

COVID-19 SA Study: Long COVID Questionnaire

<i>Date</i>	<i>Site Number</i>	<i>Study Number</i>	<i>Patient Initials</i>
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1. Do you have any ongoing discomfort since you were discharged from hospital/released from isolation following COVID-19 infection? If yes, please specify


2. How would you describe your current health status?

- Same as prior to COVID-19
- Often feel fatigued, and tire more easily after activity now than prior to COVID-19
- Better health status than prior to COVID-19

3. Have you experienced any of the following pain symptoms that appeared post COVID-19 and are persistent?

- No pain
- Headache
- Myalgia (muscle ache)
- Chest pain
- Joint pain (if yes, please fill in the table below)
- Any other if yes, please specify _____

Joints	<i>Hand</i>	<i>Foot</i>	<i>Wrist</i>	<i>Ankle</i>	<i>Jaw</i>	<i>Elbow</i>	<i>Shoulder</i>	<i>Neck</i>	<i>Hip</i>	<i>Knee</i>
<i>Tenderness</i>										
<i>Swollen</i>										
<i>Numerical pain scale (0-10)</i>										



0 **No pain** 10 **Intolerable pain**

4. Do you have any of the following symptoms that are new following COVID-19 infection and still present?

- None
- Sore throat
- Difficulty swallowing

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5. Do you have any of the following symptoms that were not present before COVID-19 infection but are present now?

- None
- Low grade fever (37.3-38.0°C)
- Palpitations
- Dizziness
- Nasal congestion
- Skin rash

6. Are you more prone to experience the following symptoms since recovering from COVID-19 infection?

- None
- Diarrhoea
- Nausea
- Vomiting

7. How do you feel about your sense of smell now as compared to prior to COVID-19 infection?

- Same as before
- Worse than before
- Better than before
- Total loss

8. How do you feel about your sense of taste now as compared to prior to COVID-19 infection?

- Same as before
- Worse than before
- Better than before
- Total loss

9. How do you feel about your appetite now as compared to prior to COVID-19 infection?

- Same as before
- Worse than before
- Better than before

10. What do you think about your sleeping now as compared to prior to COVID-19?

- Same as before
- Worse than before
- Better than before

11. How do you feel about your muscle strength now as compared with the status prior to COVID-19?

- Same as before
- Worse than before
- Better than before

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12. How do you experience hair loss now as compared with prior to COVID-19?

- No hair loss before or after COVID-19
- Hair loss is same as before
- Lose more hair now than before
- Lose less hair now than before

13. How do you feel about your memory and concentration now as compared with prior to COVID-19?

- Same as before
- Worse than before
- Better than before

Assess your health status TODAY and BEFORE COVID-19

Under each heading please tick the ONE box that best describes your health TODAY and IMMEDIATELY PRIOR TO BEING DIAGNOSED WITH COVID-19.

MOBILITY

TODAY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

BEFORE COVID-19

- I had no problems in walking about
- I had slight problems in walking about
- I had moderate problems in walking about
- I had severe problems in walking about
- I was unable to walk about

SELF-CARE

TODAY

- I have no problems with washing or dressing myself
- I have slight problems with washing or dressing myself
- I have moderate problems with washing or dressing myself
- I have severe problems with washing or dressing myself
- I am unable to wash or dress myself

BEFORE COVID-19

- I had no problems with washing or dressing myself
- I had slight problems with washing or dressing myself
- I had moderate problems with washing or dressing myself
- I had severe problems with washing or dressing myself
- I was unable to wash or dress myself

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USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

TODAY

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

BEFORE COVID-19

- I had no problems doing my usual activities
- I had slight problems doing my usual activities
- I had moderate problems doing my usual activities
- I had severe problems doing my usual activities
- I was unable to do my usual activities

PAIN / DISCOMFORT

TODAY

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

BEFORE COVID-19

- I had no pain or discomfort
- I had slight pain or discomfort
- I had moderate pain or discomfort
- I had severe pain or discomfort
- I had extreme pain or discomfort

