle illness; with explanation



Clinical symptoms

Severity:3

Intermediate :2

Low :1

Without symptom :0

		day	severity				symptom	
			3	2	1	0		
<p>Do you have respiratory disease;diabetes;hypertension; coronary disease;chronic disease</p> <p>Do you use any special medicines?Give the names.</p> <p>Currently prescribed drugs by an emergency medicine specialist:</p>						fever	1	
						shaking	2	
						Feeling cold	3	
						Dry cough	4	
						Productive cough	5	
						Sore throat	6	
						Irritation of throat	7	
						Itching throat	8	
						Nose dripping	9	
						Dry mouth	10	
						Dyspnea	11	
						Body pain	12	
						Fatigue	13	
						Weakness	14	
						Headache	15	
						Anorexia	16	
						vomiting	17	
						thirsty	18	
						Stomach burnt	19	

? Do you use any herbal drugs			Reflux	20
			diarrhea	21
			nausea	22
			Abdominal pain	23
			Anosmia	24
			No taste	25
			insomnia	26
			anxiety	27

Follow up : after the day of visit

No symptom:0 mild:1 moderate:2 severe:3

	2 nd day	4 th day	6 th day	8 th day	10 th day
O2 saturation					
Feeling of fever					
Shaking					
Feeling cold					
Dry cough					
Productive cough					
Sore throat					
Dry mouth					
Dyspnea					
Body pain					
Fatigue					
Weakness					

headache					
Nausea					
Vomiting					
thirsty					
Reflux					
Diarrhea					
Abdominal pain					
Anosmia					
No taste					
Insomnia					
Anxiety					

Side effects

- 1-
- 2-
- 3-
- 4-