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**Supplementary Material**

# SARS-CoV-2 (COVID-19) Clinical Manifestations and Risk Factors among Healthcare Workers In Palestine

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**Supplementary Table 1**

| **Sociodemographic:** |
|---|
| Position of the interviewed staff<br>□Medical Doctor □Specialist Doctor □Nurse □Midwife<br>□Lab Technician □Pharmacist □Psychosocial Counsellor □Physiotherapist □Vaccinator □Doctor of pharmacy<br>□Radiology Technician □Receptionist □Administration<br>□Maintenance and Cleaning □Security Personal<br>□Others, please list …… |
| What type of health care facility do you work? *<br>□Private hospital □Government hospital □Outpatient clinic<br>□Pharmacy □Outpatient lab<br>□Others, please list: …… |
| What is your Gender? *<br>□Female □Male |
| What age group do you fall in? *<br>□ 18-24 □ 25-34 □35-44<br>□45-54 □ 55-64 □ 65 + |
| - Workplace *<br>□ Jerusalem □ Ramallah □ Jenin □ Tulkarm<br>□ Nabuls □ Sulfit □ Tubas □ Qalqilya<br>□ Jericho □ Bethlehem □ Hebron □ Other. |
| **COVID-19 protective actions** |
| Does your work facility provide Personal Protective Equipment? *<br>□Yes □No |
| What type of PPE does your work facility provide during the COVID-19 epidemic? Select all that apply *<br>□ Surgical Face Mask □ N95 Respirator □ Face Shield □Goggles<br>□ Gloves □Gown □ Others PPE □ None |
| Did your work facility provide COVID-19 training? *<br>□ Yes □ No |
| Have you received formal training in the use of the recommended PPE (Personal protective equipment's) for airborne transmitted infections at your institution? *<br>□ Yes □ No |
| When was your most training on proper PPE use? *<br>□ Before March 2020 □ After March 2020 □ Cannot remember<br>□ My institution did not train me |

How did you get contact with suspected or infected COVID-19 patients? Select all that apply. *
□ I work in direct contact with patients less than 1.5 meters away
□ I work in a patient room with more than 1.5 meters away from patients
□ I socialize with other workers who care for patients in common areas such as Break rooms, Cafeteria, bathrooms, etc.)
□ I clean and maintain patient rooms
□ I visit or have visited a patient at their home or other places other than my work facility
□ I work on the same floor/ward/department that patients are cared for
□ I visit a floor/ward/department that has patients as part of my work
□ I do not know
□ Others

What was the action(s) you followed after exposure to COVID-19? Select all that apply *
□ I was tested immediately after exposure
□ I started home isolation immediately after suspected exposure /contact with an infected patient
□ I started home isolation After confirmed positive COVID-19 test
□ I was quarantined at a health facility after a positive test
□ I was monitored and followed by the department of health or health care provider during the isolation
□ I observed my symptoms during the isolation period
□ Nothing

**COVID-19 Status**

Have you had COVID-19? *
□ Yes, answer the following questions, please.
□ No, answer the participants opinion section, please.

What symptoms did you experience with COVID-19 infection? Select all that apply
□ I have no symptoms
□ Fever
□ Dry Cough
□ Fatigue, weakness, muscle pain
□ Loss of appetite
□ Loss of taste
□ Loss of smell
□ Head pain
□ Other: please list ……..

How long did your symptoms last?
□ Less than seven days
□ More than seven days
□ I have no symptoms

How long were you isolated or quarantine?
□ Less than 14 days □ More than 14 days

Were you hospitalized for COVID-19 treatment?
□ Yes □No

How long were you hospitalized?
□ A week or less □ 2 week □ 3 week or more

Do you smoke cigarette?
□ Yes □ No

-Do you have any preexisting conditions? select all that apply
□ Cardiovascular disease □ Chronic lung disease
□ Diabetes □ Immune compromised condition
□ Other diseases. Please list; …….

What home treatment medication or remedies did you take during isolation? Select all that apply
□ Hydroxychloroquine □ Calcium □ Zinc □ Vitamin C
□ Vitamin D □ Herbal products. Please list …….

Any other Medication or Herbal?
…….

In your opinion, was the treatment effective?
□ Yes □ No □ Not sure

**Participants' opinion**

In your opinion, what measures should be taken at the workplace to prevent or reduce COVID-19 infections
……..

Is there any additional information, comments, concerns you like to add about your experience as a health care worker during the COVID-19 epidemic?
……..

Any additional notes
……..

***Thanks for your cooperation, hope you are staying safe and healthy through these unusual times. May God protect you***