**Supplementary material**

**Methods-Statistical Analyses**

Single imputation procedure using truncated regression adjusted for sex, age, and comorbidities was used to deal with the problem of missing values for total cholesterol, LDL, HDL, triglycerides, neutrophils, SO2, and LDH (proportion of missing values of 39%, 60%, 38%, 41%, 17%, 15%, and 24%, respectively). Missing values were replaced by the mean value of the imputations.

**Supplementary Table 1.** CT disease extension assessments by the two readers and weighted interrater agreement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | CT disease extension – second reader | | | |  |
| CT disease extension – first reader | *1* | *2* | *3* | *4* | *Tot* |
| *1* | 24 | 3 | 0 | 0 | 27 |
| *2* | 0 | 40 | 0 | 0 | 40 |
| *3* | 0 | 4 | 20 | 0 | 24 |
| *4* | 0 | 0 | 1 | 8 | 9 |
| *Tot* | 24 | 47 | 21 | 8 |  |

Ratings weighted by:

1.0000 0.6667 0.3333 0.0000

0.6667 1.0000 0.6667 0.3333

0.3333 0.6667 1.0000 0.6667

0.0000 0.3333 0.6667 1.0000

Agreement Expected Agreement Kappa Std. Err. Z Prob>Z

97.33% 67.85% 0.9171 0.0680 13.48 < 0.0001

Supplementary Table 1: Cohen’s kappa-statistic measure of weighted interrater agreement for double reading of CT disease extension. The weights are given by 1 –|i-j|/(k-1), where i and j index the rows of columns of the ratings by the two readers and k is the maximum number of possible ratings.

**Supplementary Table 2**. Associations between symptoms and death in subcohort, after adjusting for age, sex, days from symptom onset, CT disease extension, neutrophils, LDH, SO2, HDL cholesterol, dementia, heart failure, and vascular diseases.

|  |  |  |
| --- | --- | --- |
|  | **Death** |  |
|  | Subcohort (N=318) | |
| **Variables** | **HR** | **95% CI** |
| Cough | 0.552 | 0.306-0.995 |
| Dyspnea/polypnea | 1.101 | 0.612-1.982 |
| Myalgia/arthralgia | 0.696 | 0.154-3.146 |
| Fatigue | 1.835 | 0.599-5.627 |
| Syncope | 0.499 | 0.161-1.494 |
| Gastrointestinal symptoms | 2.396 | 1.049-5.471 |
| Other symptoms | 1.178 | 0.262-5.299 |
| Body temperature > 37.5°C | 1.550 | 0.849-2.827 |

Supplementary Table 2: Associations between symptoms and death, after correcting for age, sex, days from symptom onset, CT disease extension, neutrophils, lactate dehydrogenase (LDH), oxygen saturation level (SO2), high-density lipoprotein (HDL) cholesterol, dementia, heart failure, and vascular diseases in the subcohort of 318 patients with availability of data on symptoms. HR, hazard ratio, CI, confidence interval.

**Supplementary Table 3**. Multivariable models for death, with and without CT disease extension, in the subcohort of patients with availability of data on symptoms.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | Multivariable model without CT | | Multivariable model with CT | | |
| **Variables** | | | **HR** | **95% CI** | | **HR** | **95% CI** |
| Age (years) | | | 1.074 | 1.046-1.102 | | 1.088 | 1.057-1.121 |
| Sex | Women | | 1 |  | | 1 |  |
| Men | | 1.863 | 0.917-3.784 | | 1.899 | 0.912-3.956 |
| HDL cholesterol (mg/dl) | | | 0.983 | 0.956-1.010 | | 0.981 | 0.954-1.009 |
| Dementia | | | 7.695 | 0.839-70.532 | | 2.667 | 0.291-24.428 |
| Heart failure | | | 3.859 | 1.959-7.605 | | 2.518 | 1.193-5.313 |
| Vascular diseases | | | 2.926 | 0.729-11.735 | | 1.317 | 0.316-5.486 |
| Days from symptom onset | | | 0.864 | 0.789-0.946 | | 0.828 | 0.752-0.912 |
| Neutrophils (10^9/L) | | | 1.166 | 1.049-1.296 | | 1.123 | 1.013-1.246 |
| LDH (U/L) | | | 1.000 | 0.999-1.001 | | 0.998 | 0.997-1.000 |
| SO2 (%) | | | 0.935 | 0.899-0.973 | | 0.962 | 0.922-1.003 |
| Cough | | | 0.559 | 0.316-0.991 | | 0.558 | 0.309-1.007 |
| Gastrointestinal symptoms | | | 2.699 | 1.195-6.095 | | 2.357 | 1.025-5.418 |
| CT extension | | < 20% |  |  | | 1 |  |
| 20-39% |  |  | | 1.344 | 0.515-3.509 |
| 40-59% |  |  | | 2.809 | 1.034-7.634 |
| ≥ 60% |  |  | | 14.740 | 5.009-43.372 |

Supplementary Table 3: Multivariable models (without and with CT disease extension) including factors previously selected and symptoms resulting significantly associated with death in univariable analyses, in the subcohort of 318 patients with availability of data on symptoms. HR, hazard ratio; CI, confidence interval; HDL, high density lipoprotein; LDH, lactate dehydrogenase; SO2, oxygen saturation level.