THE LANCET Respiratory Medicine

Supplementary appendix 1

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Evans RA, McAuley H, Harrison EM, et al. Physical, cognitive, and mental health impacts of COVID-19 after hospitalisation (PHOSP-COVID): a UK multicentre, prospective cohort study. *Lancet Respir Med* 2021; published online Oct 7. https://doi.org/10.1016/S2213-2600(21)00383-0.

Supplement

Contents

The PHOSP-COVID Collaborative Group	1
Supplementary Methods	10
Supplementary Data – Results	14
Tables	14
Figures	33
References	39

The PHOSP-COVID Collaborative Group

Writing Committee

R A Evans^{1*}, H McAuley¹, Prof E M Harrison², A Shikotra¹, A Singapuri¹, M Sereno¹, O Elneima¹, A B Docherty², N I Lone^{3,4}, O C Leavy⁵, L Daines³, J K Baillie^{6,7}, Prof J S Brown⁸, Prof T Chalder⁹, Prof A De Soyza^{10,11}, Prof N Diar Bakerly^{12,13}, N Easom¹⁴, Prof J R Geddes^{15,16}, N J Greening¹, Prof N Hart¹⁷, Prof L G Heaney^{18,19}, Prof S Heller²⁰, L Howard²¹, Prof J R Hurst²², J Jacob^{23,24}, Prof R G Jenkins²⁵, C Jolley²⁶, S Kerr⁶, Prof O M Kon^{27,25}, Prof K Lewis^{28,29,30}, Prof J M Lord³¹, Prof G P McCann^{32,33}, Prof S Neubauer^{34,35}, Prof P J M Openshaw²⁵, D Parekh^{31,36}, P Pfeffer^{37,38}, Prof N M Rahman³⁹, B Raman³⁴, M Richardson¹, M Rowland⁴⁰, Prof M G Semple^{41,42}, Prof A M Shah⁴³, Prof S J Singh¹, Prof A Sheikh³, D Thomas⁴⁴, M Toshner^{45,46}, Prof J D Chalmers⁴⁷, Prof L P Ho⁴⁸, A Horsley⁴⁹, M Marks^{50,51}, K Poinasamy⁵², Prof L V Wain^{5,1*}, Prof C E Brightling^{1*}

*first and joint last authors contributed equally

The affiliations of the members of the writing committee are as follows:

¹The Institute for Lung Health, Leicester NIHR Biomedical Research Centre, University of Leicester, Leicester, United Kingdom, ²Centre for Medical Informatics, The Usher Institute, University of Edinburgh, Edinburgh, United Kingdom, ³Usher Institute, University of Edinburgh, Edinburgh, United Kingdom, ⁴Royal Infirmary of Edinburgh, NHS Lothian, Edinburgh, United Kingdom, ⁵Department of Health Sciences, University of Leicester, Leicester, United Kingdom, ⁶Roslin Institute, University of Edinburgh, Edinburgh, United Kingdom, ⁷Intensive Care Unit, Royal Infirmary of Edinburgh, Edinburgh, United Kingdom, 8UCL Respiratory, Department of Medicine, University College London, Rayne Institute, London, United Kingdom, ⁹Department of Psychological Medicine, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, United Kingdom, ¹⁰Population Health Sciences Institute, Newcastle University, Newcastle Upon Tyne, United Kingdom, ¹¹Newcastle upon Tyne Teaching Hospitals Trust, Newcastle upon Tyne, United Kingdom, ¹²Manchester Metropolitan University, Manchester, United Kingdom, ¹³Salford Royal NHS Foundation Trust, Manchester, United Kingdom, ¹⁴Infection Research Group, Hull University Teaching Hospitals, Hull, United Kingdom, ¹⁵NIHR Oxford Health BRC, Department of Psychiatry, University of Oxford, Warneford Hospital, Oxford, United Kingdom, ¹⁶Oxford Health NHS Foundation Trust, Oxford, United Kingdom, ¹⁷Lane Fox Respiratory Service, Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom, ¹⁸Wellcome-Wolfson Institute for Experimental Medicine, Queens University Belfast, United Kingdom, ¹⁹Belfast Health & Social Care Trust, Belfast, United Kingdom, ²⁰Department of Oncology and Metabolism, University of Sheffield, Sheffield, United Kingdom, ²¹Imperial College Healthcare NHS Trust, London, United Kingdom, ²²UCL Respiratory, Royal Free Campus, University College London, London, United Kingdom, ²³Centre for Medical Image Computing, University College London, London, United Kingdom, ²⁴Lungs for Living Research Centre, University College London, London, United Kingdom, ²⁵National Heart and Lung Institute, Imperial College London, London, United Kingdom, ²⁶Centre for Human and Applied Physiological Sciences, School of Basic and Medical Biosciences, Faculty of Life Sciences and Medicine, King's College London, London, United Kingdom, ²⁷Respiratory Medicine, Imperial College Healthcare NHS Trust, London, United Kingdom, ²⁸Hywel Dda University Health Board, Wales, United Kingdom, ²⁹University of Swansea, Wales, United Kingdom, ³⁰Respiratory Innovation Wales, Wales, United Kingdom, ³¹Institute of Inflammation and Ageing, University of Birmingham, Birmingham, United Kingdom, ³²Department of Cardiovascular Sciences, University of Leicester, Leicester, United Kingdom, 33Leicester NIHR Biomedical Research Centre, University of Leicester, Leicester, United Kingdom, ³⁴Division of Cardiovascular Medicine, Radcliffe Department of Medicine, University of Oxford, Oxford, United Kingdom, 35NIHR Biomedical Research Centre, John Radcliffe Hospital, Oxford, United Kingdom, ³⁶Department of Acute Medicine, Queen Elizabeth Hospital Birmingham, Birmingham, United Kingdom, ³⁷Barts Health NHS Trust, London, United Kingdom, ³⁸Queen Mary University of London, London, United Kingdom, ³⁹Oxford Respiratory Trials Unit, University of Oxford, Oxford, United Kingdom, ⁴⁰Kadoorie Centre for Critical Care Research, Nuffield Department of Clinical Neurosciences, University of Oxford, Oxford, United Kingdom, ⁴¹NIHR Health Protection Research Unit in Emerging and Zoonotic Infections, Institute of Infection, Veterinary and Ecological Sciences, University of Liverpool, United Kingdom, ⁴²Respiratory Medicine, Alder Hey Children's Hospital, Liverpool, United Kingdom, ⁴³King's College London British Heart Foundation Centre and King's College Hospital NHS Foundation Trust, London, UK ⁴⁴Immunology and Inflammation, Imperial College, London, United Kingdom, ⁴⁵Cambridge NIHR BRC, Cambridge, United Kingdom, ⁴⁶NIHR Cambridge Clinical Research Facility, Cambridge, United Kingdom, ⁴⁷University of Dundee, Ninewells Hospital and Medical School, Dundee, United Kingdom, ⁴⁸MRC Human Immunology Unit, University of Oxford, Oxford, United Kingdom, ⁴⁹Division of Infection, Immunity & Respiratory Medicine, Faculty of Biology, Medicine and Health, University of Manchester, Manchester, United Kingdom, ⁵⁰Department of Clinical Research, London School of Hygiene & Tropical Medicine Keppel Street, London, United Kingdom, ⁵¹Hospital for Tropical Diseases, University College London Hospital, London, United Kingdom, ⁵²Asthma UK and British Lung Foundation, London, United Kingdom

Steering Committee

Co-chairs D Lomas, E Sapey, Institution representatives C Berry, C E Bolton, N Brunskill, E R Chilvers, R Djukanovic, Y Ellis, D Forton, N French, J George, N A Hanley, N Hart, L McGarvey, N Maskell, H McShane, M Parkes, D Peckham, P Pfeffer, A Sayer, A Sheikh, A A R Thompson, N Williams and core management group representation

Executive Board

Chair C E Brightling, representation from the core management group, each working group and platforms

Core Management Group

Chief Investigator C E Brightling, Members R A Evans (Lead Co-I), L V Wain (Lead Co-I), J D Chalmers, L P Ho, A Horsley, M Marks, K Poinasamy, B Raman, A Singapuri, A Shikotra,

