



Supporting Information

Supplementary methods and results

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Holland AE, Fineberg D, Marceau T, et al. The Alfred Health post-COVID-19 service, Melbourne, 2020–2022: a retrospective cohort study. *Med J Aust* 2024; doi: 10.5694/mja2.52192.

1. The Alfred Health Post-COVID service follow-up survey

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Recovering after COVID-19

Thank you for completing these questions, which will help us to understand how you are recovering after COVID-19, and whether there are any additional supports that you need.

Thank you for completing the following questions.

Please select one response that best describes you.

- I only get breathless with strenuous exercise
- I get short of breath when hurrying on level ground or walking up a hill
- 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
- I stop for breath after walking about 100 metres or after a few minutes on level ground
- I am too breathless to leave the house or I am breathless when dressing or undressing

Clinicians are aware that emotions play an important part in most illnesses. If your clinician knows about these feelings he or she will be able to help you more.

This questionnaire is designed to help your clinician to know how you feel. Read each item below and tick the reply that comes closest to how you have been feeling in the past week. Don't take too long over your replies, your immediate reaction to each item will probably be more accurate than a long, thought-out response

1. I feel tense or 'wound up':	<input type="radio"/> Most of the time <input type="radio"/> A lot of the time <input type="radio"/> From time to time, occasionally <input type="radio"/> None of the time
2. I still enjoy the things I used to enjoy:	<input type="radio"/> Definitely as much <input type="radio"/> Not quite so much <input type="radio"/> Only a little <input type="radio"/> Hardly at all
3. I get a sort of frightened feeling as if something awful is about to happen:	<input type="radio"/> Very definitely and quite badly <input type="radio"/> Yes, but not too badly <input type="radio"/> A little, but it doesn't worry me <input type="radio"/> Not at all
4. I can laugh and see the funny side of things:	<input type="radio"/> As much as I always could <input type="radio"/> Not quite so much now <input type="radio"/> Definitely not so much now <input type="radio"/> Not at all
5. Worrying thoughts go through my mind:	<input type="radio"/> A great deal of the time <input type="radio"/> A lot of the time <input type="radio"/> From time to time, but not too often <input type="radio"/> Only occasionally
6. I feel cheerful:	<input type="radio"/> Not at all <input type="radio"/> Not often <input type="radio"/> Sometimes <input type="radio"/> Most of the time
7. I can sit at ease and feel relaxed:	<input type="radio"/> Definitely <input type="radio"/> Usually <input type="radio"/> Not Often <input type="radio"/> Not at all
8. I feel as if I am slowed down:	<input type="radio"/> Nearly all the time <input type="radio"/> Very often <input type="radio"/> Sometimes <input type="radio"/> Not at all
9. I get a sort of frightened feeling like 'butterflies' in the stomach:	<input type="radio"/> Not at all <input type="radio"/> Occasionally <input type="radio"/> Quite Often <input type="radio"/> Very Often
10. I have lost interest in my appearance:	<input type="radio"/> Definitely <input type="radio"/> I don't take as much care as I should <input type="radio"/> I may not take quite as much care <input type="radio"/> I take just as much care as ever

11. I feel restless as if I have to be on the move:

- Very much indeed
- Quite a lot
- Not very much
- Not at all

12. I look forward with enjoyment to things:

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

13. I get sudden feelings of panic:

- Very often indeed
- Quite often
- Not very often
- Not at all

14. I can enjoy a good book or radio or TV program:

- Often
- Sometimes
- Not often
- Very seldom

HADS_D

.....

HADS_A

.....

Under each heading, please tick the ONE box that best describes your health TODAY.

Mobility

- I have no problems with walking around
 I have slight problems with walking around
 I have moderate problems with walking around
 I have severe problems with walking around
 I am unable to walk around

Personal care

- 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

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

- 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

Pain / discomfort

- 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

Anxiety / depression

- 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

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.

Please use the slider on the scale to indicate how your health is TODAY.

The worst health you can imagine The best health you can imagine



(Place a mark on the scale above)

The following ten statements refer to how you usually feel. Per statement you can choose one out of five answer categories, varying from Never to Always.

Please select the answer to each question that is applicable to you. Please give an answer to each question, even if you do not have any complaints at the moment.

1. Never
2. Sometimes (about monthly or less)
3. Regularly (about a few times a month)
4. Often (about weekly)
5. Always (about every day)

- | | |
|---|---|
| 1. I am bothered by fatigue | <input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Regularly
<input type="radio"/> Often
<input type="radio"/> Always |
| 2. I get tired very quickly | <input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Regularly
<input type="radio"/> Often
<input type="radio"/> Always |
| 3. I don't do much during the day | <input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Regularly
<input type="radio"/> Often
<input type="radio"/> Always |
| 4. I have enough energy for everyday life | <input type="radio"/> Never
<input type="radio"/> Sometimes (about monthly or less)
<input type="radio"/> Regularly (about a few times a month)
<input type="radio"/> Often (about weekly)
<input type="radio"/> Always (about every day) |
| 5. Physically, I feel exhausted | <input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Regularly
<input type="radio"/> Often
<input type="radio"/> Always |
| 6. I have problems to starting things | <input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Regularly
<input type="radio"/> Often
<input type="radio"/> Always |
| 7. I have problems to thinking clearly | <input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Regularly
<input type="radio"/> Often
<input type="radio"/> Always |

