

Supplemental Online Content

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

List of symptoms evaluated at telephone consultation

General signs

- Anorexia
- Fatigue
- New hospitalization
- Weight loss

Respiratory signs

- New-onset dyspnea
- Chest discomfort, chest pain
- New-onset cough
- Abnormal lung CT-scan since discharge

Neurologic signs

- Headache
- Paresthesia
- Anosmia
- Limb palsy

Cognitive signs

- Memory losses
- Slowness for reasoning, activity planification or problem solving
- Concentration, attention difficulties

Questionnaire administered during telephone consultation

Consent

Date of the teleconsultation: [date]

Consultant name: [Consultant name]

Patient identity: [First name] [Last name], [Date of birth], [Calculated age] years

Was admitted in the following departments: [admission department]

My name is [Consultant name] and I work at Bicêtre hospital. You were admitted in [admission department] for COVID-19 three months ago.

We call you today to organize your follow-up.

If you agree, I will ask you some questions that will be used to orientate your needs of medical follow-up specific to your COVID-19 infection.

May I continue this interview? [YES / NO]

If no, why? [text]

Is-it the patient him/herself? [YES / NO]

If not, who is the respondent [First name] [Last name], [phone number] and relationship to the patient [Spouse, Children, Sibling, Neighbor/Friend, Care giver]

Has the patient died since discharge? [YES / NO]

If yes, where has the patient died? [Home, Rehabilitation facility, Retirement home, Other hospital inpatient, Other] [date of death] and [cause of death]

General inquiry

Do you speak French? [YES / NO]

If not, what language do you speak? [Text]

If not, can someone of your household assist you for the teleconsultation? [YES / NO]

If not, can someone of your household assist you for the day hospital? [YES / NO]

Do you have an insurance? [YES / NO]

On the [date of discharge], you were discharged from Bicêtre hospital. Where did you go? [Home, Rehabilitation facility, Retirement home, Other hospital, Other].

When did you get home? [date]

Are you working at the moment? [YES / NO]

If yes, since when? [date]

What do you do? [Text]

Did you have a significant medical event since your discharge? [YES / NO]

If yes, what was it? [text] When was it? [date]

If yes, were you admitted in a hospital for this event? [YES / NO]

If yes, did you consult a physician? [YES / NO]

If yes, whom? [Text]

If yes, did you do any laboratory or radiologic examination? [YES / NO]

Did you modify your usual treatment since discharge? [YES / NO]

Where do you live now? [Home, Relative, Rehabilitation facility, Retirement home, Other]

Were you living there prior to your hospitalization for COVID19? [YES / NO]

If yes, where were you living prior to your hospitalization for COVID19? [Home, Relative, Rehabilitation facility, Retirement home, Other]

How much did you weigh before your admission? [text]

How much did you weigh when you were discharged? [Text]

How much do you currently weigh? [Text]

Do you have a new and persistent anorexia since your hospitalization?

[YES / NO]

Do you have a new and persistent fatigue since your hospitalization? [YES / NO]

Respiratory symptoms

In his/her chart, is the patient known to have had a pulmonary embolism during his stay? [YES / NO]

Do you feel abnormally breathless at rest or when active? [YES / NO]

If yes, did you feel the same prior to your hospitalization? [YES / NO]

How would you rate your dyspnea [mMRC scale 0 to 5]

Do you feel heaviness, pain or chest discomfort at rest or when active? [YES / NO]

If yes, did you feel the same prior to your hospitalization? [YES / NO]

Do you cough every day? [YES / NO]

If yes, was it the same prior to your hospitalization? [YES / NO]

Did you do a chest CT scan since your discharge as it may have been prescribed at your discharge? [YES / NO]

If yes, when [date]?

What was the result? [Normal/Abnormal]

Do you have a CD with the images? [YES / NO]

Neurological symptoms

In his/her chart, is the patient known to have had an abnormal brain MRI during his stay? [YES / NO]

In his/her chart, is the patient known to have had an abnormal brain EEG during his stay? [YES / NO]

Do you have a new and persistent anosmia since your hospitalization? [YES / NO]

Do you have new and persistent headaches since your hospitalization? [YES / NO]

If yes, on a scale from 1 to 10, 0 being no pain at all and 10 being the worst you could imagine, how much would you rate your headaches related pain? [1-10]

What medication do you take for your headaches? [Text]

Do you have new and persistent paresthesia since your hospitalization? [YES / NO]

Do you have new and persistent burn-like or electric-like pain since your hospitalization? [YES / NO]

Do you have new and persistent loss of function of one of your limbs since your hospitalization? [YES / NO]

Cognitive disorder screening (Q3PC)

During the last 2 weeks, and significantly more than previously, do you:

- Have memory losses (for eg., Missed an appointment, forgotten a recent event, or misplaced a daily object)?
[Rarely: less than once a week; Sometimes: once a week; Often: Several times a week but not every day; Very often: Almost all the time]
- Feel like you were slower for reasoning, activity planification or problem solving?
[Rarely: less than once a week; Sometimes: once a week; Often: Several times a week but not every day; Very often: Almost all the time]
- Experience difficulties to concentrate or muster your attention (for eg., follow a conversation, read the paper or follow a tv program)?
[Rarely: less than once a week; Sometimes: once a week; Often: Several times a week but not every day; Very often: Almost all the time]

Elderly

Regarding corporeal hygiene, do you have:

- [Total autonomy / Partial help / Dependent]
- Deterioration since the hospitalization for COVID19: [YES / NO]

Regarding dressing, do you have:

- [Total autonomy for clothes choice and dressing / Autonomy for clothes choice and dressing, but requires help for / Dependent]
- Deterioration since the hospitalization for COVID19: [YES / NO]

Regarding bathroom use, do you have:

- [Total autonomy for undressing and dressing / Requires help for undressing or dressing / Dependent]
- Deterioration since the hospitalization for COVID19: [YES / NO]

