

Post COVID-19 Condition Assessment
Telephone Follow-up (6month 12month)

Instructions: The following questions will address the persisting symptoms you might still have after your visit to the emergency department and the utilization of healthcare services.

1. Did you visit the emergency department since you went on YYYY/MM/DD?

- No
- Yes
- Prefer not to answer

If yes,

How many times did you go back to the emergency department? (*number*)

For your first revisit to the ED, do you remember how long it was after your initial visit of the YYYY/MM/DD?

- A couple of days
- Within 1 week
- Within 2 weeks
- Within 1 month
- Between 2 to 6 months
- More than 6 months

Were you admitted to the hospital during that visit?

- Yes
- No
- Prefer not to answer

2. For Research Assistant: Has this participant tested COVID-19 POSITIVE at the Index visit or at any subsequent time?

- Yes
- No

If no,

Since the beginning of the pandemic, do you believe that you had a COVID-19 infection that was not confirmed by a test?

- Yes
- No
- I don't know

Prefer not to answer

3. Since the acute health problem that brought you to the emergency department on YYYY/MM/DD, have you been more short of breath?

- No, not at all
- Yes, and it is still present
- Yes, sometimes and it is still present
- Yes, but not anymore
- I don't know
- Prefer not to answer

If yes, and it is still present / yes, sometimes and it is still present / yes, but not anymore

When do / did you experience shortness of breath?

- At rest
- During low to moderate intensity activity (ex. walking, cleaning, doing the dishes)
- During high intensity activity (ex. exercising, jogging, biking)

If yes, and it is still present / yes, sometimes and it is still present / yes, but not anymore

When did the shortness of breath start? (calendar)

If yes, but not anymore

How long did the shortness of breath last?

- A couple of days
- 1 week
- 2 weeks
- Between 1 and 2 months
- Between 2 to 6 months
- More than 6 months

4. Since the acute health problem that brought you to the emergency department on YYYY/MM/DD, have you had any new and persisting pain?

- No, not at all
- Yes, and it is still present
- Yes, sometimes and it is still present
- Yes, but not anymore
- I don't know
- Prefer not to answer

If yes, and it is still present / yes, sometimes and it is still present / yes, but not anymore

4a. Where is / was the main source of your pain?

- Abdominal pain
- Chest pain
- Back pain
- Sore throat
- Stomach ache
- Headache or Migraine
- Joints pain
- Pain while breathing
- Pain when coughing
- Muscle pain
- Pain in the legs
- Pain in the arms
- Pain when swallowing
- Generalized pain (non-specified)
- Other

4b. When did the pain start? (calendar)

If yes, but not anymore

How long did the pain last?

- A couple of days
- 1 week
- 2 weeks
- Between 1 and 2 months
- Between 2 to 6 months
- More than 6 months

5. Since the acute health problem that brought you to the emergency department on YYYY/MM/DD, have you had a new and persistent cough?

- No, not at all
- Yes, and it is still present
- Yes, sometimes and it is still present
- Yes, but not anymore
- I don't know
- Prefer not to answer

If yes, and it is still present / yes, sometimes and it is still present / yes, but not anymore

When did the cough start? (calendar)

If yes, but not anymore

How long did the cough last?

- A couple of days
- 1 week
- 2 weeks
- Between 1 and 2 months
- Between 2 to 6 months
- More than 6 months

6. Since the acute health problem that brought you to the emergency department on YYYY/MM/DD, have you had a decreased sense of smell?

- No, not at all
- Yes, and it is still present
- Yes, sometimes and it is still present
- Yes, but not anymore
- I don't know
- Prefer not to answer

If yes, and it is still present / yes, sometimes and it is still present / yes, but not anymore

When did your decreased sense of smell start? (calendar)

If yes, but not anymore

How long did your decreased sense of smell last?

- A couple of days
- 1 week
- 2 weeks
- Between 1 and 2 months
- Between 2 to 6 months
- More than 6 months

7. Since the acute health problem that brought you to the emergency department on YYYY/MM/DD, have you had a decreased sense of taste?

- No, not at all
- Yes, and it is still present
- Yes, sometimes and it is still present
- Yes, but not anymore

- I don't know
- Prefer not to answer

If yes, and it is still present / yes, sometimes and it is still present / yes, but not anymore

When did your decreased sense of taste start? (calendar)

If yes, but not anymore

How long did your decreased sense of taste last?

- A couple of days
- 1 week
- 2 weeks
- Between 1 and 2 months
- Between 2 to 6 months
- More than 6 months

8. Since the acute health problem that brought you to the emergency department on YYYY/MM/DD, has your sleep been different?

- No, not at all
- Yes, and it is still present
- Yes, sometimes and it is still present
- Yes, but not anymore
- I don't know
- Prefer not to answer

If yes, and it is still present / yes, sometimes and it is still present / yes, but not anymore

When did your sleep change? (calendar)

If yes, but not anymore

For how long was your sleep different?

- A couple of days
- 1 week
- 2 weeks
- Between 1 and 2 months
- Between 2 to 6 months
- More than 6 months

9. Since the acute health problem that brought you to the emergency department on YYYY/MM/DD, have you felt dizzy or lightheaded?

- No, not at all
- Yes, and it is still present
- Yes, sometimes and it is still present
- Yes, but not anymore
- I don't know
- Prefer not to answer

If yes, and it is still present / yes, sometimes and it is still present / yes, but not anymore

When did your dizziness or lightheadedness start? (calendar)

If yes, but not anymore

How long did your dizziness or lightheadedness last?