Working Groups

Airways

L G Heaney (*Co-Lead*), A De Soyza (*Co-Lead*), D Adeloye, C E Brightling, J S Brown, J Busby, J D Chalmers, L Daines, O Elneima, J Hurst, P Novotny, P Pfeffer, K Poinasamy, J Quint, I Rudan, E Sapey, A Sheikh, S Siddiqui, S Walker

Brain

M Hotopf (*Co-Lead*), J R Geddes (*Co-Lead*), K Abel, R Ahmed, L Allan, C Armour, D Baguley, D Baldwin, C Ballard, J Bambrough, K Bhui, G Breen, M Broome, T Brugha, E Bullmore, D Burn, J Cavanagh, T Chalder, D Clark, A David, B Deakin, H Dobson, B Elliott, J Evans, R Francis, E Guthrie, P Harrison, M Henderson, A

Hosseini, N Huneke, M Husain, T Jackson, I Jones, T Kabir, P Kitterick, A Korszun, I Koychev, J Kwan, A Lingford-Hughes, C Mackay, P Mansoori, H McAllister-Williams, K McIvor, B Michael, L Milligan, R Morriss, E Mukaetova-Ladinska, T Nicholson, S Paddick, C Pariante, J Pimm, K Saunders, M Sharpe, G Simons, R Upthegrove, S Wessely

Cardiac

G P McCann (*Co-Lead*), C Antoniades, R Bell, A Bularga, C Berry, K Channon, P Chowienczyk, J Greenwood, A Hingorani, A Hughes, K Khunti, C Kotanidis, J Mayet, N Mills, A J Moss, S Neubauer, D Newby, B Raman, N Samani, A Saratzis, N Sattar, A Shah, C Sudlow, M Toshner, R Touyz, B Williams, C Xie

Immunology

T Hussell (*Co-Lead*), P J M Openshaw (*Co-Lead*), D Altmann, J K Baillie, R Batterham, H Baxendale, N Bishop, C E Brightling, P C Calder, R A Evans, J L Heeney, P Klenerman, J M Lord, P Moss, S L Rowland-Jones, W Schwaeble, M G Semple, R S Thwaites, L Turtle, L V Wain, S Walmsley, D Wraith

Intensive Care

M J Rowland (*Co-Lead*), A Rostron (Co-Lead), J K Baillie, B Connolly, A B Docherty, N I Lone, D F McAuley, D Parekh, J Simpson, C Summers

Lung Fibrosis

R G Jenkins (*Co-Lead*), J Porter (*Co-Lead*), R Allen, R Aul, J K Baillie, S Barratt, P Beirne, J Blaikley, R C Chambers, N Chaudhuri, C Coleman, L Fabbri, P M George, M Gibbons, F Gleeson, B Gooptu, I Hall, N A Hanley, L P Ho, E Hufton, J Jacob, S Johnson, M Jones, S Jones, F Khan, J Mitchell, P L Molyneaux, J E Pearl, K Piper Hanley, K Poinasamy, J Quint, P Rivera-Ortega, M G Semple, J Simpson, M Spears, L G Spencer, S Stanel, I Stewart, D Thickett, R Thwaites, L V Wain, S Walker, S Walsh, J Wild, D G Wootton, L Wright

Metabolic

S Heller (*Co-Lead*), H Atkins, S Bain, M Davies, J Dennis, K Ismail, D Johnston, P Kar, K Khunti, C Langenberg, P McArdle, A McGovern, T Peto, J Petrie, E Robertson, N Sattar, K Shah, J Valabhji, B Young

Pulmonary and Systematic Vasculature

L Howard (*Co-Lead*), Mark Toshner (*Co-Lead*), C Berry, P Chowienczyk, D Lasserson, A Lawrie, O C Leavy, J Mitchell, L Price, J Quint, J Rossdale, N Sattar, C Sudlow, A A R Thompson, J M Wild, M Wilkins

Rehabilitation, Sarcopenia and Fatigue

T Chalder (*Co-Lead*), J M Lord (*Co-Lead*), N J Greening (*Co-Lead*), W Man (*Co-Lead*), S J Singh (*Co-Lead*), N Armstrong, E Baldry, N Basu, M Beadsworth, L Bishop, C E Bolton, A Briggs, M Buch, G Carson, J Cavanagh, H Chinoy, E Daynes, S Defres, R A Evans, P Greenhaff, S Greenwood, M Harvie, M Husain, A McArdle, A

McMahon, M McNarry, C Nolan, J Pimm, J Sargent, J Scott, L Sigfrid, M Steiner, D Stensel, A L Tan, J Whitney, D Wilkinson, D Wilson, M Witham, T Yates

Renal

N Brunskill (*Co-Lead*), S Francis (*Co-Lead*), S Greenwood (*Co-Lead*), C Laing (*Co-Lead*), D Thomas (*Co-Lead*), K Bramham, P Chowdhury, A Frankel, L Lightstone, S McAdoo, K McCafferty, M Ostermann, N Selby, C Sharpe, M Willicombe

Platforms

Bioresource

W Greenhalf (*Co-Lead*), M G Semple (*Co-Lead*), M Ashworth, H Hardwick, M Sereno, R Saunders, A Singapuri, V Shaw, A Shikotra, L V Wain

Data Hub

J K Baillie (*Co-Lead*), A B Docherty (*Co-Lead*), E M Harrison (*Co-Lead*), A Sheikh (*Co-Lead*), C E Brightling, L Daines, S Dunn, R A Evans, S Kerr, O C Leavy, N I Lone, H McAuley, R Pius, M Richardson, M Sereno, L V Wain

Imaging Alliance

C Bloomfield (*Co-Lead*), M Halling-Brown (*Co-Lead*), F Gleeson (*Co-Lead*), J Jacob (*Co-Lead*), S Neubauer (*Co-Lead*) B Raman (*Co-Lead*) S Siddiqui (*Co-Lead*) J Wild (*Co-Lead*), P Jezzard, H Lamlum, E Tunnicliffe

Omics

L V Wain (*Co-Lead*), J K Baillie (*Co-Lead*), H Baxendale, C E Brightling, M Brown, J D Chalmers, R A Evans, B Gooptu, W Greenhalf, H Hardwick, R G Jenkins, D Jones, I Koychev, C Langenberg, A Lawrie, P L Molyneaux, A Shikotra, J Pearl, M Ralser, N Sattar, R Saunders, J Scott, T Shaw, D Thomas, D Wilkinson

PHOSP-COVID Study Central Coordinating Team

C E Brightling (Chief Investigator), R A Evans (*Lead Co-I*), L V Wain (*Lead Co-I*), S Diver, R Dowling, C Edwardson, O Elneima, S Finney, R Free, N J Greening, B Hargadon, V Harris, L Houchen, W Ibrahim, O C Leavy, A Ient, H McAuley, P Novotny, C Overton, T Plekhanova, R Saunders, M Sereno, A Singapuri, M Sharma, A Shikotra, C Taylor, S Terry, E Turner, C Tong, A J Yousuf, B Zhao

Local Clinical Centre PHOSP-COVID trial staff

(listed in alphabetical order)

Aneurin Bevan University Health Board

S Fairbairn (PI), A Dell, N Hawkings, J Haworth, M Hoare, A Lucey, V Lewis, G Mallison, H Nassa, C Pennington, A Price, C Price, A Storrie, G Willis, S Young

Barts Health NHS Trust & Queen Mary University of London

P Pfeffer (PI), K Chong-James, C David, W Y James, A Martineau, O Zongo

Belfast Health and Social Care Trust & Queen's University Belfast

L G Heaney (PI), C Armour, V Brown, T Craig, S Drain, B King, N Magee, D McAulay, E Major, L McGarvey, J McGinness, R Stone

Betsi Cadwaladr University Health Board

A Haggar (PI), A Bolger, F Davies, J Lewis, A Lloyd, E McIvor, D Menzies, W Saxon, D Southern, C Subbe, V Whitehead

Bradford Teaching Hospitals NHS Foundation Trust

D Saralaya (PI), L Brear, K Regan, K Storton

Cambridge University NHS Foundation Trust & University of Cambridge

J Fuld (PI), I Cruz, K Dempsey, A Elmer, H Jones, S Jose, S Marciniak, M Parkes, M Toshner, L Watson, J Worsley

Cardiff and Vale University Health Board

R Sabit (PI), L Broad, A Buttress, T Evans, L Knibbs, A McQueen, C Oliver, K Paradowski, J Williams