Regarding locomotion, do you have:

- [Total autonomy / Partial help / Bedridden]
- Deterioration since the hospitalization for COVID19: [YES / NO]

Regarding continence, do you have:

- [Continent / Occasional incontinence / Incontinent]
- Deterioration since the hospitalization for COVID19: [YES / NO]

Regarding meals, do you:

- [Eats alone/ Requires help for service, cutting the meat or peeling a fruit/ Dependent]
- Deterioration since the hospitalization for COVID19: [YES / NO]

Does the patient have 3 or more deterioration in the score? [YES / NO]

Do you have any helping at home? [YES / NO]

Did you fell since your hospitalization? [YES / NO]

If yes, how many times? [Number]

If more than twice, are you under a physiotherapist care? [YES / NO]

Has the patient lost more than 5kg since discharge? [YES / NO]

Did the patient report an altered general state with association of asthenia, anorexia and weight loss? [YES / NO]

Nephrology

Do you have a known renal disease (e.g., renal transplant recipient, on hemodialysis or any renal chronic condition)? [YES / NO]

In his/her chart, what is the patient's last known creatinine level and glomerular filtration rate before discharge? [Text]

Ethics

We would like to inform you that your personal data, recorded during this teleconsultation may be used for medical research under the responsibility of the *Assistance publique-hôpitaux de Paris*. You can refuse now, or any time by contacting us, your primary doctor at the hospital or the data protection officer at the hospital.

Information was given and the patient did not express refusal: [YES / NO]

Pulmonary function tests

Patients completed standard pulmonary function tests (PFTs) with spirometry, whole-body plethysmography and single-breath diffusing lung capacity for carbon monoxide (DLCO) according to the ERS/ATS guidelines¹⁻³. Forced vital capacity (FVC), forced expiratory volume in 1 second (FEV1), total lung capacity (TLC) and DLCO were expressed as percentages of predicted values using GLI 2012 and ECCS 1993 equations^{4,5}.

Dysfunctional breathing

Hyperventilation provocation test (HVPT) was based on a methodology previously described⁶ and performed using a turbine flowmeter and a face mask (Cosmed, Italy). HVPT was considered positive if at least two daily symptoms were reproduced and/or if an abnormal breathing pattern was identified (i.e. hyperventilation and/or periodic deep sighing as defined elsewhere⁷). Diagnosis of dysfunctional breathing was confirmed if the score of Nijmegen questionnaire was ≥ 23 and the HVPT was positive.

Nijmegen questionnaire

How often do you suffer from the symptoms listed? Please score each item from 0 to 4:

0: never; 1: rarely; 2: sometimes; 3: often; 4: very often

Symptoms	Score (from 0 to 4)
Chest pain	
Feeling tense	
Blurred vision	
Dizzy spells	
To be confused, losing touch with environment	
Accelerated or deepened breathing	
Shortness of breath	
Constricted chest	
Bloated abdominal sensation	
Unable to breathe deeply	
Tingling fingers	
Stiffness of fingers or arms	
Tightness around the mouth	
Cold hands or feet	
Palpitations	
Anxiety	
Total score	/64

A score > 22 suggests dysfunctional breathing.

Lung CT scan

All images were acquired at the end of inhalation using a 2 x 128 -row CT scanner (Somatom Flash, Siemens, Erlangen, Germany). Acquisition parameters were set as follows: tube voltage of 120 kV, automatic tube current modulation of 100–300 mA, pitch of 0.5 mm, matrix of 512 × 512, slice thickness of 1.0 mm. All images were then reconstructed with a slice of 1.0 mm with the same increment in mediastinal and parenchymal windows.

Supplementary table 1. Tests used for psychological, cognitive and respiratory evaluation

Test	Self evaluation (Yes/No)	Symptom Assessed	Best score	Worst score	Chosen diagnostic cut-off
European AIDS Clinical Society cognitive screening questions (Q3PC) ⁸	No	Memory difficulties/mental slowness/concentration problems	N/A	N/A	≥1 positive answer
SF36 ⁹		8 dimensions of general health	0	100	No cut-off value
MF120	Yes	4 dimensions of fatigue	5	0	No cut-off value
Beck Depression Inventory 13 items (BDI-13) ¹¹	Yes	Depression	0	39	>7
Hamilton Anxiety and Depression scale - Anxiety (HAD-A) ¹²	Yes	Anxiety	0	21	>7
Post-traumatic Stress Disorder Checklist for DSM-5 (PCL-5) ¹³	Yes	Post Traumatic Stress	0	80	>30
Insomnia Severity Index ¹⁴ (ISI)	Yes	Insomnia	0	28	>7
Montreal Cognitive Assessment (MoCA) scale ¹⁵	No	Global cognitive functioning	30	0	<21 to <25*
Mac NAIR ¹⁶	Yes	Memory Complaint	0	156	>54 to >66**
d2-R ¹⁷	No	Attention	135	65***	<76
Nijmegen questionnaire ⁷	No	Dysfunctional breathing	0	64	>22

* depends on age and educational level

** depends on age

*** mean score is 100 with standard deviation of 15

Supplementary table 2. Baseline and hospitalization characteristics of patients who did not have the telephone assessment and of patients who had the telephone assessment according to their intubation status during the hospital stay

