

**Supplementary Table 1 Study questionnaire used to evaluate patients at 7 d and 14 d**

**Endoscopy Data**

Date of endoscopy	D/M/Y
In- out-patient, referral from other hospital	1,2,3
Procedure (EGD, Colonoscopy, ERCP, EUS)	1,2,3,4
Indication for procedure	Free text
PCR before endoscopy	No, (+), (-), unknown

**Patient Data**

Date of follow-up call	D/M/Y
Patient age	years-old
Patient sex	M/F
Comorbidities	Free text
Contact with suspected or confirmed COVID 19 case post endoscopy	Y/N

Date of contact

**Development of symptoms**

Fever	Y/N	If yes, temperature? If yes since when?
Cough, sore throat	Y/N	If yes since when?
Other respiratory symptoms	Y/N	If yes since when?
Dyspnea	Y/N	If yes since when?
Gastrointestinal symptoms	Y/N	If yes since when? If yes, which?
Admission to hospital	Y/N	If yes since when? If yes, reason?

**COVID Testing**

Done?	Y/N	If yes since when?
If yes:	+/-	When? (D/M/Y)
ICU admission?	Y/N	

COVID-19 related death?

Y/N

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Discharge date?

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Relation to endoscopy? (clinical assessment)

Y/N

D/M/Y: Date/month/year; EGD: Esophagogastroduodenoscopy; ERCP: Endoscopic retrograde cholangiopancreatography; EUS: Endoscopic ultrasonography; PCR: Polymerase chain reaction; M: Male F: Female; Y/N: Yes/no; ICU: Intensive care unit

**Supplementary Table 2 Study questionnaire used to evaluate personnel of endoscopy units**

<b>Question</b>	<b>Reply</b>
Annual endoscopies of Unit (2019)	No:
No. of PEU in Unit	No:
Type of PEU	Physician/Nurse/paramedical
No. of COVID 19 (+) endoscopy cases	No:
No. of infected PEU (PCR test +)	No:
Type of infected PEU	Physician/Nurse/paramedical
Infected PEU: hospital admission/ICU/death	No:
Discharges	No:
Relation of the case to working environment	Y/N/Likely/impossible to answer
Introduction of PPE (date)	D/M/Y? Not introduced
Reduction of endoscopies after PPE	Y/N
No. of endoscopies pre-, during and post-implementation of PPE	No:

PEU: Personnel of endoscopy units; PCR: Polymerase chain reaction;  
 ICU: Intensive care unit; Y: Yes; N: No; PPE: Personal protective equipment;  
 D/M/Y: Date/month/year.