Guy's and St Thomas' NHS Foundation Trust

N Hart (PI), F Adeyemi, G Arbane, S Betts, A Dewar, G Kaltsakas

Hull University Teaching Hospitals NHS Trust & University of Hull

N Easom (PI), P Atkin, K Brindle, M G Crooks, R Flockton, L Holdsworth, A Richards, D L Sykes, S Thackray-Nocera, K Vellore, C Wright

Hywel Dda University Health Board

M Andrews (PI), K E Lewis (PI), A Mohamed (PI), G Ross (PI), K Davies, R Hughes, R Loosley, L O'Brien, Z Omar, H McGuinness, E Perkins, J Phipps, A Taylor, H Tench, R Wolf-Roberts

Imperial College Healthcare NHS Trust & Imperial College London

L Howard (PI), O Kon (PI), D C Thomas (PI), B Card, E Calvelo, E R Chilvers, P Cullinan, R G Jenkins, C King, M Mariveles, U Munawar, J Nunag, R Parvin, B Pathmanathan, E Russell

King's College Hospital NHS Foundation Trust & Kings College London

A Shah (PI), C J Jolley (PI), O Adeyemi, H Assefa-Kebede, J Breeze, M Brown, S Byrne, T Chalder, P Dulawan, N Hart, A Hayday, A Hoare, A Knighton, M Malim, S Patale, I Peralta, N Powell, A Ramos, A Shah, K Shevket, F Speranza, A Te

Leeds Teaching Hospitals & University of Leeds

P Beirne (PI), A Ashworth, J Clarke, C Coupland, M Dalton, E Wade, C Favager, J Greenwood, J Glossop, L Hall, A Humphries, J Murira, D Peckham, S Plein, J Rangeley, A L Tan, B Whittam, N Window, J Woods

Liverpool University Hospitals NHS Foundation Trust & University of Liverpool

D G Wootton (PI), L Turtle (PI), J Brown, A Cross, S L Dobson, N French, W Greenhalf, H Hardwick, K Hainey, J Hawkes, AL Key, N Lewis-Burke, G Madzamba, M J Noonan, L Poll, M G Semple, V Shaw, K A Tripp, L O Wajero, S A Williams-Howard

London North West University Healthcare NHS Trust

S N Diwanji (PI), P Papineni (PI), S Gurram, S Quaid, G F Toingson, E Watson

Manchester University NHS Foundation Trust & University of Manchester

B Al-Sheklly (PI), A Horsley (PI), C Avram, J Blaikely, M Buch, N Choudhury, D Faluyi, T Felton, T Gorsuch, N A Hanley, T Hussell, Z Kausar, N Odell, R Osbourne, K Piper Hanley

Newcastle upon Tyne Hospitals NHS Foundation Trust & University of Newcastle

A De Soyza (PI), C Echevarria (PI), J Brown, G Burns, G Davies, H Fisher, C Francis, A Greenhalgh, P Hogarth, J Hughes, K Jiwa, G Jones, G MacGowan, D Price, A Sayer, J Simpson, H Tedd, S West, M Witham, S Wright, A Young

NHS Dumfries and Galloway

M J McMahon (PI), P Neill

NHS Greater Glasgow and Clyde Health Board & University of Glasgow

D Anderson (PI), H Bayes (PI), C Berry (PI), D Grieve (PI), I B McInnes (PI), N Basu, A Brown, A Dougherty, K Fallon, L Gilmour, K Mangion, A Morrow, K Scott, R Sykes

NHS Highland

E K Sage (PI), F Barrett, A Donaldson

NHS Lanarkshire

M Patel (PI), D Bell, A Brown, M Brown, R Hamil, K Leitch, L Macliver, J Quigley, A Smith, B Welsh

NHS Lothian & University of Edinburgh

G Choudhury (PI), J K Baillie, S Clohisey, A Deans, A B Docherty, J Furniss, E M Harrison, S Kelly, N I Lone, A Sheikh

NHS Tayside & University of Dundee

J D Chalmers (PI), D Connell, J George, C J Tee, J Rowland, D Sutherland, A Elliott

North Bristol NHS Trust & University of Bristol

N Maskell (PI), D Arnold, S Barrett, H Adamali, A Dipper, S Dunn, A Morley, L Morrison, L Stadon, H Welch

North Middlesex Hospital NHS Trust

B Jayaraman (PI), T Light

Nottingham University Hospitals NHS Trust & University of Nottingham

C E Bolton (PI), J Bonnington, C Dobson, P Greenhaff, A Gupta, L Howard, S Linford, L Matthews, A K Thomas

Oxford University Hospitals NHS Foundation Trust & University of Oxford

L P Ho (PI), N M Rahman (PI), M Ainsworth, A Alamoudi, A Bloss, P Carter, J Chen, T Dong, R I Evans, E Fraser, J R Geddes, F Gleeson, P Harrison, M Havinden-Williams, P Jezzard, I Koychev, P Kurupati, H McShane, S Neubauer, D Nicoll, G Ogg, E Pacpaco, M Pavlides, Y Peng, N Petousi, N Rahman, B Raman, M J Rowland, K Saunders, M Sharpe, N Talbot, E Tunnicliffe

Royal Brompton and Harefield NHS Foundation Trust

W Man (PI), B Patel (PI), R E Barker, D Cristiano, N Dormand, M Gummadi, S Kon, K Liyanage, C M Nolan, Patel, O Polgar, P Shah, S J Singh, J A Walsh

Royal Free London NHS Foundation Trust

J Hurst (PI), H Jarvis (PI), S Mandal (PI), S Ahmad, S Brill, L Lim, D Matila, E Murali, O Olaosebikan, C Singh

Royal Papworth Hospital NHS Foundation Trust

M Toshner (PI), H Baxendale, L Garner, C Johnson, A Michael, H Parfrey, J Parmar

Salford Royal NHS Foundation Trust

N Diar Bakerly (PI), A Atkins, P Dark, D Evans, E Gourlay, E Hardy, A Harvey, D Holgate, S Knight, N Mairs, N Majeed, L McMorrow, J Oxton, J Pendlebury, C Summersgill, R Ugwuoke, S Whittaker

Sheffield Teaching NHS Foundation Trust & University of Sheffield

S Rowland-Jones (PI), A Alli, A Angyal, L Armstrong, M Bayley, E Bradley, R Brown, K Chapman, L Chetham, C Clark, Z Coburn, J Cole, T De Silva, M Dixon, A Fairman, D Foote, A Ford, R Gregory, K Harrington, S Heller, L Hesselden, A Holbourn, B Holroyd-Hind, A Howell, A Lawrie, E Lee, R Lenagh, I Macharia, S Megson, J Meiring, H Newell, J Rodgers, I Smith, J Smith, L Smith, A A R Thompson, H Turton, J Watson, L Watson, J Wild, I Wilson, A Zawia

St George's University Hospitals NHS Foundation Trust

R Aul (PI), M Ali, A Dunleavy, D Forton, N Msimanga, M Mencias, S Siddique, V Tavoukjian

Swansea Bay University Health Board

G A Davies (PI), L Connor, A Cook, T Rees, F Thaivalappil

The Hillingdon Hospitals NHS Foundation Trust

S S Kon (PI), H Lota, G Landers, S Portukhay

University College London Hospital & University College London

M Marks (PI), J S Brown (PI), R C Chambers, A Checkley, R Evans, M Heightman, T Hillman, J Hurst, J Jacob, S Janes, M Lipman, S Logan, D Lomas, J Porter, K Roy, E Wall

University Hospital Birmingham NHS Foundation Trust & University of Birmingham

D Parekh (PI), R Baggott, A Botkai, P Clift, B Cooper, J Dasgin, N Gautam, N Ghatum, T Hiwot, T Jackson, S Johnson, V Kamwa, J M Lord, S Madathil, A Newton Cox, J Nyaboko, H Qureshi, E Sapey, J Short, J Stockley, Z Suleiman, T Thompson, S Walder, C Welch, D Wilson, S Yasmin, K P Yip