	Patients who had the telephone consultation			Patients who did not have the telephone consultation (n=673)
	All patients (N=478)	Non-intubated patients (n=405)	Intubated patients (n=73)	
Age, years, mean (SD)	60.9 (16.1)	61.4 (17.0)	58.4 (10.1)	67.7 (20.7)
Women/men No. (%)	201 (42.1)/ 277 (57.9)	183 (45.2)/ 222 (54.8)	18 (24.7)/ 55 (73.3)	305 (45.3)/ 368 (54.7)
Body mass index, kg/m², mean (SD) [No.]	28.8 (5.6) [351]	28.6 (5.8) [281]	29.5 (4.9) [70]	
Comorbidities, No. (%)				
Hypertension	225 (47.1)	183 (45.2)	42 (57.5)	
Obesity, No./total (%)	130/351 (37.0)	98/281 (34.9)	32/70 (45.7)	
Diabetes mellitus	128 (26.8)	101 (24.9)	27 (37.0)	
Chronic heart disease	77 (16.1)	69 (17.0)	8 (11.0)	
Respiratory disease (other than COPD)	75 (15.7)	68 (16.8)	7 (9.59)	
Chronic kidney disease	51 (10.7)	41 (10.1)	10 (13.7)	
Declared psychiatric disorder	42 (8.8)	35 (8.6)	7 (9.6)	
Neurodegenerative disorder	34 (7.1)	34 (8.4)	0 (0.0)	
Alcohol abuse, No./total (%)	21/450 (4.7)	17/382 (4.5)	4/68 (5.6)	
Active cancer	18 (3.8)	16 (4.0)	2 (2.7)	
Other immunosuppression	18 (3.8)	15 (3.7)	3 (4.1)	
COPD	17 (3.6)	15 (3.7)	2 (2.7)	
Chronic dialysis	17 (3.6)	13 (3.2)	4 (5.5)	
HIV infection	12 (2.5)	10 (2.5)	2 (2.7)	
Solid organ transplantation	9 (1.9)	6 (1.5)	3 (4.1)	
Liver disease	7 (1.5)	6 (1.5)	1 (1.4)	
Pregnancy	5 (1.1)	4 (1.0)	1 (1.4)	
Bone marrow transplantation	2 (0.4)	1 (0.3)	1 (1.4)	
Smoking, No./total (%)				
No (<5 PY)	343/452 (75.9)	293/383 (76.5)	50/69 (72.5)	
Former (> 5 PY)	83/452 (18.4)	73/383 (19.1)	10/69 (14.5)	
Active	26/452 (5.8)	17/383 (4.4)	9/69 (13.0)	
Specific treatments, No. (%)				
Azithromycin	120 (25.1)	98 (24.2)	22 (30.1)	
Tocilizumab (anti-IL6)	37 (7.7)	23 (5.7)	14 (19.2)	
Hydroxychloroquine	32 (6.7)	20 (4.9)	12 (16.4)	
Supplementary table 2 (continued)	Patients who had the telephone consultation			Patients who did not have

	All patients (N=478)	Non-intubated patients (n=405)	Intubated patients (n=73)	the telephone consultation (n=673)
Specific treatments, No. (%)				
Corticosteroids	24 (5.0)	13 (3.2)	11 (15.1)	
Lopinavir/Ritonavir	16 (3.4)	11 (2.7)	5 (6.9)	
Anakinra (anti-IL1RA)	11 (2.3)	8 (2.0)	3 (4.1)	
Remdesivir	5 (1.1)	5 (1.2)	0 (0.0)	
Vasopressors, No. (%)	74 (15.5)	10 (2.5)	64 (87.7)	
Active anticoagulation (at full therapeutic dose), No. (%)	75 (15.7)	48 (11.9)	27 (37.0)	
Pulmonary embolism during hospitalization, No. (%)	41 (8.6)	29 (7.2)	12 (16.4)	
Acute kidney injury during hospitalization, No. (%)	95 (19.9)	58 (14.3)	37 (50.7)	
Hospitalization in ICU, No. (%)	142 (29.7)	69 (17.0)	73 (100)	276 (24.0)
Duration of ICU stay, days, median [Q1;Q3]	9 [4;19]	4 [3;6]	18 [11;32]	
Total duration of hospitalization, days, median [Q1;Q3]	9 [4;15]	8 [4;12]	27 [17;49]	

COPD: chronic obstructive pulmonary disease, ECMO: extracorporeal membrane oxygenation, HIV: human immunodeficiency virus, ICU: intensive care unit, PY: pack year.

Supplementary table 3. Baseline and hospitalization characteristics and results of the telephone assessment in the 177 patients who attended the ambulatory visit compared to the 117 patients who did not

	Attended the ambulatory visit (n=177)	Did not attend the ambulatory visit (n=117)
Baseline and hospitalization characteristics		
Age, years	56.9 (13.2)	66.3 (17.5)
Women/men No. (%)	68 (38.4)/109 (61.6)	49 (41.9)/68 (58.1)
Body mass index, kg/m ² , mean (SD) [No.]	29.1 (5.4) [165]	28.8 (5.6) [77]
Comorbidities, No. (%)		
Hypertension	75 (42.4)	62 (53.0)
Obesity, No./total (%)	67/165 (40.6)	28/77 (36.4)
Diabetes mellitus	52 (29.4)	33 (28.2)
Chronic heart disease	14 (7.91)	30 (25.6)
Respiratory disease (other than COPD)	30 (16.9)	20 (17.1)
Chronic kidney disease	17 (9.60)	16 (13.7)
Declared psychiatric disorder	12 (6.78)	14 (12.0)
Neurodegenerative disorder	2 (1.13)	18 (15.4)
Alcohol abuse, No./total (%)	9/168 (5.4)	5/109 (4.6)
Active cancer	3 (1.7)	8 (6.8)
Other immunosuppression	7 (4.0)	5 (4.3)
COPD	5 (2.8)	6 (5.1)
Chronic dialysis	6 (3.4)	5 (4.3)
HIV infection	3 (1.7)	5 (4.3)
Solid organ transplantation	4 (2.3)	3 (2.6)
Liver disease	5 (2.8)	1 (0.9)
Pregnancy	2 (1.1)	2 (1.7)
Bone marrow transplantation	0 (0)	0 (0)
Smoking, No./total (%)		
No (<5 PY)	129/169 (76.3)	83/110 (75.5)
Former (> 5 PY)	25/169 (14.8)	23/110 (20.9)
Active	15/169 (8.9)	4/110 (3.6)
Specific treatments, No. (%)		
Azithromycin	53 (29.9)	29 (24.8)
Tocilizumab (anti-IL6)	27 (15.3)	4 (3.4)
Hydroxychloroquine	18 (10.2)	8 (6.4)
Corticosteroids	7 (4.0)	10 (8.6)
Lopinavir/Ritonavir	8 (4.5)	3 (2.6)
Anakinra (anti-IL1RA)	8 (4.5)	1 (0.9)
Remdesivir	3 (1.7)	0 (0.0)
Pressors use	51 (28.8)	18 (15.4)
Therapeutic anticoagulation	49 (27.7)	17 (14.5)
Pulmonary embolism during hospitalization, n (%)	29 (19.1)	10 (9.26)
Acute kidney injury during hospitalization, n (%)	57 (32.2)	43 (36.8)
Hospitalization in ICU, No. (%)	97 (54.8)	38 (32.5)