ANXIETY / DEPRESSION

TODAY

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

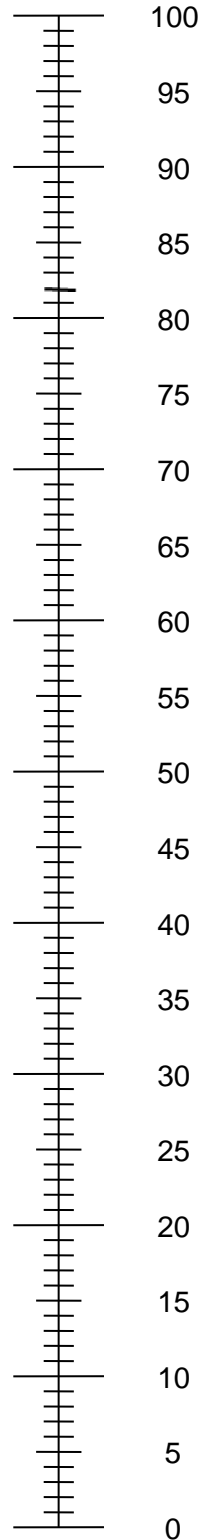
BEFORE COVID-19

- I was not anxious or depressed
- I was slightly anxious or depressed
- I was moderately anxious or depressed
- I was severely anxious or depressed
- I was extremely anxious or depressed

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The best health you can imagine

- We would like to know how good or bad your health is **TODAY**.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is **TODAY**.
- Now, please write the number you marked on the scale in the box below

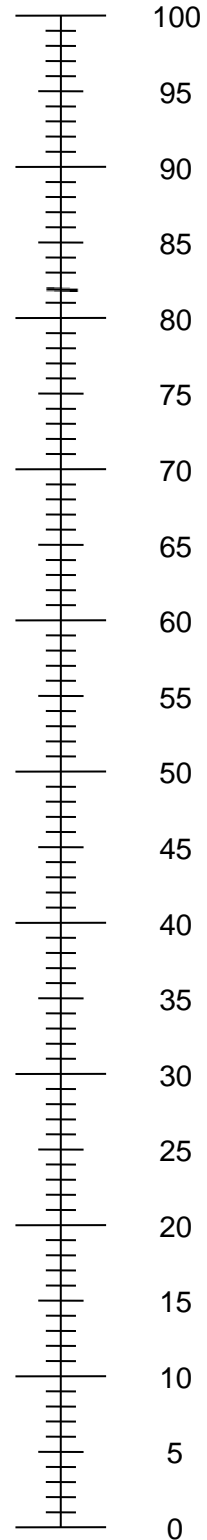


The worst health you can imagine

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The best health you can imagine

- We would like to know how good or bad your health **WAS IMMEDIATELY PRIOR TO BEING DIAGNOSED WITH COVID-19.**
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is **WAS IMMEDIATELY PRIOR TO BEING DIAGNOSED WITH COVID-19.**
- Now, please write the number you marked on the scale in the box below



The worst health you can imagine

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<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>(dd/mon/yyyy)</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>E.g. SMITH, John SMJO</i>

Chose the phrase that best describes your breathing before and after COVID-19 according to the following table

Box 3: Modified Medical Research Council (mMRC) Dyspnoea Scale for grading the severity of breathlessness during daily activities

Grade	Symptom complex
0	I only get breathless with strenuous exercise
1	I get short of breath when hurrying on level ground or walking up a slight hill
2	On level ground, I walk slower than people of the same age because of breathlessness, or I have to stop for breath when walking at my own pace on the level
3	I stop for breath after walking about 100 metres or after a few minutes on level ground
4	I am too breathless to leave the house or I am breathless when dressing or undressing

Before COVID-19 grade: _____

After COVID-19 grade: _____