University Hospitals of Leicester NHS Trust & University of Leicester

C E Brightling (CI), R A Evans (PI), M Aljaroof, N Armstrong, H Arnold, M Bakali, M Bakau, M Bourne, C Bourne, N Brunskill, P Cairns, L Carr, A Charalambou, C Christie, M Davies, S Diver, S Edwards, C Edwardson, O Elneima, H Evans, J Finch, S Glover, N Goodman, B Gootpu, N J Greening, K Hadley, P Haldar, B Hargadon, L Houchen, W Ibrahim, L Ingram, K Khunti, A Lea, D Lee, G P McCann, H McCauley, P McCourt, T Mcnally, A Moss, W Monteiro, M Pareek, S Parker, A Rowland, A Prickett, R Russell, J Skeemer, S Siddiqui, S J Singh, M Soares, E Stringer, T Thornton, M Tobin, L V Wain, F Woodhead, T Yates, A Yousuf

University Hospital Southampton NHS Foundation Trust & University of Southampton

M Jones (PI), R Djukanovic, S Fletcher, M Harvey, B Marshall, R Samuel, T Sass, T Wallis, H Wheeler

Whittington Health NHS

R Dharmagunawardena (PI), E Bright, P Crisp, M Stern

Health and Care Research Wales

Y Ellis

London School of Hygiene & Tropical Medicine (LSHTM)

M Marks, A Briggs

NIHR Office for Clinical Research Infrastructure

K Holmes

Patient Public Involvement Leads

Asthma UK and British Lung Foundation Partnership - K Poinasamy, S Walker

Royal Surrey NHS Foundation Trust

M Halling-Brown

South London and Maudsley NHS Foundation Trust & Kings College London

G Breen, M Hotopf

Swansea University & Swansea Welsh Network

K Lewis, N Williams

Supplementary Methods

Table SM1. Tier 2 outcome measures

Module	Tier 2 outcome measures reported in the current analysis	Other Tier 2 outcome measures not analysed
Symptoms	Patient symptom questionnaire (PHOSP-COVID study specific questionnaire) Dyspnoea12 Questionnaire Fatigue scale Questionnaire (FACIT)	MRC dyspnoea scale grade Nottingham activities of daily living Questionnaire
	Brief Pain Inventory Questionnaire (BPI)	
Health-related Quality of	Euroqol EQ5D-5L	
life and Disability	Washington Short Set of Functioning	
Respiratory	Pulmonary Function Tests Including: Spirometry (FEV ₁ , FVC) and Transfer Factor (TLCO, KCO)	
Cardiac	Blood tests: BNP / NT-Pro-BNP	ECG Image Collection Blood tests: Lipid Profile Troponin I/Troponin T
Renal	Blood tests: eGFR	Urine tests: Albumin:Creatinine Ratio, Protein:Creatinine Ratio, Bedside urinalysis
Pre-diabetes/diabetes	Blood tests: HbA1C levels	
Haematological	Blood tests: D Dimer	Blood tests: Full Blood Count, INR, Ferritin
Systemic inflammation	Blood test: CRP	Blood tests: Fibrinogen
Other organ function		Blood tests: Liver function tests, 25- Hydroxyvitamin D, Bone Profile
Physical performance	Incremental Shuttle Walk Test (ISWT) to assess exercise capacity Short Physical Performance Battery (SPPB)	Daily physical activity by wearable technology (Geneactive) Handgrip Strength General Practice Physical Activity Questionnaire (GPPAQ)
Frailty	Rockwood Clinical Frailty Scale (CFS)	Fried's frailty definition SARC-F Questionnaire
Body composition	Body Mass Index (BMI) calculation from Height and Weight Measurement	Body composition estimation via: Bio-Electrical Impedance Analysis (BIA) or Duel Energy X-ray Analysis (DXA) Waist Circumference Measurement
Mental Health	Generalised Anxiety Disorder Questionnaire (GAD-7) Patient Health Questionnaire (PHQ-9) Post Traumatic Stress Disorder Checklist for DSM-5 Questionnaire (PCL-5)	
Cognition	Montreal Cognitive Assessment (MoCA)	

FEV₁ = Forced Expiratory Volume in 1 second, FVC = Forced Vital Capacity, TLCO = Transfer Capacity of the Lung for Carbon Monoxide, KCO = carbon monoxide transfer coefficient, BNP = Brain Natriuretic Peptide or NT-BNP N-Terminal Brain Natriuretic Peptide, HbA1C = glycosylated haemoglobin, eGFR = estimated Glomerular Filtration Rate, CRP = C-Reactive Protein

Table SM2. Methods and thresholds for processing of variables and outcome measures used in the current analysis

	Method
Table 1	
Indices of Multiple Deprivation	Obtained using postcode ¹
Comorbidities	A pre-existing comorbidity was considered absent if not indicated by a 'yes' on the case report form.
Admission duration	Calculated using the hospital discharge date and the earliest admission date to the same or different hospital for the participant's COVID-19 episode.
Table 2	
Recovered from COVID- 19?	Participants were asked: "Do you feel fully recovered from COVID-19?" Possible answers were "Yes", "No" or "Unsure".
Symptoms at 2 to 7 months	The total number of current symptoms reported were from the following list which were answered as binary Yes/No questions: Aching in your muscles (pain), Physical slowing down, Slowing down in your thinking, Joint pain or swelling, Limb weakness, Difficulty with concentration, Short term memory loss, Headache, Tingling feeling/pins and needles, Confusion/fuzzy head, Dizziness or light headedness, Chest tightness, Problems with balance, Altered personality/ behaviour, Chest pain, Palpitations, Leg/ankle swelling, Difficulty with communication, Skin rash, Diarrhoea, Problems seeing, Pain on breathing, Weight loss, Tremor/shakiness, Constipation, Erectile Dysfunction, Loss of sense of smell, Can't fully move or control movement, Abdominal pain, Stomach pain, Loss of control of passing urine, Loss of appetite, Loss of taste, Nausea/vomiting, Bleeding, Can't move and/or feel one side of your body or face, Loss of control of opening bowels, Lumpy lesions on toes, Fainting / blackouts, Seizures Symptom severity was rated using a 0-10 visual analogue scale for Breathlessness, Cough, Fatigue, Sleep quality and Pain before COVID-19 illness and worst in last 24 hours. The results were dichotomised using cut off of ≤2 for no and ≥3 for Yes to combine the analysis with the longer list of symptoms. For the analysis shown in Table SR6 section a) a lower score by 1 point was reported as patient worsened.
Generalised Anxiety Disorder Questionnaire (GAD-7) (Anxiety)	The Generalised Anxiety Disorder (GAD-7) questionnaire is a patient reported outcome measure consists of 7 questions with total scores ranging from 0 to 21. We used a GAD7 threshold score of > 8 to suggest at least mild-moderate anxiety. ²
Patient Health Questionnaire (PHQ-9) (Depression)	The Patient Health Questionnaire (PHQ-9) is a patient reported outcome measure consisting of 9 questions with total scores ranging from 0 to 27. We used a PHQ-9 threshold score of ≥10 to suggest at least moderate depression. ³
Post-Traumatic Stress Disorder Checklist for DSM V (PCL-5) Questionnaire	The Post-Traumatic Stress Disorder Checklist for DSM V (PCL-5) questionnaire is a patient reported outcome measure consisting of 20 questions assessing evidence of post-traumatic stress disorder according to the DSM V criteria. Total scores range from 0-80. We used a PCL-5 threshold score of ≥38 suggestive of a provisional diagnosis of post-traumatic stress disorder. ^{4,5}
Dyspnoea-12	The Dyspnoea-12 questionnaire is a patient reported outcome measure consisting of 12 questions assessing breathlessness severity incorporating both "physical" and "affective" aspects. 6 Scores range from 0 to 36 with higher scores correspond to greater severity of breathlessness.
FACIT fatigue subscale score (FACIT)	The Functional Assessment of Chronic Illness Therapy – Fatigue (FACIT-Fatigue) scale is a patient reported outcome measure consisting of 13 questions to assess self-reported fatigue and its impact on daily activities and function. Total scores range from 0-52, with lower scores corresponding to an increased burden of fatigue.
Brief Pain Inventory (BPI) severity and interference	The Brief Pain Inventory (BPI) is a patient reported outcome questionnaire consisting of 15 questions across domains of pain severity and pain interference. We have reported the BPI Severity score as the