<i>Supplementary table 3 (continued)</i>	Attended the ambulatory visit (n=177)	Did not attend the ambulatory visit (n=117)
Duration of ICU stay, days	9.00 [4.00;22.0]	8.00 [4.00;16.0]
Total duration of hospitalization, days	13.0 [6.00;23.0]	9.00 [6.00;13.0]
Telephone consultation^a		
Time from hospital discharge to teleconsultation, days median [IQR] (No.)	104 [86.8;120]	114 [96.0;128]
Anosmia, No./total (%)	16 (10.5)	5 (4.7)
Headaches, No./total (%)	14 (9.2)	8 (7.5)
Paresthesia, No./total (%)	37 (24.3)	11 (10.3)
Anorexia	17/164 (10.4)	13/108 (12.0)
Fatigue	78/165 (47.3)	32/104 (30.8)
Weight loss >5% baseline weight	10/148 (6.8)	6/78 (7.7)
Chest discomfort/pain	23/151 (15.2)	8/106 (7.6)
Cough	11/152 (7.2)	9/106 (8.5)
Limb palsy	19/150 (12.7)	16/107 (15.0)
Memory difficulties (Q3PC questionnaire ^b), No./total (%)	33/152 (21.7)	34/103 (33.0)
Mental slowness (Q3PC questionnaire ^b), No./total (%)	22/152 (14.5)	19/103 (18.4)
Concentration problems (Q3PC questionnaire ^b), No./total (%)	20/150 (13.3)	18/102 (17.6)
Dyspnea, n (%)	77 (43.5)	0 (0.00)

COPD: chronic obstructive pulmonary disease, ECMO: extracorporeal membrane oxygenation, HIV: human immunodeficiency virus, ICU: intensive care unit, PY: pack year, TC: telephone consultation

^a Signs were declared as newly-onset during, since or after hospitalization for COVID-19 and persistent at the time of telephone assessment

^b The range, direction and characteristics of the Q3PC questionnaire can be found in Supp Table 1

Supplementary table 4. Baseline and hospitalization characteristics of the patients who had the telephone assessment classified by symptoms triggering the visit to the outpatient facility

	Persistent neuro-cognitive symptoms (n=44)	Persistent respiratory symptoms (n=27)	Abnormal CT-scan (n=15)
Age, years	58.3 (14.1)	58.4 (17.9)	58.1 (12.0)
Women/men No. (%)	26 (59.1) / 18 (40.9)	18 (66.7) / 9 (33.3)	7 (46.7) / 8 (53.3)
Body mass index, kg/m², mean (SD) [No.]	29.1 (4.9) [42]	29.9 (5.5) [27]	27.7 (6.9) [15]
Comorbidities, No. (%)			
Hypertension	16 (36.4)	12 (44.4)	5 (33.3)
Obesity, No./total (%)	16/42 (38.1)	11/27 (40.7)	4/15 (26.7)
Diabetes mellitus	11 (25.0)	8 (29.6)	2 (13.3)
Chronic cardiac disease	4 (9.1)	2 (7.4)	1 (6.7)
Respiratory disease (other than COPD)	7 (15.9)	4 (14.8)	4 (26.7)
Chronic kidney disease	2 (4.6)	1 (3.7)	0 (0)
Declared psychiatric disorder	3 (6.82)	3 (11.1)	0 (0)
Neurodegenerative disorder	1 (2.3)	1 (3.7)	0 (0)
Alcohol abuse, No./total (%)	4/42 (9.5)	0/25 (0)	2/15 (13.3)
Active cancer	2 (4.6)	1 (3.7)	1 (6.7)
Other immunosuppression	0 (0)	1 (3.7)	2 (13.3)
COPD	3 (6.8)	3 (11.1)	0 (0)
Chronic dialysis	1 (2.3)	0 (0)	0 (0)
HIV infection	2 (4.6)	0 (0)	0 (0)
Solid organ transplantation	1 (2.3)	0 (0)	1 (6.7)
Liver disease	2 (4.6)	0 (0)	2 (13.3)
Pregnancy	0 (0)	0 (0)	0 (0)
Bone marrow transplantation	0 (0)	0 (0)	0 (0)
Smoking, No./total (%)			
No (<5 PY)	33/42 (78.6)	23/25 (92.0)	13/15 (86.7)
Former (> 5 PY)	5/42 (11.9)	1/25 (4.00)	1/15 (6.7)
Active	4/42 (9.5)	1/25 (4.00)	1/15 (6.7)
Specific treatments, No. (%)			
Azithromycin	13 (29.5)	6 (22.2)	7 (46.7)
Tocilizumab (anti-IL6)	2 (4.6)	3 (11.1)	1 (6.7)
Hydroxychloroquine	1 (2.3)	1 (3.7)	0 (0)
Corticosteroids	0 (0)	0 (0)	0 (0)
Lopinavir/Ritonavir	1 (2.3)	1 (3.70)	2 (13.3)
Anakinra (anti-IL1RA)	1 (2.3)	0 (0)	0 (0)
Remdesivir	2 (4.6)	1 (3.7)	2 (13.3)
Pressors use	0 (0)	0 (0)	0 (0)
Therapeutic anticoagulation	10 (22.7)	9 (33.3)	2 (13.3)

