

Form S1. Symptom Questionnaire (SRSQ)

1. How would you comment your current health status?

Same as prior to COVID-19 Often feel fatigue, and easier to get tired after activity now than prior to COVID-19 Better health condition than prior to COVID-19

2. Have you experienced any of the following pain symptoms that appeared post COVID-19 and are persistent?

No Headache Myalgia Chest pain Joint pain (if yes, please fill in the table below)

Any other if yes, please specify.....

Joints	Hand	Foot	Wrist	Ankle	Jaw	Elbow	Shoulder	Neck	Hip	Knee
Tenderness										
Swollen										
Numerical pain scale (0-10)*										

*0-No pain; 10-Intolerable pain

3. Do you have any of the following symptoms that are newly onset post COVID-19 and persistent?

No Sore throat Difficult to swallow

4. Do you have any of the following symptoms that are newly onset post COVID-19 and persistent?

No Low grade fever (37.3-38.0°C) Palpitations Dizziness Nasal congestion Skin rash

5. Are you more prone to suffer from the following symptoms after discharge?

No Diarrhea Nausea Vomiting

6. How do you feel about your sense of smell compared with the status prior to COVID-19?

Same as before Worse than before Better than before Total loss

7. How do you feel about your sense of taste compared with the status prior to COVID-19?

Same as before Worse than before Better than before Total loss

8. How do you feel about your appetite compared with the status prior to COVID-19?

Same as before Worse than before Better than before

9. What do you think about your sleeping compared with the status prior to COVID-19?

Same as before Worse than before Better than before

10. How do you feel about your muscle strength compared with the status prior to COVID-19?

Same as before Worse than before Better than before

11. Have you experienced hair loss now compared with the status prior to COVID-19?

No hair loss before or after COVID-19 Hair loss is same as before Lose more hair than before
 Lose less hair than before