	mean score from the 4 severity questions each with a range $0-10$ anchored at $0=$ "No Pain" and $10=$ "Pain as bad as you can imagine". 9.10
Short Physical Performance Battery (SPPB)	The Short Physical Performance Battery (SPPB) test is a researcher administer assessment of physical performance and frailty. It comprises 3 components; balance, gait speed and sit to stand tests. Tests were completed according to recommended standards and training was provided to site staff by the central study team via a recorded demonstration video. SPPB total scores range from 0-12. We have reported a total SPPB score of ≤10 suggestive of underlying frailty. ¹¹⁻¹³
Incremental Shuttle Walk Test (ISWT)	The Incremental Shuttle Walk Test (ISWT) is a researcher administered assessment of maximal physical performance and was performed according to standardised instructions with two attempts performed by participants on the same day with a 20 minutes rest between them. ¹⁴ Training was provided to site staff by the central study team via a recorded demonstration video. The best effort was reported in metres and the percent predicted value was calculated using the following reference formula accounting for gender, age and BMI. ¹⁵ (ISWTpred = $1449 \cdot 701 - (11 \cdot 735 \times age) + (241 \cdot 897 \times gender) - (5 \cdot 686 \times BMI)$, where male gender = 1 and female gender = 0)
Rockwood Clinical Frailty Scale (CFS)	The Rockwood Clinical Frailty Scale (CFS) is a researcher assessed scale of clinical frailty with scores ranging from 1-9 where lower scores correspond to increased frailty. We have reported CFS scores of <5 suggestive of frailty. ¹⁶
Montreal Cognitive Assessment (MoCA)	The Montreal Cognitive Assessment (MoCA) is a researcher administered cognitive function questionnaire across 8 domains. Training was provided to site staff using standardised resources supplied online by MoCA TEST Inc. ¹⁷ The assessment was conducted in English with researchers applying their discretion to exclude participants whose command of English was insufficient to complete the test accurately. Total scores range from 0 to 30. We report total MoCA scores of <23 suggestive of at least Mild Cognitive Impairment. ¹⁸
Spirometry and Pulmonary Function Testing	Due to COVID-19 related restrictions on aerosol-generating procedures during the study period, access to spirometry and lung function was limited. Spirometry and Pulmonary function testing was completed as per ERS/ATS recommendations. ¹⁹ Spirometry and Transfer factor values were converted to SI units if not reported as such by sites. Transfer Capacity of the Lung for the uptake of carbon monoxide (TLCO) and carbon monoxide transfer coefficient (KCO) were obtained from the best of two repeat readings. ERS Reference values were used to calculate % predicted values. ²⁰⁻²² FEV ₁ /FVC <0·7 was used to define airflow obstruction. ²³ % predicted TLCO <80% was considered indicative of impaired gas transfer.
BNP / NT-pro BNP	Brain Natriuretic Peptide (BNP) or N-terminal pro B-type Natriuretic Peptide (NT-pro BNP) were collected by according to each site's routine clinically available assay as a biomarker of heart failure. Three sites submitted BNP results with all of the remaining sites submitting NT-pro BNP results. The threshold values used for BNP was ≥ 100 ng/litre ²⁴ and for NT-pro BNP ≥ 400 ng/litre ²⁵ as suggestive of heart failure.
Glycated haemoglobin (HbA1c)	Glycated haemoglobin (HbA1c) was collected as a biomarker of current glycaemic control. We have reported HbA1c levels $\geq 6.5\%$ as suggestive of a diagnosis of diabetes. ²⁶
D-Dimer	D-Dimer levels were collected as a biomarker of possible thromboembolic disease with sites reporting results either as mcg/mL Fibrinogen Equivalent Unit (FEU) or ng/mL D Dimer Unit (DDU) according to their clinically available assays. Conversion of mcg/mL FEU to ng/mL DDU used the following equation: (value in mcg/mL FEU)*500
	We have reported a D-Dimer level \geq 500ng/ml as suggestive of systemic inflammation and possible venous thromboembolic disease. ²⁷
C-Reactive Protein (CRP)	C-Reactive Protein (CRP) levels were collected as a biomarker of current systemic inflammation. Values reported as below the lower or upper limit reportable range for the assay used at the site have been included at the stated less than or more than cut off value for calculation of mean (SD) results. We have reported CRP levels > 10mg/L as suggestive of systemic inflammation.
Table SR8	
EQ5D-5L VAS	The EQ5D Visual Analogue Scale is a patient reported outcome questionnaire recording the patient's self-rated health and was completed for "before your COVID-19 illness" and "your own health state today." Scores are presented as mean and standard deviation. ²⁸
EQ5D-5L Utility Index	The EQ5D-5L is a five-dimension patient reported outcome questionnaire recording a patient's self-rated health state for mobility, self-care, usual activities, pain/discomfort and anxiety/depression. These scores

	are then mapped to a United Kingdom specific Utility Index anchored at 1 for "perfect health" and 0 for "dead" calculated from reported EQ5D-5L scores across the five dimensions. ²⁹
Washington Group Short Set of Functioning	The Washington Group Short Set of Functioning (WG-SS) is a patient reported outcome questionnaire using six questions to assess disability and function. A participant was considered to have a new disability if a response for any single domain changed from "no difficulty" or "some difficulty" to "a lot of difficulty" or "cannot do it at all" following the Washington Group guidelines. ³⁰

Supplementary Data – Results

Table SR1. Co-morbidities for the cohort stratified by severity of acute illness using the WHO clinical progression scale

	WHO – class 3-4	WHO – class 5	WHO – class 6	WHO – class 7-9	Total
Total N (%)	226 (21.0)	378 (35·1)	185 (17·2)	288 (26·7)	1077
CARDIOVASCULAR DISEASE					
Myocardial Infarction	11 (5.0)	20 (5.5)	3 (1·7)	7 (2.5)	41 (3.9)
Ischaemic Heart Disease	14 (6.4)	27 (7:4)	5 (2.9)	16 (5.7)	62 (6.0)
Atrial Fibrillation	10 (4.5)	17 (4.7)	14 (8·1)	7 (2.5)	48 (4.6)
Hypertension	56 (25·5)	126 (34·5)	62 (35·8)	110 (39·3)	354 (34·1)
Congestive Heart Failure	4 (1.8)	5 (1·4)	2 (1·2)	4 (1·4)	15 (1·4)
Congenital Heart Disease	0 (0.0)	2 (0.5)	1 (0.6)	2 (0.7)	5 (0.5)
Valvular Heart Disease	1 (0.5)	6 (1.6)	5 (2.9)	2 (0.7)	14 (1·3)
Pacemaker / Implantable Defibrillator	6 (2.7)	5 (1·4)	1 (0.6)	2 (0.7)	14 (1·3)
Peripheral Vascular Disease	4 (1.8)	5 (1·4)	1 (0.6)	2 (0.7)	12 (1·2)
Hypercholesterolaemia/dyslipidaemia	25 (11·4)	74 (20·3)	39 (22·7)	45 (16·1)	183 (17·7)
Cerebrovascular Accident/ Transient Ischaemic Attack	8 (3.7)	23 (6·4)	7 (4·1)	13 (4·7)	51 (4.9)
NEUROLOGICAL and PSYCHIATRIC					
Dementia	0 (0.0)	4 (1·1)	0 (0.0)	0 (0.0)	4 (0.4)
Depression or Anxiety	32 (14·6)	45 (12·3)	29 (16·8)	40 (14·3)	146 (14·1)
Chronic Fatigue Syndrome/fibromyalgia or chronic pain	10 (4.6)	11 (3·0)	5 (2.9)	12 (4·3)	38 (3.7)
Previous treatment with antidepressant medication	21 (9.6)	34 (9·3)	23 (13·4)	24 (8.6)	102 (9.9)
Previous treatment with a mental health professional for a mental health problem	12 (5·5)	14 (3·8)	13 (7.6)	13 (4·7)	52 (5.0)
RESPIRATORY					
COPD	10 (4.6)	23 (6·3)	11 (6·4)	5 (1·8)	49 (4.7)
Asthma	41 (18·6)	64 (17·6)	36 (20·8)	47 (16·8)	188 (18·1)
Interstitial Lung Disease	1 (0.5)	3 (0.8)	1 (0.6)	3 (1·1)	8 (0.8)
Bronchiectasis	7 (3·2)	5 (1·4)	4 (2·3)	3 (1·1)	19 (1·8)
Obstructive Sleep Apnoea	8 (3.6)	20 (5.5)	11 (6·4)	14 (5.0)	53 (5·1)
Obesity hypoventilation syndrome	0 (0.0)	0 (0.0)	2 (1·2)	2 (0.7)	4 (0·4)
Pleural Effusion	1 (0.5)	7 (1.9)	0 (0.0)	2 (0.7)	10 (1.0)
RHEUMATOLOGICAL	••				
Connective Tissue Disease	1 (0.5)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.1)