<i>Supplementary table 4 (continued)</i>	Persistent neuro-cognitive symptoms (n=44)	Persistent respiratory symptoms (n=27)	Abnormal CT-scan (n=15)
Pulmonary embolism during hospitalization, n (%)	9 (20.5)	7 (25.9)	1 (6.7)
Acute kidney injury during hospitalization, n (%)	6 (13.6)	3 (11.1)	4 (26.7)
Hospitalization in ICU, No. (%)	0 (0)	0 (0)	0 (0)
Duration of ICU stay, days [Q1;Q3]	0 [0;0]	0 [0;0]	0 [0;0]
Total duration of hospitalization, days [Q1;Q3]	6 [3;11]	6 [3;13]	9 [6;11]

Data are presented as No. (%), mean (SD) or median [Q1;Q3]. COPD: chronic obstructive pulmonary disease, ECMO: extracorporeal membrane oxygenation, HIV: human immunodeficiency virus, ICU: intensive care unit, PY: pack year.

Supplementary table 5. Results of the telephone assessment and of the ambulatory visit depending on age (< 75 vs. ≥ 75 yr)

	All patients (n=478)	Patients <75 yr, (n=382)	Patients ≥75 yr, (n=96)
Telephone assessment			
Delay between hospital discharge and telephone assessment, days [Q1;Q3] (No.)			
	113 [94;128] (435)	112 [95;127] (352)	113 [93;132] (90)
Anosmia ^a , n(%)	25/419 (6.0)	24/335 (7.2)	1/84 (1.2)
Headaches ^a , No./total (%)	23/420 (5.5)	22/334 (6.6)	1/86 (1.2)
Paresthesia ^a , No./total (%)	51/421 (12.1)	46/335 (13.7)	5/86 (5.8)
Anorexia ^a , No./total (%)	34/436 (7.8)	25/348 (7.2)	9/88 (10.2)
Fatigue ^a , No./total (%)	134/431 (31.1)	111/344 (32.3)	23/87 (26.4)
Weight loss >5% baseline weight ^a , No./total (%)	31/342 (9.1)	28/286 (9.8)	3/56 (5.4)
Chest discomfort/pain ^a , No./total (%)	34/419 (8.1)	33/332 (9.9)	1/86 (1.2)
Cough ^a , No./total (%)	21/420 (5.0)	19/335 (5.7)	2/85 (2.4)
Limb palsy ^a , No./total (%)	40/419 (9.6)	28/334 (8.4)	12/85 (14.1)
Memory difficulties (Q3PC questionnaire ^b), No./total (%)	73/416 (17.5)	55/332 (16.6)	18/84 (21.4)
Mental slowness (Q3PC questionnaire ^b), No./total (%)	42/415 (10.1)	32/331 (9.7)	10/84 (11.9)
Concentration problems (Q3PC questionnaire ^b), No./total (%)	41/412 (9.95)	31/331 (9.42)	10/84 (12)
Dyspnea ^a , No./total (%)	78 (16.3)	75/329 (19.6)	3/83 (3.1)
Ambulatory visit			
Delay between hospital discharge and ambulatory visit, days [Q1;Q3] (No.)			
	126 [107;144] (157)	125 [106;144] (143)	132 [108;150] (14)
Respiratory assessment			
mMRC scale for dyspnea [Q1;Q3] (No.)	1 [1;2] (115)	1 [1;2] (108)	3 [2;3] (7)
Cough, No./total (%)	23/172 (13.4)	22/158 (13.9)	1/14 (7.1)
6-min walk test, median [IQR], m, (No.)	462 [380;507] (161)	474 [397;510] (149)	248 [186;305] (12)
Abnormal lung CT scan, No./total (%)	108/170 (63.2)	94/157 (59.9)	14/14 (100)
Persistent ground glass opacities, No./total (%)	72/170 (42.4)	64/156 (41)	8/14 (57.1)
Lung fibrotic lesions, No./total (%)	33/170 (19.4)	30/156 (19.2)	3/14 (21.4)
FEV1 (expressed as % of theory) [Q1;Q3] (No.)	92 [80;102] (157)	92 [80;102] (151)	86.3 [75;106] (6)

Supplemental table 5 (continued)	All patients (n=478)	Patients <75 yr, (n=382)	Patients ≥ 75 yr, (n=96)
FEV1/FVC [Q1;Q3] (No.)	83 [79;87] (157)	83 [79;86] (157)	85 [77;91] (7)
TLC (expressed as % of theory), mean (SD), [No.]	83(15.3) [149]	83 (15.2) [144]	80 (17.4) [5]
DLCO < 70, No./total (%)	33/152 (21.7)	31/149 (20.8)	2/3 (66.7)
Echocardiography assessment			
RV dilation on echocardiography, No./total (%)	20/79 (25.3)	19/77 (24.7)	1/2 (50)
LVEF 40-50% on echocardiography ^c , No./total (%)	10/83 (12.0)	10/81 (12.3)	0/2 (0)
Supplementary table 2 (continued)			
Neurological and psychological assessment^{a, b}			
Cognitive complaint (impaired McNair score and/or who reported cognitive symptoms), No./total (%)	79/159 (49.7)	78/150 (52.0)	1/9 (11.1)
Cognitive impairment (impairment of either MoCA or d2-R scores), No./total (%)	61/159 (38.4)	59/150 (39.3)	2/9 (22.2)
Symptoms of anxiety (HADS-Anxiety scale), No./total (%)	53/169 (31.4)	50/156 (32.1)	3/13 (23.1)
Symptoms of depression (BDI test), No./total (%)	35/170 (20.6)	31/157 (19.7)	4/13 (30.8)
Insomnia (ISI score), No./total (%)	90/168 (53.6)	82/155 (52.9)	8/13 (61.5)
Symptoms of PTSD (PCL-5 score), No./total (%)	24/169 (14.2)	22/156 (14.1)	2/13 (15.4)

CT: computed tomography, DLCO: diffusing capacity of the lungs for carbon monoxide, FEV1: forced expiratory volume in one second, FVC: forced vital capacity, ICU: intensive care unit, LVEF: left ventricular ejection fraction, PTSD: post-traumatic stress disorder, RV: right ventricular, TLC: total lung capacity.

