

Predicovid (adult participants)- Weekly questionnaire (W3-W4)

- 1) How do you feel today ? I feel good / I feel tired / I feel bad
- 2) Overall, do you think your health is: Excellent / very good / good / poor / poor
- 3) Do you feel full of energy? Yes/No
- 4) Did you sleep well ? Yes/No
- 5) Fatigue Severity Scale (FSS)

Please circle the number between 1 and 7 which you feel best fits the following statements. This refers to your usual way of life within the last week. 1 indicates “strongly disagree” and 7 indicates “strongly agree.”

Read and circle a number.	Strongly Disagree	→	Strongly Agree				
1. My motivation is lower when I am fatigued.	1	2	3	4	5	6	7
2. Exercise brings on my fatigue.	1	2	3	4	5	6	7
3. I am easily fatigued.	1	2	3	4	5	6	7
4. Fatigue interferes with my physical functioning.	1	2	3	4	5	6	7
5. Fatigue causes frequent problems for me.	1	2	3	4	5	6	7
6. My fatigue prevents sustained physical functioning.	1	2	3	4	5	6	7
7. Fatigue interferes with carrying out certain duties and responsibilities.	1	2	3	4	5	6	7
8. Fatigue is among my most disabling symptoms.	1	2	3	4	5	6	7
9. Fatigue interferes with my work, family, or social life.	1	2	3	4	5	6	7

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