5 (1.8)	5 (2.9)	9 (2·5)	8 (3.6)	Rheumatoid Arthritis
25 (8.9)	14 (8·1)	39 (10·7)	18 (8.2)	Osteoarthritis
				GASTROINTESTINAL
2 (0.7)	0 (0.0)	4 (1·1)	2 (0.9)	Peptic Ulcer Disease
3 (1·1)	5 (2.9)	4 (1·1)	4 (1.8)	Liver disease - Mild
4 (1·4)	5 (2.9)	3 (0.8)	5 (2·3)	Liver disease – mod/severe
27 (9·7)	15 (8.7)	38 (10·4)	23 (10·5)	GORD
2 (0.7)	2 (1·2)	6 (1.6)	3 (1·4)	Inflammatory Bowel Disease
7 (2·5)	7 (4·1)	3 (0.8)	9 (4·1)	Irritable Bowel Disease
				METABOLIC/ENDOCRINE/RENAL
1 (0.4)	0 (0.0)	6 (1.6)	1 (0.5)	Diabetes Type 1
63 (22·7)	40 (23·1)	80 (21.9)	30 (13·7)	Diabetes Type 2
39 (60-9)	25 (62-5)	58 (67-4)	21 (67-7)	Uncomplicated (% of all Diabetes)
3 (4.7)	2 (5)	2 (2·3)	0 (0.0)	End-organ damage (% of all Diabetes)
14 (5.0)	2 (1·2)	16 (4·4)	15 (6.8)	Hypothyroidism
3 (1·1)	1 (0.6)	9 (2·5)	1 (0.5)	Hyperthyroidism
14 (5.0)	8 (4.6)	21 (5·8)	8 (3.6)	Chronic kidney disease
				MALIGNANCY
				Solid tumour malignancy
4 (1·4)	5 (2.9)	19 (5·2)	5 (2·3)	Localised
2 (0.7)	0 (0.0)	3 (0.8)	2 (0.9)	Metastatic
3 (1·1)	2 (1·2)	5 (1·4)	1 (0.5)	Leukaemia
1 (0·4)	2 (1·2)	4 (1·1)	4 (1.8)	Lymphoma
				CHRONIC INFECTIOUS DISEASE
3 (1·1)	1 (0.6)	1 (0·3)	0 (0.0)	HIV
4 (1.5)	3 (1·7)	1 (0·3)	5 (2·3)	Chronic Viral Hepatitis (B or C)
3 (1·1)	2 (1·2)	3 (0.8)	5 (2·3)	Mycobacterium TB (previously treated active or latent)
	25 (8·9) 2 (0·7) 3 (1·1) 4 (1·4) 27 (9·7) 7 (2·5) 1 (0·4) 63 (22·7) 39 (60·9) 3 (4·7) 14 (5·0) 3 (1·1) 14 (5·0) 4 (1·4) 2 (0·7) 3 (1·1) 1 (0·4) 3 (1·1) 4 (1·5)	14 (8·1) 25 (8·9) 0 (0·0) 2 (0·7) 5 (2·9) 3 (1·1) 5 (2·9) 4 (1·4) 15 (8·7) 27 (9·7) 2 (1·2) 2 (0·7) 7 (4·1) 7 (2·5) 0 (0·0) 1 (0·4) 40 (23·1) 63 (22·7) 25 (62·5) 39 (60·9) 2 (5) 3 (4·7) 2 (1·2) 14 (5·0) 5 (2·9) 4 (1·4) 0 (0·0) 2 (0·7) 2 (1·2) 3 (1·1) 2 (1·2) 1 (0·4) 1 (0·6) 3 (1·1) 3 (1·7) 4 (1·5)	39 (10·7) 14 (8·1) 25 (8·9) 4 (1·1) 0 (0·0) 2 (0·7) 4 (1·1) 5 (2·9) 3 (1·1) 3 (0·8) 5 (2·9) 4 (1·4) 38 (10·4) 15 (8·7) 27 (9·7) 6 (1·6) 2 (1·2) 2 (0·7) 3 (0·8) 7 (4·1) 7 (2·5) 6 (1·6) 0 (0·0) 1 (0·4) 80 (21·9) 40 (23·1) 63 (22·7) 58 (67·4) 25 (62·5) 39 (60·9) 2 (2·3) 2 (5) 3 (4·7) 16 (4·4) 2 (1·2) 14 (5·0) 9 (2·5) 1 (0·6) 3 (1·1) 21 (5·8) 8 (4·6) 14 (5·0) 19 (5·2) 5 (2·9) 4 (1·4) 3 (0·8) 0 (0·0) 2 (0·7) 5 (1·4) 2 (1·2) 3 (1·1) 4 (1·1) 2 (1·2) 1 (0·4)	18 (8·2) 39 (10·7) 14 (8·1) 25 (8·9) 2 (0·9) 4 (1·1) 0 (0·0) 2 (0·7) 4 (1·8) 4 (1·1) 5 (2·9) 3 (1·1) 5 (2·3) 3 (0·8) 5 (2·9) 4 (1·4) 23 (10·5) 38 (10·4) 15 (8·7) 27 (9·7) 3 (1·4) 6 (1·6) 2 (1·2) 2 (0·7) 9 (4·1) 3 (0·8) 7 (4·1) 7 (2·5) 1 (0·5) 6 (1·6) 0 (0·0) 1 (0·4) 30 (13·7) 80 (21·9) 40 (23·1) 63 (22·7) 21 (67·7) 58 (67·4) 25 (62·5) 39 (60·9) 0 (0·0) 2 (2·3) 2 (5) 3 (4·7) 15 (6·8) 16 (4·4) 2 (1·2) 14 (5·0) 1 (0·5) 9 (2·5) 1 (0·6) 3 (1·1) 8 (3·6) 21 (5·8) 8 (4·6) 14 (5·0)

Data are n (%). WHO = World Health Organisation. Category 3-4 = no continuous supplemental oxygen needed, 5= continuous supplemental oxygen only, 6= Continuous or Bi-level Positive Airway Pressure ventilation or High Flow Nasal O₂, 7-9 = Invasive Mechanical Ventilation or other organ support

Table SR2. Occupation data at baseline, and change in employment by severity of acute illness and by cluster severity

Table SR2a. Occupation data at before hospitalisation for COVID-19 stratified by severity of acute illness

	WHO – class 3-4	WHO – class 5	WHO – class	WHO – class 7-9	Total
Working full-time	110 (54·5)	172 (52·6)	90 (53·9)	175 (68.9)	547 (57.6)
Working part-time	23 (11·4)	31 (9.5)	19 (11·4)	21 (8·3)	94 (9.9)
Full time carer (children or other)	5 (2.5)	6 (1.8)	0 (0.0)	0 (0.0)	11 (1·2)
Unemployed	9 (4·5)	11 (3·4)	2 (1·2)	6 (2·4)	28 (2.9)
Unable to work due to chronic illness	3 (1.5)	6 (1.8)	4 (2·4)	7 (2.8)	20 (2·1)
Student	3 (1.5)	2 (0.6)	2 (1·2)	3 (1·2)	10 (1·1)
Retired	43 (21·3)	95 (29·1)	47 (28·1)	39 (15·4)	224 (23·6)
Medically retired	5 (2.5)	2 (0.6)	3 (1.8)	3 (1·2)	13 (1·4)
Prefer not to say	1 (0.5)	2 (0.6)	0 (0.0)	0 (0.0)	3 (0·3)
(Missing)	24	51	18	34	127

Variables are presented as n and % of total n in each severity category. % are out of a total of 950. WHO = World Health Organisation. Category 3-4 = no continuous supplemental oxygen needed, 5= continuous supplemental oxygen only, 6= Continuous or Bi-level Positive Airway Pressure ventilation or High Flow Nasal O₂, 7-9 = Invasive Mechanical Ventilation or other organ support

Table SR2b. Change in occupation status COVID stratified by severity of acute illness

	WHO – class 3-4	WHO – class 5	WHO – class	WHO – class 7-9	Total
Working full-time or part-time before COVID-19	133	203	109	196	641
No longer working after COVID-19	15 (11·3)	24 (11·8)	20 (18·3)	54 (27·6)	113 (17·8)
Occupation change due to health after COVID-19	19 (14·3)	19 (9.4)	18 (16·5)	68 (34·7)	124 (19·3)

Variables are presented as n and % of total n in each severity category. Percentages are the proportion of those who reported working full-time or part-time before COVID-19. Participants were classified as no longer working post-hospitalisation for COVID-19 if they reported working full or part-time before COVID-19, subsequently answered "different from before" when asked "What is your main occupation/working status today?" and answered, "Unable to work due to chronic illness//Medically retired". Participants who reported working full or part-time before COVID-19 were classified as experiencing an occupation change due to health if they answered "different from before" when asked "What is your main occupation/working status today?" and then answered "Poor health/Sick leave" when asked "If different, why did your occupation/working status change?".

