

Part 1: Persistent symptoms:

Do you currently have any symptoms that you attribute to COVID-19? YES NO
 If you responded "YES", which symptom(s) do you have?

After discharge, how were you in terms of degree of autonomy or dependence from others?
 (Note for the clinician: rank it according to Clinical Frailty Scale: 1 to 9)

Do you consider that you have already returned to your degree of autonomy/dependence previously to your ward admission? Yes No

Part 2: Health related quality of life:➤ **3-level 5 domain Euro-Quality of Life:****Mobility**

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

Self-care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

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

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

Pain/discomfort

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

Anxiety/depression

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

➤ **Euro-Quality of life Visual Analogue Scale:**

We would like to know how good or bad your health is TODAY. Please imagine a scale numbered from 0 to 100 where 100 means the best health you can imagine and 0 means the worst health you can imagine.

Please classify how your health is TODAY: _____