8. I feel no desire to do anything Never
 Sometimes
 Regularly
 Often
 Always

9. Mentally, I feel exhausted Never
 Sometimes
 Regularly
 Often
 Always

10. When I am doing something, I can concentrate quite well Never
 Sometimes
 Regularly
 Often
 Always

FAS_Total _____

FAS_Physical _____

FAS_mental _____

Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to your experience with COVID-19. How much were you distressed or bothered by these difficulties?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Any reminder brought back feelings about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I had trouble staying asleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Other things kept making me think about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I felt irritable and angry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I avoided letting myself get upset when I thought about it or was reminded of it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I thought about it when I didn't mean to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I felt as if it hadn't happened or wasn't real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I stayed away from reminders of it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Pictures about it popped into my mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I was jumpy and easily startled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I tried not to think about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I was aware that I still had a lot of feelings about it, but I didn't deal with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My feelings about it were kind of numb.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I found myself acting or feeling like I was back at that time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I had trouble falling asleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I had waves of strong feelings about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I tried to remove it from my memory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I had trouble concentrating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | | |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 20. I had dreams about it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. I felt watchful and on-guard. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. I tried not to talk about it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

IESR_Total

IESR_Avoidance

IESR_Intrusion

IESR_Hyperarousal

Just a few final questions...

Have you lost weight since your diagnosis of COVID-19? Yes
 No

If yes, how much weight in kilograms have you lost? _____

Were you working or studying before you tested positive for COVID-19? Yes
 No

If yes, were you working or studying full time or part time? Full time
 Part time

Have you returned to work or study since your COVID-19 diagnosis? Yes
 No

If you have returned to work or study, is this full time or part time? Full time
 Part time

Have you experienced any memory changes since your COVID-19 diagnosis? Yes
 No

Have you experienced any changes to your concentration since your COVID-19 diagnosis? Yes
 No

Have you noticed any slowing in your thinking? Yes
 No

Have you experienced heightened agitation since your COVID-19 diagnosis? Yes
 No

If you have experienced thinking difficulties since your COVID-19 diagnosis? Yes
 No

When did these start? _____

Do your thinking difficulties affect your ability to undertake day to day activities (eg remember appointments; read; work etc.) Yes
 No

Are your thinking difficulties getting better, staying the same or getting worse? getting better
 staying the same
 getting worse

Is there anything else you would like to tell us? _____

Thank you for completing these questions, we will be in touch soon with your results.

Table 1. Characteristics of the 726 people who completed Alfred Health Post-COVID service screening questionnaires eight weeks after acute COVID-19 during 2020–2022, by source of invitation

Characteristic	Admitted to intensive care	Admitted to hospital	Referred from primary care
Number of respondents	21	633	72
Dyspnoea (mMRC scale \geq 2)	6/20 (30%)	152/611 (25%)	39/72 (54%)
Extreme fatigue (FAS \geq 35)	6/19 (32%)	138/584 (24%)	45/70 (64%)
Depression (HADS \geq 11)	4/18 (22%)	105/599 (18%)	33/71 (47%)
Anxiety (HADS \geq 11)	4/19 (21%)	157/586 (27%)	37/71 (52%)
Post-traumatic stress disorder (IES-R \geq 33)	4/17 (24%)	107/532 (20%)	28/67 (42%)
Memory changes	8/14 (57%)	313/573 (55%)	50/69 (73%)
Concentration changes	10/14 (71%)	362/573 (63%)	59/69 (86%)
Health status (EQ-5D-5L domains)			
Mobility limitations	3/19 (16%)	128/596 (21%)	31/71 (44%)
Self-care limitations	1/19 (5%)	28/600 (5%)	12/71 (17%)
Usual activity limitations	7/19 (37%)	190/598 (32%)	59/71 (83%)
Pain and discomfort	4/19 (21%)	202/596 (34%)	47/71 (66%)
EQ-5D-5L, visual analogue scale, median (range)	64 (22–91)	63 (3–100)	43 (10–78)

COVID-19 = coronavirus disease 2019; mMRC = modified Medical Research Council; FAS = Fatigue Assessment Scale; HADS = Hospital Anxiety and Depression Scale; PTSD = Post-traumatic stress disorder; IES-R = Impact of Events Scale-Revised; VAS = Visual Analogue Scale.

Table 2. Characteristics of the 453 respondents who reported whether they had returned to work or study

Characteristic	Did not return to work	Returned to work	P
Number	67	386	
Age (years), mean (SD)	48 (12)	48 (15)	0.57
Age (years), range	48 (24–75)	48 (14–81)	
Dyspnoea (mMRC scale \geq 2)	36 (56%)	93 (25%)	<0.001
Extreme fatigue (FAS \geq 35)	44 (69%)	101 (27%)	<0.001
Depression (HADS \geq 11)	31 (48%)	72 (19%)	<0.001
Anxiety (HADS \geq 11)	23 (37%)	115 (31%)	0.36
Post-traumatic stress disorder (IES-R \geq 33)	28 (47%)	74 (21%)	<0.001
Memory changes	49 (77%)	214 (58%)	0.004
Concentration changes	54 (84%)	250 (67%)	0.006
Health status (EQ-5D-5L domains)			
Mobility limitations	35 (55%)	66 (17%)	<0.001
Personal care limitations	14 (22%)	10 (3%)	<0.001
Usual activity limitations	52 (81%)	128 (33%)	<0.001
Pain and discomfort	42 (66%)	133 (35%)	<0.001
Health-related quality of life (EQ-5D-5L, visual analogue scale), median (range)	34 (3–95)	65 (4–100)	<0.001

COVID-19 = coronavirus disease 2019; mMRC = modified Medical Research Council; FAS = Fatigue Assessment Scale; HADS = Hospital Anxiety and Depression Scale; PTSD = Post-traumatic stress disorder; IES-R = Impact of Events Scale-Revised; VAS = Visual Analogue Scale. Differences in age and health-related quality of life were compared using an independent t-test and the Chi-square test for the remaining variables.