

Supplemental Online Content

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eTable 1. Clinical and Functional Survey

eTable 2. Symptoms During Acute COVID-19 and at 30-Day Interview

eTable 3. Complete Case Analysis: Factors Associated With Development of Long COVID

This supplemental material has been provided by the authors to give readers additional information about their work.

eTable 1. Clinical and Functional Survey

Information obtained by trained clinical staff (RNs) at 30 days, 60 days, and 90 days after acute illness or hospitalization.

1	Do you feel your health is back to normal? (If YES, skip next question 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Compare to 4 weeks ago, how would you rate your health now? (1=way worse than prior baseline; 10=back to normal)	
3	During the past 4 weeks, has your physical health interfered with your normal social activities with family, friends, neighbors, or groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
4	During the past 4 weeks, have you had any problems with your work or other regular daily activities as a result of your physical health?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
5	What is the maximal exertion you could do BEFORE COVID-19 diagnosis? (Choose the highest level of activity you were able to do)	<input type="checkbox"/> Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports <input type="checkbox"/> Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf <input type="checkbox"/> Climbing one flight of stairs <input type="checkbox"/> Walking one block <input type="checkbox"/> Lifting or carrying groceries <input type="checkbox"/> Bathing or dressing yourself
6	Does your health now limit you in these activities? If so, how much?	
	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/> Yes, limited a lot <input type="checkbox"/> Yes, limited a little <input type="checkbox"/> No, not limited at all
	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/> Yes, limited a lot <input type="checkbox"/> Yes, limited a little <input type="checkbox"/> No, not limited at all
	Climbing one flight of stairs	<input type="checkbox"/> Yes, limited a lot <input type="checkbox"/> Yes, limited a little <input type="checkbox"/> No, not limited at all
	Walking one block	<input type="checkbox"/> Yes, limited a lot <input type="checkbox"/> Yes, limited a little <input type="checkbox"/> No, not limited at all
	Lifting or carrying groceries	<input type="checkbox"/> Yes, limited a lot <input type="checkbox"/> Yes, limited a little <input type="checkbox"/> No, not limited at all
	Bathing or dressing yourself	<input type="checkbox"/> Yes, limited a lot <input type="checkbox"/> Yes, limited a little

		<input type="checkbox"/> No, not limited at all
7	After the COVID-19 diagnosis, how often did you	
	Have trouble getting things organized during the last 4 weeks?	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Almost always
	Have trouble concentrating on things like watching television program or reading a book during the last 4 weeks?	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Almost always
	Forget what you talked about after a telephone conversation?	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Almost always
8	Have you had any of the following symptoms over last 4 weeks? Have the symptoms resolved?	<input type="checkbox"/> Fever, chills or night sweats -- <input type="checkbox"/> Resolved <input type="checkbox"/> Loss of smell or taste -- <input type="checkbox"/> Resolved <input type="checkbox"/> Fatigue -- <input type="checkbox"/> Resolved <input type="checkbox"/> Shortness of breath -- <input type="checkbox"/> Resolved <input type="checkbox"/> Chest pain -- <input type="checkbox"/> Resolved <input type="checkbox"/> Numbness or tingling -- <input type="checkbox"/> Resolved <input type="checkbox"/> Nausea, vomiting, or diarrhea -- <input type="checkbox"/> Resolved <input type="checkbox"/> Muscle aches -- <input type="checkbox"/> Resolved <input type="checkbox"/> Rashes -- <input type="checkbox"/> Resolved

eTable 2. Symptoms During Acute COVID-19 and at 30-Day Interview

	Present during acute COVID	Present at 30-days after COVID
Fever, chills or night sweats	43%	0.8%
Loss of smell or taste	32%	6%
Fatigue	62%	20%
Shortness of breath	56%	11%
Chest pain	20%	3%
Numbness or tingling	12%	3%
Nausea, vomiting or diarrhea	30%	2%
Muscle aches	45%	5%
Rash	9%	0.5%

eTable 3. Complete Case Analysis: Factors Associated With Development of Long COVID

	Odds Ratio (95% Confidence interval)
Age	
18-39	Ref
40-59	0.95 (0.51 - 1.78)
60+	0.97 (0.50 - 1.88)
Sex	
Female	1.03 (0.70 - 1.50)
Male	Ref
Race	
Black	0.93 (0.45 - 1.93)
Asian	0.87 (0.43 - 1.74)
Latino	1.06 (0.64 - 1.75)
Other/Unknown	0.70 (0.35 - 1.38)
White	Ref
Comorbidities	
Diabetes	1.74 (1.19 - 2.55)
Organ transplant	0.48 (0.25 - 0.91)
Body mass index	1.00 (0.98 - 1.03)
Insurance	
Commercial	Ref
Medicare	0.83 (0.53 - 1.31)
Medicaid	0.54 (0.30 - 0.98)
Other	0.83 (0.53 - 1.31)
Social Vulnerability Index	
0-25 percentile	Ref
25-50 th percentile	0.81 (0.48 - 1.36)
50-75 th percentile	0.86 (0.49 - 1.51)
>75 th percentile	1.07 (0.59 - 1.93)
Missing	1.17 (0.47 - 2.88)
Elixhauser comorbidity score	1.00 (0.98 - 1.01)
Venue of care	
Inpatient	1.56 (0.99 - 2.46)
Outpatient	Ref
Baseline functional status	
Vigorous	Ref
Moderate	0.86 (0.53 - 1.40)
1 flight stairs or walk 1 block	0.64 (0.36 - 1.16)
Carry groceries/bathe/dress	0.97 (0.39 - 2.42)
Missing	0.47 (0.12 - 1.87)
History of neurocognitive condition	
Cognitive decline	1.48 (0.87 - 2.51)
Depressive disorder	1.14 (0.70 - 1.85)
Anxiety disorder	1.04 (0.67 - 1.61)
Perceived Cognitive Deficits score	
0	Ref
>0 to 1.5	2.51 (1.63 - 3.85)
>1.5 to 4	2.79 (1.69 - 4.59)

Ordinal logistic regression, n=679 complete cases

Reference for Diabetes is No diabetes, for Organ transplant is No organ transplant. Unit for Body mass index and Elixhauser comorbidity index is 1 unit.