Table SR2c. Occupation data before hospitalisation for COVID-19 stratified by cluster

	Cluster 1 "Very Severe"	Cluster 2 "Severe"	Cluster 3 "Moderate & Cognitive"	Cluster 4 "Mild"	Total
Working full-time	59 (52·2)	94 (67·1)	45 (42.9)	211 (66·6)	409 (60.6)
Working part-time	11 (9·7)	14 (10·0)	17 (16·2)	20 (6·3)	62 (9·2)
Full time carer (children or other)	4 (3·5)	1 (0.7)	0 (0.0)	2 (0.6)	7 (1.0)
Unemployed	9 (8.0)	2 (1·4)	1 (1.0)	4 (1·3)	16 (2·4)
Unable to work due to chronic illness	8 (7·1)	3 (2·1)	0 (0.0)	2 (0.6)	13 (1.9)
Student	1 (0.9)	1 (0.7)	1 (1.0)	3 (0.9)	6 (0.9)
Retired	16 (14·2)	22 (15·7)	38 (36·2)	74 (23·3)	150 (22·2)
Medically retired	5 (4·4)	3 (2·1)	1 (1.0)	0 (0.0)	9 (1·3)
Prefer not to say 0 (0·		0 (0.0)	2 (1.9)	1 (0.3)	3 (0.4)
(Missing)	18	19	22	33	92

Variables are presented as n and % of total n in each severity category.

Table SR2d. Change in occupation status after hospitalisation for COVID-19 stratified by cluster.

	Cluster 1 "Very Severe"	Cluster 2 "Severe"	Cluster 3 "Moderate & Cognitive"	Cluster 4 "Mild"	Total
Working full-time or part-time before COVID-19	70	108	62	231	471
No longer working after COVID-19	35 (50·0)	12 (11·1)	10 (16·1)	23 (10·0)	78 (16·6)
Occupation change due to health after COVID-19	42 (60·0)	21 (19·4)	10 (16·1)	20 (8·7)	93 (19·7)

Variables are presented as n and % of total n in each severity category. See footnote to Table SR2b

Table SR3. Patient reported outcomes, physiological and biochemical tests stratified by severity of acute illness

	N (%)	WHO – class 3-4	WHO – class 5	WHO – class 6	WHO – class 7-9	Total	р
Total N (%)		226 (21.0)	378 (35·1)	185 (17·2)	288 (26·7)	1077	
PROMS						••	
Persistent symptom	861 (79·9)	167 (94·4)	264 (89·5)	135 (92·5)	231 (95·1)	797 (92.6)	0.070
Symptom count †	861 (79·9)	10·0 (4·0 to 19·0)	7·0 (3·0 to 13·0)	8·0 (4·0 to 16·0)	9·0 (5·0 to 16·0)	9·0 (4·0 to 16·0)	<0.001
GAD7 total score ††	1031 (95·7)	5.8 (6.2)	4.4 (5.3)	5.4 (5.7)	5.5 (6.0)	5.2 (5.8)	0.017
Anxiety (GAD7 >8)	1031 (95·7)	57 (26·8)	72 (19·9)	44 (25·3)	80 (28·4)	253 (24·5)	0.069
Missing		13	16	11	6	46	
PHQ-9 total score ††	1029 (95·5)	7.6 (7.0)	5.7 (6.0)	6.4 (6.1)	7.3 (6.7)	6.7 (6.5)	0.002
Depression (PHQ-9 ≥ 10)	1029 (95·5)	64 (30·2)	79 (21·9)	49 (28·0)	90 (32·0)	282 (27·4)	0.024
Missing		14	17	10	7	48	
PCL-5 Total Severity Score ††	1030 (95·6)	15.9 (18.6)	12.5 (14.7)	15.5 (17.1)	18.6 (19.1)	15.4 (17.3)	<0.001
PTSD (PCL-5 ≥38)	1030 (95·6)	29 (13·6)	31 (8.5)	21 (12·0)	45 (16·3)	126 (12·2)	0.025
Missing		12	13	10	12	47	
Dyspnoea-12 score ††	1017 (94·4)	7.2 (9.4)	5.5 (7.7)	6.5 (8.8)	6.5 (8.8)	6.3 (8.6)	0.107
FACIT fatigue subscale score ††	1036 (96·2)	18.5 (14.3)	14.6 (12.1)	16.4 (13.1)	18·5 (13·4)	16.8 (13.2)	<0.001
BPI severity ††	801 (74·4)	12.7 (10.3)	12.8 (10.6)	11.6 (9.6)	13·1 (10·3)	12.7 (10.3)	0.558
BPI interference ††	777 (72·1)	19.8 (20.8)	17.6 (18.2)	15·1 (16·7)	20.4 (19.6)	18.4 (19.0)	0.059
Body composition by BMI kg/m ²	908 (84·3)						
Underweight (<18·5)		2 (1·1)	2 (0.6)	1 (0.6)	1 (0.4)	6 (0.7)	0.007
Normal weight (18·5 to 24·9)		43 (23·5)	42 (13·0)	16 (10·1)	27 (11·1)	128 (14·1)	
Overweight (25 to 29·9)		58 (31·7)	122 (37·8)	45 (28·3)	85 (35·0)	310 (34·1)	
Obese (30 to 39·9)		67 (36·6)	131 (40·6)	76 (47·8)	101 (41.6)	375 (41·3)	
Severe obesity (40+)		13 (7·1)	26 (8.0)	21 (13·2)	29 (11·9)	89 (9.8)	
Missing		43	55	26	45	169	
Physical performance						••	
SPPB total score (0-12) ††	970 (90·1)	10.0 (2.3)	9.9 (2.5)	9.9 (2.5)	9.7 (2.4)	9.9 (2.4)	0.698
SPPB ≤10 (mobility disability)	970 (90·1)	93 (46·7)	153 (44·9)	68 (40·5)	134 (51·1)	448 (46·2)	0.168
ISWT Distance (m)	634 (58·9)	466 (270)	445 (273)	425 (255)	411 (236)	436 (260)	0.296
ISWT % predicted	634 (58·9)	50.4 (37.8)	50·1 (38·7)	44.7 (32.4)	39.4 (31.4)	46.2 (35.8)	0.010
Frailty and Cognition							