^a Signs were declared as newly-onset during, since or after hospitalization for COVID-19 and per the time of assessment at the outpatient facility.

^b The range, direction and characteristics of the McNair, MoCA and d2R scores, of the HADS-Anxiety of the BDI test, and of the ISI and PCL-5 scores can be found in Supp Table 1.

^c No patient had an LVEF <40%.

Supplementary table 6. Results of the telephone assessment classified by symptoms triggering the visit to the outpatient facility

	Persistent neuro-cognitive symptoms (n=44)	Persistent respiratory symptoms (n=27)	Abnormal CT -scan (n=15)
Time from hospital discharge to teleconsultation, days median [Q1;Q3] (No.)	119 [103;131]	111 [104;130]	120 [102;126]
Anosmia ^a , No./total (%)	5/44 (11.4)	5/27 (18.5)	3/15 (20.0)
Headaches ^a , No./total (%)	11/44 (25.0)	5/27 (18.5)	2/15 (13.3)
Paresthesia ^a , No./total (%)	18/44 (40.9)	9/27 (33.3)	5/15 (33.3)
Memory difficulties ^a (Q3PC questionnaire ^b), No./total (%)	24/44 (54.5)	11/27 (40.7)	5/15 (33.3)
Mental slowness ^a (Q3PC questionnaire ^b), No./total (%)	16/44 (36.4)	6/27 (22.2)	4/15 (26.7)
Concentration problems ^a (Q3PC questionnaire ^b), No./total (%)	14/43 (32.6)	7/27 (25.9)	2/15 (13.3)
Abnormal persistent or new dyspnea, n (%)	22 (50.0)	13 (48.1)	6 (40.0)

^a Signs were declared as newly-onset during, since or after hospitalization for COVID-19 and persistent at the time of assessment at telephone assessment.

^b The range, direction and characteristics of the Q3PC questionnaire can be found in Supp Table 1.

Supplementary table 7. Results of the ambulatory visit classified by symptoms triggering the visit to the outpatient facility

	Persistent neurological symptoms (n=44) ^d	Persistent respiratory symptoms (n=27) ^d	Abnormal CT-scan (n=15) ^d
Time from hospital discharge to ambulatory visit, days, median [Q1;Q3] (No.)	139 [119;154] (38)	130 [116;147] (26)	144 [117;156] (14)
Respiratory assessment^a			
mMRC scale for dyspnea ^a , median [Q1;Q3] (No.)	1.0 [1.0;2.0] (37)	2.0 [1.0;2.0] (22)	1.0 [1.0;2.0] (15)
Persisting cough ^a , No./total (%)	9/43 (20.9)	7/26 (26.9)	2/15 (13.3)
6-min walk test, median [IQR], m, (No.)	651 [585;712] (42)	390 [330;480] (23)	462 [381-542] (14)
Abnormal lung CT scan, No./total (%)	18/42 (42.9)	10/26 (38.5)	10/15 (66.7)
Persisting ground glass opacities No./total (%)	12/42 (28.6)	8/25 (32.0)	6/15 (40.0)
Lung fibrotic lesions, No./total (%)	2/42 (4.76)	3/25 (12.0)	0/15(0)
FEV1 (expressed as % of theory), median [Q1;Q3] (No.)	91 [79;102] (35)	92 [81;99] (23)	101 [94;104] (12)
FEV1/FVC, median [Q1;Q3] (No.)	80 [77;86] (35)	83 [77;87] (23)	82 [80;84] (12)
TLC (expressed as % of theory)	85 (12.0) [34]	88 (10.7) [22]	88 (12.8)
DLCO <70%, No./total (%)	2 (6.1) (33)	3/22 (13.6)	0/12 (0)
Echocardiography assessment			
RV dilation on echocardiography, No./total (%)	2/4 (50.0)	0/2 (0)	
LVEF 40-50% on echocardiography ^b , No./total (%)	0/4 (0)	0/2 (0)	
Neurological and psychic assessment^{a, c}			
Cognitive complaint (impaired McNair score and/or reported cognitive symptoms), No./total (%)	26/40 (65)	11/22 (50)	7/15 (46.7)
Cognitive impairment (impairment of either MoCA or d2-R scores), No./total (%)	14/40 (35.0)	6/22 (27.3)	6/15 (40.0)
Symptoms of anxiety (HADS-Anxiety scale), No./total (%)	19/40 (47.5)	10/23 (43.5)	4/15 (26.7)
Symptoms of depression (BDI test), No./total (%)	15/40 (37.5)	10/23 (43.5)	3/15 (20.0)
Insomnia (ISI score), No./total (%)	29/40 (72.5)	15/23 (65.2)	12/15 (80.0)
Symptoms of PTSD (PCL-5 score), No./total (%)	14/40 (35.0)	7/23 (30.4)	2/15 (13.3)

CT: computed tomography, DLCO: diffusing capacity of the lungs for carbon monoxide, FEV1: forced expiratory volume in one second, FVC: forced vital capacity, ICU: intensive care unit, LVEF: left ventricular ejection fraction, PTSD: post-traumatic stress disorder, RV: right ventricular, TLC: total lung capacity

^a Signs were declared as newly-onset during, since or after hospitalization for COVID-19 and persistent at the time of assessment at the outpatient facility.

