

Date: ___/___/_____

Follow-up care – Questionnaire

Visit 1

Country of origin: () Austria () other: _____

Do you suffer from any pre-existing medical conditions? (Conditions that require medication or medical consultations)

1) High blood pressure

() yes () no () not sure

2) Diseases of the heart (*e.g. heart attacks, heart insufficiency, inflammation of the heart, rhythm disturbances...*)

() yes () no () not sure

3) Disturbed blood circulation in the legs

() yes () no () not sure

4) Lung diseases (*e.g. COPD, asthma, pulmonary fibrosis, frequent infections/bronchitis...*)

() yes () no () not sure

5) Obesity

() yes () no () not sure

6) Diabetes

() yes () no () not sure

Do you have any allergies that you are aware of? (*e.g. medication, food, grass, animal hair...*)

() yes () no () not sure

Please specify: _____

Animal contact: _____

Do you smoke?

yes no not anymore passive smoker

How many cigarettes do you smoke per day? _____

For how many years have you been smoking? _____

Did you receive any vaccinations in the past five years? (e.g. flu, pneumococci/pneumonia, pertussis, tick-encephalitis (FSME))

yes no not sure

Please specify: _____

What is your profession? _____

Are you exposed to any harmful substances? (e.g. dust, smoke, gas, toxic substances...)

yes no not sure

Did you suffer from respiratory problems as a child?

yes no not sure premature birth

Do members of your family suffer from any lung diseases? (heredity?)

yes no not sure premature birth

COVID-19

When was the start of your symptoms?

___/___/_____ not sure

When did you seek medical aid for the first time?

___/___/_____ not sure

When have you been tested positive for COVID-19?

___/___/_____ not sure

Did you suffer from dyspnea or breathing difficulties during Covid-19?

- Dyspnea only with strenuous exercise
- Dyspnea when hurrying or walking up a slight hill
- Walks slower than people of the same age because of dyspnea or has to stop for breath when walking at own pace
- Stops for breath after walking 100 yards (91 m) or after a few minutes
- Too dyspneic to leave house or breathless when dressing

Do you suffer from dyspnea or breathing difficulties now?

- Dyspnea only with strenuous exercise
- Dyspnea when hurrying or walking up a slight hill
- Walks slower than people of the same age because of dyspnea or has to stop for breath when walking at own pace
- Stops for breath after walking 100 yards (91 m) or after a few minutes
- Too dyspneic to leave house or breathless when dressing

Did you suffer from coughing during COVID-19?

- no yes → dry cough wet cough

Do you suffer from coughing now?

- no yes → dry cough wet cough

Did you suffer from fever during COVID-19?

- no yes → max. temperature _____ °C

Do you suffer from fever now?

- no yes → max. temperature _____ °C

Did you suffer from night sweat during COVID-19?

- no yes

Do you suffer from night sweat now?

- no yes

Did you lose weight during COVID-19?

no yes → how much? _____kg

How has your weight changed now?

stayed the same gained weight lost weight

How was your physical performance during COVID-19?

- Fully active, able to carry on all pre-disease performance without restriction
- Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work
- Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% of waking hours
- Capable of only limited self-care; confined to bed or chair more than 50% of waking hours
- Completely disabled; cannot carry on any self-care; totally confined to bed or chair

How is your physical performance now?

- Fully active, able to carry on all pre-disease performance without restriction
- Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work
- Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% of waking hours
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Did you suffer from pain during COVID-19?

no yes → head stomach chest other: _____

Do you suffer from pain now?

no yes → head stomach chest other: _____

Did you suffer from gastrointestinal complaints during COVID-19?

no yes → diarrhea vomiting nausea

Do you suffer from gastrointestinal complaints now?

no yes → diarrhea vomiting nausea

Did you suffer from any problems regarding your sense of smell or taste during COVID-19?

no yes

Do you suffer from any problems regarding your sense of smell or taste now?

no yes

Did you suffer from sleeping disorders during COVID-19?

no yes

Do you suffer from sleeping disorders now?

no yes

Did you notice any anomalies of your skin during COVID-19? (e.g. rashes, itching, scaling...)

no yes

Did you notice any anomalies of your skin now?

no yes

What medication do you take currently?

1. _____
2. _____
3. _____
4. _____
5. _____