

# Questionnaire

Please complete the survey below.

Thank you!

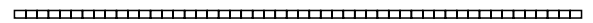
In this survey, we are going to ask you some questions about your ability to perform certain activities before and after you were diagnosed with COVID-19. Please think about your ability to perform these activities 30 days prior to your illness onset on [symptom\_onset], compared to your ability to perform these activities today.

In this survey, we are going to ask you some questions about your ability to perform certain activities before and after you were diagnosed with COVID-19. Please think about your ability to perform these activities 30 days prior to your diagnosis on [test\_date], compared to your ability to perform these activities today.

How do you rate your health before you had COVID-19?

Worst imaginable  
health

Best imaginable  
health

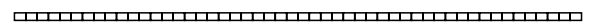


(Place a mark on the scale above)

How do you rate your health today?

Worst imaginable  
health

Best imaginable  
health



(Place a mark on the scale above)

## Climbing stairs and transferring

**This includes any of the following: getting into/out of bed, standing up/sitting down in a chair, getting into/out of a car, getting on/off a toilet, stepping onto a curb.**

	None, I can perform these tasks independently	A little help	A lot of help	Unable to perform task
BEFORE you were diagnosed with COVID-19, how much help did you need climbing stairs/transferring?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TODAY, how much help do you need climbing stairs/transferring?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please state which activities, if any, have been impacted and describe how they have been impacted.

(Ex: Prior to my illness, I would need to sit for a moment before rising out of bed independently. Now I require another person's help to get out of bed.)

## Personal grooming and dressing

**This includes any of the following: brushing/flossing teeth, denture care, skin care, shaving, putting on socks and shoes, taking off underwear, putting on pants, putting on a jacket.**

None, I can perform these tasks independently

A little help

A lot of help

Unable to perform task

BEFORE you were diagnosed with COVID-19, how much help did you need with personal grooming and dressing?

TODAY, how much help do you need with personal grooming and dressing?

Please state which activities, if any, have been impacted and describe how they have been impacted.

(Ex: Prior to my illness, I would need to sit for a moment before rising out of bed independently. Now I require another person's help to get out of bed.)

### Using the toilet and bathing

**This includes any of the following: wiping your body with wipes, taking a shower or bath, scrubbing and rinsing your body, wiping after you use the toilet.**

	None, I can perform these tasks independently	A little help	A lot of help	Unable to perform task
BEFORE you were diagnosed with COVID-19, how much help did you need using the restroom and bathing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TODAY, how much help do you need using the restroom and bathing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please state which activities, if any, have been impacted and describe how they have been impacted.

(Ex: Prior to my illness, I would need to sit for a moment before rising out of bed independently. Now I require another person's help to get out of bed.)

### Doing household chores

**This includes any of the following: food preparation, cooking, folding laundry, vacuuming the floor, making the bed, feeding pets, wiping a table, loading the dishwasher, tidying up a room.**

	None, I can perform these tasks independently	A little help	A lot of help	Unable to perform task
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BEFORE you were diagnosed with COVID-19, how much help did you need doing household chores?

TODAY, how much help do you need doing household chores?

Please state which activities, if any, have been impacted and describe how they have been impacted.

(Ex: Prior to my illness, I would need to sit for a moment before rising out of bed independently. Now I require another person's help to get out of bed.)

### Managing personal affairs

**This includes any of the following: using the phone or computer, paying bills, scheduling a doctor appointment, managing medications, refilling a prescription, making a shopping list**

None, I can perform these tasks independently

A little help

A lot of help

Unable to perform task

BEFORE you were diagnosed with COVID-19, how much help did you need managing your personal affairs?

TODAY, how much help do you need managing your personal affairs?

Please state which activities, if any, have been impacted and describe how they have been impacted.

(Ex: Prior to my illness, I would need to sit for a moment before rising out of bed independently. Now I require another person's help to get out of bed.)

Do you experience shortness of breath or fatigue when performing any activities in the following categories? Please select all that apply.

- Climbing stairs or transferring
- Personal grooming and dressing
- Using the toilet and bathing
- Doing household chores
- Managing personal affairs

When you are climbing stairs or transferring, how often do you feel shortness of breath/fatigue?

- 0-25% of the time
- 25-50% of the time
- 50-75% of the time
- 75-100% of the time

When you are dressing or performing personal grooming, how often do you feel shortness of breath/fatigue?

- 0-25% of the time
- 25-50% of the time
- 50-75% of the time
- 75-100% of the time

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When you are using the toilet or bathing, how often do you feel shortness of breath/fatigue?

- 0-25% of the time
- 25-50% of the time
- 50-75% of the time
- 75-100% of the time

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When you are doing household chores, how often do you feel shortness of breath/fatigue?

- 0-25% of the time
- 25-50% of the time
- 50-75% of the time
- 75-100% of the time

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When you are managing your personal affairs, how often do you feel shortness of breath/fatigue?

- 0-25% of the time
- 25-50% of the time
- 50-75% of the time
- 75-100% of the time