

APPENDIX 1. TELEPHONE SURVEY DURING THE APPOINTMENT AT THE MOTILITY UNIT

SYMPTOMS		
For the past 14 days did you suffer from...?	YES	NO
1. Dry cough for more than 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>
2. Difficulty breathing (feeling short of breath).	<input type="checkbox"/>	<input type="checkbox"/>
3. Fever (>37.2°C).	<input type="checkbox"/>	<input type="checkbox"/>
4. Sore throat.	<input type="checkbox"/>	<input type="checkbox"/>
5. Muscle pain.	<input type="checkbox"/>	<input type="checkbox"/>
6. Chills.	<input type="checkbox"/>	<input type="checkbox"/>
7. Headaches of recent appearance or more intense than usual.	<input type="checkbox"/>	<input type="checkbox"/>
8. Recent loss of smell or taste.	<input type="checkbox"/>	<input type="checkbox"/>
If any of the described symptoms is present, the appointment will be postponed, and the test will be rescheduled (4-6 weeks after the onset of the symptoms).		
IF SUSPICIOUS SYMPTOMS WERE NOT PRESENT DURING THE PREVIOUS 14 DAYS, ASK ABOUT:		
RECORD OF HAVING HAD COVID-19		
<p>• If COVID-19 <u>was confirmed by a microbiological test</u>:</p> <p><input type="checkbox"/> Quarantine has NOT been completed*: POSTPONE THE TEST (even if they have PCR -).</p> <p><input type="checkbox"/> Quarantine* has been completed and confirmation PCR -, or no confirmation PCR is planned: PERFORM THE TEST.</p> <p><input type="checkbox"/> Quarantine* has been completed, but confirmation PCR +: POSTPONE THE TEST.</p> <p style="text-align: right;">*4 weeks from the onset of symptoms (6 in severe cases)</p>		
<p>• If COVID-19 compatible symptoms, <u>NOT confirmed by microbiological tests</u> have been present:</p> <p>Symptoms onset date: ___ / ___ / ___ Symptoms end date: ___ / ___ / ___</p> <p><input type="checkbox"/> More than 4 weeks from the onset of symptoms: PERFORM THE TEST.</p> <p><input type="checkbox"/> Less than 4 weeks from the onset of symptoms: POSTPONE THE TEST.</p>		
RECORD OF CLOSE CONTACT WITH COVID-19 PATIENT		
<p>Date of contact: ___ / ___ / ___</p> <p><input type="checkbox"/> More than 2 weeks from contact: PERFORM THE TEST.</p> <p><input type="checkbox"/> Less than 2 weeks from contact: POSTPONE THE TEST.</p>		