- A couple of days
- 1 week
- 2 weeks
- Between 1 and 2 months
- Between 2 to 6 months
- More than 6 months

10. Since the acute health problem that brought you to the emergency department on YYYY/MM/DD, has it been harder to concentrate?

- No, not at all
- Yes, and it is still present
- Yes, sometimes and it is still present
- Yes, but not anymore
- I don't know
- Prefer not to answer

If yes, and it is still present / yes, sometimes and it is still present / yes, but not anymore

When did it start to get harder to concentrate? (calendar)

If yes, but not anymore

For how long was it harder to concentrate?

- A couple of days
- 1 week
- 2 weeks
- Between 1 and 2 months

- Between 2 to 6 months
- More than 6 months

11. Since the acute health problem that brought you to the emergency department on YYYY/MM/DD, has it been harder to remember things?

- No, not at all
- Yes, and it is still present
- Yes, sometimes and it is still present
- Yes, but not anymore
- I don't know
- Prefer not to answer

If yes, and it is still present / yes, sometimes and it is still present / yes, but not anymore

When did it start to get harder to remember things? (calendar)

If yes, but not anymore

For how long was it harder to remember things?

- A couple of days
- 1 week
- 2 weeks
- Between 1 and 2 months
- Between 2 to 6 months
- More than 6 months

12. Since the acute health problem that brought you to the emergency department on YYYY/MM/DD, have you felt unusually tired after a physical, a mental or an emotional effort?

- No, not at all
- Yes, and it is still present
- Yes, sometimes and it is still present
- Yes, but not anymore
- I don't know
- Prefer not to answer

If yes, and it is still present / yes, sometimes and it is still present / yes, but not anymore

When did this unusual tiredness start? (calendar)

If yes, but not anymore

How long did this unusual tiredness last?

- A couple of days
- 1 week
- 2 weeks
- Between 1 and 2 months
- Between 2 to 6 months
- More than 6 months

13. Since the acute health problem that brought you to the emergency department on YYYY/MM/DD, have you had other symptoms than the ones we discussed that you would like to share today?

- No
- Yes
- Prefer not to answer

If yes,

Which one affects / affected you the most?

- Anxiety
- Behaviour change
- Can't move and/or feel one side of body or face
- Constipation
- Depressed mood
- Diarrhea
- Dry Mouth
- Dysmenorrhea
- Eye dryness
- Fainting/blackouts
- Fever
- Food sensitivities
- Hot flashes
- Jerking of limbs
- Joint swelling
- Loss of appetite
- Loss of interest/pleasure
- Loss of teeth
- Lumpy lesions: (purple/pink/bluish) on toes/COVID toes
- Nausea/vomiting
- Night sweats
- Numbness or tingling
- Persistent fatigue

- Problems hearing
- Problems passing urine
- Problems seeing
- Problems swallowing
- Problems with balance
- Problems with gait/falls
- Ringing in ears
- Seizures
- Skin rash
- Slowness of movement
- Stiffness of muscles
- Tremors
- Weakness in limbs
- Weight loss
- Erectile dysfunction
- Hallucinations

If yes,

When did this symptom start? (*calendar*)

How long did this symptom last?

- A couple of days
- 1 week
- 2 weeks
- Between 1 and 2 months
- Between 2 to 6 months
- More than 6 months
- Still present

14. Since the acute health problem that brought you to the emergency department on YYYY/MM/DD, did you get help from any health services?

- No
- Yes
- Prefer not to answer

If yes,

Which health services did you use?

- Family doctor
- Nurse practitioner
- Post-COVID Clinic

- Specialist
- Physiotherapist
- Occupational therapist
- Home care nurse
- Home care worker
- Psychologist
- Psychiatrist
- Social worker
- Respiratory therapist
- Pharmacist
- Massage therapist
- Sex therapist
- Alternative medicine specialist (acupuncture, healer, osteopath, homeopath, chiropractor)
- Other

15. Since the acute health problem that brought you to the emergency department on YYYY/MM/DD, are there any health service or health professional that you were unable to access?

- No
- Yes
- Prefer not to answer

Which health services were you unable to access?

- Family doctor
- Nurse practitioner
- Post-COVID Clinic
- Specialist
- Physiotherapist
- Occupational therapist
- Home care nurse
- Home car worker
- Psychologist
- Psychiatrist
- Social worker
- Respiratory therapist
- Pharmacist
- Massage therapist
- Sex therapist
- Alternative medicine specialist (acupuncture, healer, osteopath, homeopath, chiropractor)
- Other

16. Did you notice a change in the symptoms we just talked about after your first COVID shot?

- Yes, felt worse after my first shot
- Yes, felt better after my first shot
- No change
- I don't know
- No because I was feeling fine before with no symptoms
- I am not vaccinated
- Prefer not to answer

16a. Did you notice a change in the symptoms after your second COVID shot?

- Yes, felt worse after my second shot
- Yes, felt better after my second shot
- No change
- I don't know
- Did not get a second shot
- Prefer not to answer

16b. Did you notice a change in the symptoms after your third COVID shot?

- Yes, felt worse after my third shot
- Yes, felt better after my third shot
- No change
- I don't know
- Did not get a third shot
- Prefer not to answer

17. Before the acute health problem that brought you to the emergency department on YYYY/MM/DD, which of the following statements best describes the level of fitness you had then?

- Fit and well: you exercised occasionally or regularly and had no medical problems
- Managing well: you had some medical problems that limited your activities but didn't need help
- Frail: you had medical problems that limited your activities, and needed help with daily activities and personal care
- I don't remember

18. Since the acute health problem that brought you to the emergency department on YYYY/MM/DD, did you receive any disability insurance?

- Yes
- No

- I don't know
- Prefer not to answer