

# COVID-19 Post-discharge Survey

Please complete the survey below.

Thank you!

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Please answer the following survey as completely and accurately as you can. You may choose to skip any questions that you would rather not answer. If you do not have time to complete the full survey now, you may save your work and return later to complete it.

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Since going home from the hospital, have you needed oxygen at home?

Yes  
 No  
 Prefer not to say

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Did you need oxygen before you were hospitalized with coronavirus?

Yes  
 No  
 Prefer not to say

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Do you still need it now?

Yes  
 No  
 Prefer not to say

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What is the most oxygen you need in a day currently?

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(units are L/min, write "N/A" if unknown)

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Is this more than what you needed prior to your hospitalization with coronavirus?

Yes  
 No  
 Prefer not to say

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Since going home from the hospital, have you seen a medical professional? (in person or via telehealth)

Yes  
 No  
 Prefer not to say

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Since going home from the hospital, have you received care from a visiting nurse?

Yes  
 No  
 Prefer not to say

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Did you have this care before you were hospitalized with coronavirus?

Yes  
 No  
 Prefer not to say

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Since going home from the hospital, have you received care from a home health aide?

Yes  
 No  
 Prefer not to say

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Did you have this care before you were hospitalized with coronavirus?

Yes  
 No  
 Prefer not to say

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Since going home from the hospital, have you gone to any emergency room for evaluation?

Yes  
 No  
 Prefer not to say

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When did you visit the emergency room?

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Since going home from the hospital, have you been hospitalized again?

- Yes
- No
- Prefer not to say

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When were you readmitted to the hospital?

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**Please answer the following questions based on how you've been feeling since you were discharged from the hospital. Answer with the option that best fits how you've been feeling generally.**

	Excellent	Very good	Good	Fair	Poor	Prefer not to say
In general, would you say your health is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, would you say your quality of life is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, how would you rate your physical health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, how would you rate your mental health, including your mood and your ability to think?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, how would you rate your satisfaction with your social activities and relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

- Completely
- Mostly
- Moderately
- A little
- Not at all
- Prefer not to say

**Please answer the following questions based on how you've been feeling for the past 7 days. Answer with the option that best fits how you've been feeling generally.**

How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?

- Never
- Rarely
- Sometimes
- Often
- Always
- Prefer not to say

How would you rate your fatigue on average?

- None
- Mild
- Moderate
- Severe
- Very severe
- Prefer not to say

On a scale from 0-10 (where 0 is no pain and 10 is the worst pain imaginable), how would you rate your pain on average?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Prefer not to say

On a scale from 0-10 (where 0 is no shortness of breath and 10 is the worst shortness of breath imaginable), how would you rate your shortness of breath in general?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Prefer not to say

Since you answered that you have been experiencing some shortness of breath, we'd like to ask you a few more questions about the intensity, frequency and duration of your shortness of breath. Answer with the option that best fits how you've been feeling for the past 7 days.

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	0	1	2	3	4	5	6	7	8	9	10	Prefer not to say
On a scale from 0-10, how would you rate your intensity of shortness of breath? Where 0 is, "When I had shortness of breath it felt very mild" and 10 is, "When I had shortness of breath, it felt very severe."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On a scale from 0-10, how would you rate your frequency of shortness of breath? Where 0 is, "When I had shortness of breath it was very infrequent" and 10 is, "I always had shortness of breath"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On a scale from 0-10, how would you rate your duration of shortness of breath? Where 0 is, "When I had shortness of breath, it lasted only for a moment" and 10 is, "When I had shortness of breath, it lasted for a very long time"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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In the past 7 days, I have been short of breath...

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much
- Prefer not to say

**You will now answer the same questions again. This time, however, please answer them by thinking back to how you felt before you ever got sick with the coronavirus infection. Answer with the option that best fits how you usually felt in your day-to-day life.**

	Excellent	Very good	Good	Fair	Poor	Prefer not to say
Before you got the coronavirus, would you say your health was...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before you got the coronavirus, would you say your quality of life was...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate your physical health before you got the coronavirus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate your mental health, including your mood and your ability to think before you got the coronavirus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate your satisfaction with your social activities and relationships before you got the coronavirus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, please rate how well you used to carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent were you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

Completely  
 Mostly  
 Moderately  
 A little  
 Not at all  
 Prefer not to say

How often were you bothered by emotional problems such as feeling anxious, depressed or irritable?

Never  
 Rarely  
 Sometimes  
 Often  
 Always  
 Prefer not to say

How would you have rated your fatigue on average?

None  
 Mild  
 Moderate  
 Severe  
 Very severe  
 Prefer not to say

On a scale from 0-10 (where 0 is no pain and 10 is the worst pain imaginable), how would you have rated your pain on average?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Prefer not to say

On a scale from 0-10 (where 0 is no shortness of breath and 10 is the worst shortness of breath imaginable), how would you have rated your shortness of breath in general?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Prefer not to say

Since you answered that you were experiencing some shortness of breath before you got the coronavirus infection, we'd like to ask you a few more questions about the intensity, frequency and duration of this shortness of breath. Answer with the option that best fits how you usually felt.

	0	1	2	3	4	5	6	7	8	9	10	Prefer not to say
On a scale from 0-10, how would you have rated your intensity of shortness of breath? Where 0 is, "When I had shortness of breath it felt very mild" and 10 is, "When I had shortness of breath, it felt very severe."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On a scale from 0-10, how would you have rated your frequency of shortness of breath? Where 0 is, "When I had shortness of breath it was very infrequent" and 10 is, "I always had shortness of breath"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On a scale from 0-10, how would you have rated your duration of shortness of breath? Where 0 is, "When I had shortness of breath, it lasted only for a moment" and 10 is, "When I had shortness of breath, it lasted for a very long time"

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Before getting the coronavirus, I had been short of breath...

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much
- Prefer not to say



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**Final Questions**

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Who do you live with, if anyone? (click all that apply)

- Spouse
- Child(ren)
- Grandchild(ren)
- 24/7 aide
- Friend
- Other
- Alone
- Prefer not to say

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Who do you live with?

\_\_\_\_\_

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Is there anything else you'd like to tell us about how your life has been since being discharged from the hospital?

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