

Predicovid (adult participants)- Monthly questionnaire (M2 - M11)

1) How do you feel today ? I feel good / I feel tired / I feel bad

2) Sleeping habits

1. During the past month, when have you usually gone to bed at night?

USUAL BED TIME _____

2. During the past month, how long (in minutes) has it usually take you to fall asleep each night?

NUMBER OF MINUTES _____

3. During the past month, when have you usually gotten up in the morning?

USUAL GETTING UP TIME _____

4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spend in bed.)

HOURS OF SLEEP PER NIGHT _____

3) Since filling out your last questionnaire, have you consulted for a reason related to Covid19? Yes No -> If yes, for what reason?

4) **Quality of life (SF 12 scale)**

1. In general, would you say your health is:

Excellent Very good Good Fair Poor

The following questions are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

	YES, limited a lot	YES, limited a little	NO, not limited at all
2. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Climbing several flights of stairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**

	YES	NO
4. Accomplished less than you would like.	<input type="checkbox"/>	<input type="checkbox"/>
5. Were limited in the kind of work or other activities.	<input type="checkbox"/>	<input type="checkbox"/>

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

	YES	NO
6. Accomplished less than you would like.	<input type="checkbox"/>	<input type="checkbox"/>
7. Did work or activities less carefully than usual.	<input type="checkbox"/>	<input type="checkbox"/>

8. During the **past 4 weeks**, how much **did pain interfere** with your normal work (including work outside the home and housework)?

Not at all A little bit Moderately Quite a bit Extremely

These questions are about how you have been feeling during the **past 4 weeks**.

For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks**...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
9. Have you felt calm & peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you felt down-hearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time Most of the time Some of the time A little of the time None of the time

5) Respiratory quality of life (VQ11)

I suffer from breathlessness

I am worried about my respiratory condition

I feel my entourage (family, friends, etc.) misunderstands me

My respiratory condition prevents me from moving about as easily as I would like

I feel sleepy during the day

I feel unable to achieve my objectives

I quickly get tired when doing day-to-day activities

Physically, I am dissatisfied with what I can do

My respiratory disease disrupts my social life

I feel sad

My respiratory condition restricts my emotional life

- 6) Have you retrieved a lifestyle comparable to the one you had before the onset of symptoms associated with Covid19? Yes/No
If no, why?
- 7) Did you return to your normal occupation? Yes / No / I am retired or unemployed
If no, have you been on sick leave following complications from Covid19?
- 8) Since the diagnosis of Covid19 or the onset of symptoms associated with Covid19, have your relationships with those around you (family, friends): Worsened / Stayed the same / Improved
if worsened or improved: Why?
- 9) Compared to before your diagnosis with Covid19 or your symptoms associated with Covid19, would you say today that:
- a) Your appetite
 - b) Your physical activity
 - c) Your sleep
- (Has decreased / Is the same or almost the same / Has increased)