^b No patient had an LVEF <40%.

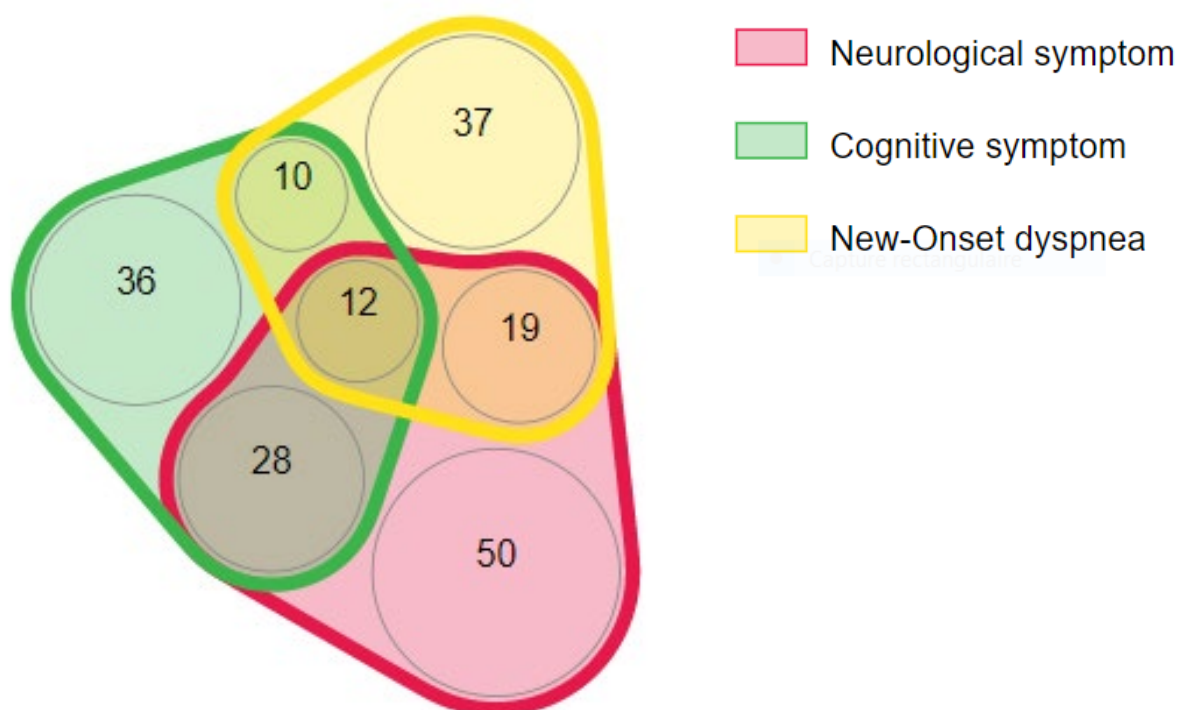
^c The range, direction and characteristics of the McNair, MoCA and d2R scores, of the HADS-Anxiety scale, of the BDI test, and of the ISI and PCL-5 scores can be found in Supp Table 1.

^d Ninety-one patients who completed the in-person assessment had a different trigger for the visit.

Supplementary figure 1. Visualization of symptoms* and their overlap presented by the 192 patients** (out of 478 patients) who presented at least one symptom at teleconsultation

* Symptoms which did not exist before COVID-19.

