

Long-Term Symptoms Questionnaire

CLICK "NOW" BUTTON TO ENTER QUESTIONNAIRE START DATE & TIME.

For each of the following categories, please indicate the one response that best describes your health today.

1. Mobility

- I have no problems walking
- I have slight problems walking
- I have moderate problems walking
- I have severe problems walking
- I am unable to walk
- Prefer not to answer

2. Self-Care

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself
- Prefer not to answer

3. 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
- Prefer not to answer

4. 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
- Prefer not to answer

5. 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
- Prefer not to answer

6. We would like to know how good or bad your health is today. On a scale numbered from 0 to 100, 100 means the best health you can imagine and 0 means the worst health you can imagine, please indicate how your health is today.

(Enter "888" if don't know Enter "999" if prefer not to answer)

Your health today =

INTERVIEWER: THE NUMBER ENTERED IN THE FIELD ABOVE IS NOT BETWEEN 0 AND 100. IS THIS VALUE CORRECT?

Please indicate the one best response for each question or statement.

During the past 7 days...

	Not at all	A little bit	Somewhat	Quite a bit	Very much	Prefer not to answer
7. I feel fatigued...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I have trouble starting things because I am tired...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 7 days...

	Not at all	A little bit	Somewhat	Quite a bit	Very much	Prefer not to answer
9. How run-down did you feel on average?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. How fatigued were you on average?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. How much were you bothered by your fatigue on average?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. To what degree did your fatigue interfere with your physical functioning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. I am now asking about shortness of breath, which includes feeling that you don't have enough air, are being smothered, are breathing faster, have chest tightness, are very aware of your breathing, or feel 'hungry' for air. Please indicate the grade of shortness of breath which best describes you in the last 24 hours.

- I only got breathless with strenuous exercise (e.g. running, walking up a steep hill)
- I got short of breath when hurrying on level ground or walking up a slight hill
- On level ground, I walked slower than usual because of breathlessness, or I had to stop for breath when walking at my own pace on the level
- I stopped for breath after walking about 100 meters or after a few minutes on level ground
- I was breathless when dressing, talking or at rest
- Prefer not to answer

Please indicate the one best response for each question or statement.

In the past 7 days...

	Never	Rarely (Once)	Sometimes (Two or three times)	Often (About once a day)	Very often (Several times a day)	Prefer not to answer
14. My thinking has been slow...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. It has seemed like my brain was not working as well as usual...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. I have had to work harder than usual to keep track of what I was doing...

17. I have had trouble shifting back and forth between different activities that require thinking...

18. How recovered from your illness are you? 'Complete recovery' means you no longer have symptoms related to your illness AND you can do your usual daily activities AND you have returned to your previous state of health and mind (before your illness). Please choose the answer that best describes you today:

Not recovered at all
 Somewhat recovered
 About half recovered
 Mostly recovered
 Completely recovered
 Prefer not to answer

19. Since the last time we spoke, have you been tested for COVID-19?

Yes
 No
 Prefer not to answer

20. Do you know what type of laboratory test you had for COVID-19 since we last spoke?

Yes, by nasal swab (PCR)
 Yes, by blood test (antibody)
 Yes, by another test
 Don't know
 Prefer not to answer

21. What was the result of that test?

Positive
 Negative
 Inconclusive
 Pending
 Prefer not to answer

22. Since we last spoke, have you had any additional COVID-19 tests?

Yes
 No
 Prefer not to answer

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21. What was the result of that test?

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- Negative
- Inconclusive
- Pending
- Prefer not to answer

23. Since the last time we spoke, have you had a hospital admission, for any reason?

- Yes
- No
- Prefer not to answer

24. If you have been hospitalized since we last spoke, what type of hospital?

- VA hospital
- Non-VA hospital
- Prefer not to answer

DO NOT USE