

SUPPLEMENT: POST COVID SYNDROME QUESTIONNAIRE

(For patients with ongoing symptoms following Coronavirus)

- This questionnaire was prepared to evaluate the patients' symptoms of COVID-19 that continued 12 weeks after discharge.
- What was your health like before you had Covid-19?

A. I did not have any restrictions on my life

B. I had some complaints:

- | | | |
|---------------------|------------------------------|-----------------------------|
| Cough | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Headache | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Shortness of breath | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Chest pain | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fatigue | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Anorexia | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Myalgia | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- Please tick the description in each column how the patient currently feels following conversation with Clinician

Yes No

1. Do you still have a cough after being discharged?
Yes No
2. Do you still having headache after being discharged?
Yes No
3. Do you still having shortness of breath after being discharged?
Yes No
4. Do you still having chest pain after being discharged?
Yes No
5. Do you still have fatigue after being discharged?
Yes No
6. Do you still having anorexia after being discharged?
Yes No
7. Do you still have myalgia after being discharged?
Yes No