** Fifty-two patients had a new symptom that was not dyspnea, cognitive symptom, or neurological symptom.

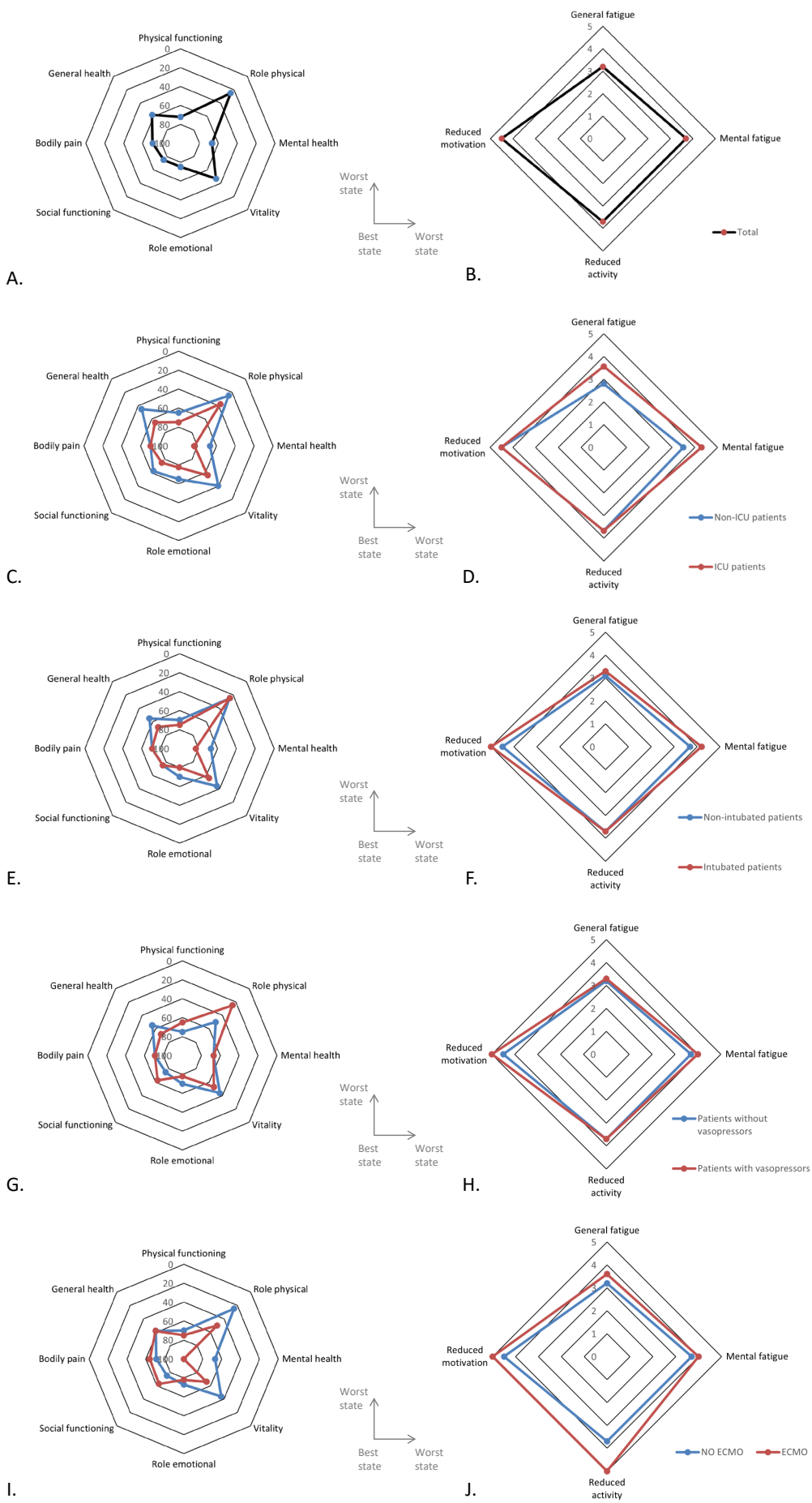


Supplementary figure 2. Results of the 36-item Short-Form Health Survey (SF-36) and Multidimensional Fatigue Inventory (MFI-20 scale) scores of the patients admitted to the outpatient clinic

- A. In all patients who completed the questionnaires (n=130 for SF-36 and n=145 for MFI-20)
- B. In patients who had been hospitalized in intensive care unit (ICU, red line, n=68 for SF36 and n=75 for MFI20) or not (non-ICU blue line, n=62 for SF-36 and n=70 for MFI-20).
- C. . In patients who had been intubated (red line, n=36 for SF-36 and n=37 for MFI-20) or not (blue line, n=94 for SF-36 and n=108 for MFI-20)
- D. In patients who received vasopressors (red line, n=36 for SF-36 and n=37 for MFI-20) or not (blue line, n=94 for SF-36 and n=108 for MFI-20)
- E. In patients who underwent ECMO (red line, n=6 for SF-36 and n=7 for MFI20) or not (blue line, n=124 for SF-36 and n=138 for MFI-20).

The MFI20 questionnaire evaluates four domains: "general fatigue", "reduced activity", "motivation" and "mental fatigue". Each subscale ranges from 1 to 5, corresponding to the best and worst feeling due to fatigue for each domain, respectively.¹⁰

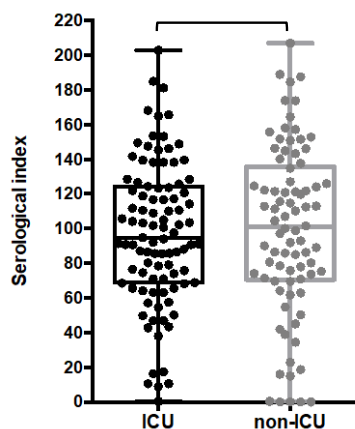
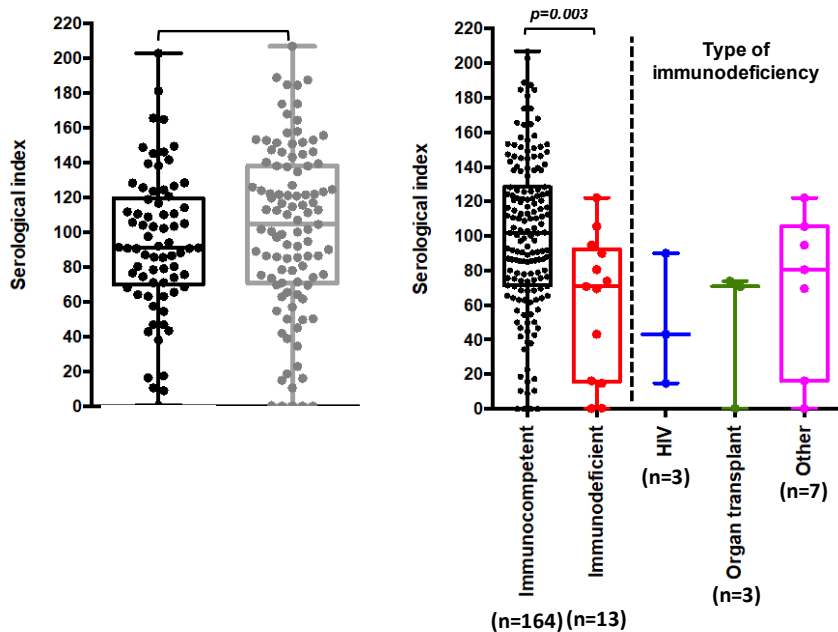
The SF36 questionnaire evaluates 8 domains: "physical functioning", "role limitations due to physical health", "role limitations due to emotional problems", "energy/fatigue", "emotional well-being", "social functioning", "pain" and "general health". Each subscale ranges from 0 to 100, corresponding to the worst and best health state, respectively⁹.



Supplementary figure 3. Anti-SARS-CoV-2 serological index of the patients admitted to the outpatient clinic

- Panel A: depending on whether patients had been intubated or not during the initial hospitalization
- Panel B: depending on the immunocompromised status
- Panel C: depending on whether patients had been hospitalized in an intensive care unit (ICU) during the initial hospitalization.

(HIV: human immunodeficiency virus, ICU: intensive care unit).



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