	N (%)	WHO – class 3-4	WHO – class 5	WHO – class 6	WHO – class 7-9	Total	p
Rockwood clinical frailty score ≥5¶	938 (87·1)	9 (4·6)	17 (5.0)	11 (7·2)	18 (7.2)	55 (5.9)	0.502
1 = Very Fit	938 (87·1)	28 (14·4)	50 (14·7)	28 (18·3)	21 (8·4)	127 (13·5)	0.449
2 = Well		68 (34·9)	109 (32·0)	43 (28·1)	76 (30·5)	296 (31·6)	
3 = Managing Well		58 (29·7)	116 (34·0)	54 (35·3)	92 (36·9)	320 (34·1)	
4 = Vulnerable		32 (16·4)	49 (14·4)	17 (11·1)	42 (16·9)	140 (14·9)	••
5 = Mildly Frail		5 (2.6)	11 (3·2)	7 (4.6)	12 (4.8)	35 (3·7)	
6 = Moderately Frail		4 (2·1)	5 (1·5)	4 (2.6)	6 (2·4)	19 (2.0)	
7 = Severely Frail		0 (0.0)	1 (0·3)	0 (0.0)	0 (0.0)	1 (0·1)	
8 = Very Severely Frail		0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	
9 = Terminally III		0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	
(Missing)		31	37	32	39	139	••
MoCA score ††	888 (82·5)	25.9 (3.4)	25·1 (4·4)	25.9 (2.9)	25.8 (3.9)	25.6 (3.9)	0.063
MoCA <23	888 (82·5)	25 (13·5)	66 (21.0)	19 (12·8)	40 (16·7)	150 (16.9)	0.074
MoCA Adjusted ††	888 (82·5)	26·2 (3·4)	25.5 (4.3)	26.2 (2.9)	26.0 (3.8)	25.9 (3.8)	0.099
MoCA Adjusted <23	888 (82·5)	23 (12·4)	57 (18·1)	16 (10·8)	33 (13·8)	129 (14·5)	0.130
Lung physiology							
FEV ₁ (L) ††	574 (53·3)	2.6 (0.7)	2.7 (0.9)	2.7 (0.8)	2.7 (0.9)	2.7 (0.8)	0.623
FEV ₁ % predicted	484 (44.9)	88.6 (19.6)	89.0 (18.3)	90.9 (31.5)	85.0 (23.9)	88.0 (22.9)	0.247
FEV ₁ % predicted <80%¶	484 (44.9)	26 (28·6)	43 (26·1)	23 (28·4)	58 (39·5)	150 (31.0)	0.063
FVC (L) ††	571 (53·0)	3·3 (0·9)	3.5 (1.1)	3.4 (1.0)	3.3 (1.1)	3.4 (1.0)	0.172
FVC % predicted	481 (44·7)	88·1 (19·3)	89.5 (16.4)	92.0 (36.0)	80.7 (19.8)	87.0 (22.7)	0.001
FVC % predicted <80%¶	481 (44·7)	30 (33·0)	43 (26·4)	25 (30·9)	62 (42·5)	160 (33·3)	0.026
FEV ₁ /FVC ††	571 (53·0)	0.8 (0.2)	0.8 (0.1)	0.8 (0.1)	0.8 (0.2)	0.8 (0.2)	0.007
FEV ₁ /FVC <0·7¶	571 (53·0)	13 (12·3)	27 (13·8)	15 (16·0)	6 (3·4)	61 (10·7)	0.002
TLCO mmol/KPa/min ††	194 (18·0)	7.0 (1.8)	7.1 (1.5)	7.3 (2.0)	7.0 (2.5)	7.1 (2.0)	0.952
TLCO % predicted	169 (15·7)	97.5 (16.4)	89.6 (18.9)	97·1 (39·4)	83·3 (32·8)	89.8 (28.6)	0.099
TLCO % predicted <80%¶	169 (15·7)	3 (15·8)	19 (30·2)	6 (19·4)	30 (53·6)	58 (34·3)	0.001
KCO mmol/Kpa/min/L ††	202 (18·8)	1.5 (0.3)	1.4 (0.3)	1.4 (0.2)	1.4 (0.3)	1.4 (0.3)	0.153
KCO % predicted	174 (16·2)	104.8 (15.6)	97·1 (16·4)	98.9 (14.6)	96·1 (20·4)	97.9 (17.6)	0.289
KCO % predicted <80%¶	174 (16·2)	2 (10·5)	7 (10·9)	2 (6·2)	5 (8·5)	16 (9·2)	0.887
Biochemical Tests							••
BNP Result (ng/L) ††	51 (4·7)	49.6 (53.9)	40.9 (63.0)	43.6 (53.3)	38·1 (39·4)	42.2 (52.0)	0.960
Pro-NT-BNP (ng/L) ††	572 (53·1)	129 (297)	173 (382)	177 (460)	305 (1832)	201 (1023)	0.473

	N (%)	WHO – class 3-4	WHO – class 5	WHO – class 6	WHO – class 7-9	Total	p
BNP/NT-Pro-BNP above threshold*¶	621 (57·7)	8 (5·8)	15 (7·2)	8 (8.0)	15 (8.5)	46 (7·4)	0.825
HbA1C % (DCCT/NGSP) ††	611 (56·7	5.9 (1.1)	6.3 (1.3)	6.1 (1.1)	6.0 (1.2)	6.1 (1.2)	0.010
HbA1C ≥6·0 ¶	611 (56·7)	37 (27·2)	90 (42·3)	39 (41·1)	47 (28·1)	213 (34·9)	0.004
eGFR Result (ml/min/1·73m2) ††	845 (78·5)	89.0 (76.6)	79·5 (44·4)	81.2 (62.6)	84.2 (83.1)	83.0 (66.7)	0.493
eGFR < 60 ml/min/1·73 m ² ¶	845 (78·5)	15 (8.5)	42 (14·0)	18 (13·0)	38 (16·4)	113 (13·4)	0.138
D-Dimer Result (mg/L) ††	738 (68·5)	285·2 (430·4)	332·5 (381·6)	344.6 (369.0)	233·2 (168·8)	298·0 (349·7)	0.008
D-dimer ≥500 ng/ml¶	738 (68·5)	15 (9.7)	45 (17·2)	22 (17·6)	15 (7.6)	97 (13·1)	0.005
Systemic Inflammation							••
CRP (>10 mg/L)¶	804 (74·7)	18 (10·7)	24 (8·4)	13 (10·0)	35 (16·1)	90 (11·2)	0.052
CRP (>5 mg/L)¶	804 (74·7)	36 (21·3)	59 (20·6)	26 (20·0)	59 (27·1)	180 (22·4)	0.279

Missing not included in %, Number (%) unless †median [IQR], †† mean [SD], ¶ = % of category with positive response *Threshold - BNP ≥100ng/L or NT-BNP ≥400ng/L, column proportions, P values for Chi-squared test for differing proportions across WHO categories are presented, P values for Kruskal-Wallis tests for variables summarised as median (IQR) are presented and P values for ANOVA F-test for variables summarised as mean [SD] are presented. DCCT/NGSP - Diabetes Control and Complications Trial / National Glycohemoglobin Standardization Programme, PROM = Patient reported outcome measures, GAD7 = General Anxiety Disorder 7 Questionnaire, PHQ-9 = Patient Health Questionnaire-9, PCL-5 = Post Traumatic Stress Disorder Checklist, Dyspnoea-12 Questionnaire, FACIT Fatigue Scale (FACIT), BPI =Brief Pain Inventory, SPPB = Short Physical Performance Battery, ISWT = Incremental Shuttle Walking Test, CFS = Clinical Frailty Scale, MoCA = Montreal Cognitive Assessment, FEV1 = Forced Expiratory Volume in 1 second, FVC = Forced Vital Capacity, TLCO = Transfer Capacity of the Lung for Carbon Monoxide, KCO = carbon monoxide transfer coefficient, BNP = Brain Natriuretic Peptide or NT-BNP N-Terminal Brain Natriuretic Peptide, HbA1C = glycosylated haemoglobin, eGFR = estimated Glomerular Filtration Rate, CRP = C-Reactive Protein. WHO = World Health Organisation. Category 3-4 = no continuous supplemental oxygen needed, 5= continuous supplemental oxygen only, 6= Continuous or Bi-level Positive Airway Pressure ventilation or High Flow Nasal O₂, 7-9 = Invasive Mechanical Ventilation or other organ support

Table SR4. Comparison between imputed and non-imputed logistic regression of predictors of failure to recover (multi-variable and multi-level)

Dependent: 'Fully Recovered'	No n (%)	Yes n (%)	OR (univariable)	OR (multivariable)	OR (multivariable imputation)	OR (multilevel imputation)
Age (y)						
50-59	183	51	-	-	-	=
<30	(78·2) 16 (61·5)	(21·8) 10 (38·5)	2·24 (0·93- 5·18, p=0·062)	1·61 (0·50- 4·83, p=0·406)	2·27 (0·83- 6·21, p=0·111)	2·28 (0·83-
30-39	43	19	1.59 (0.84-	1.30 (0.59-	1.42 (0.72-	6·29, p=0·109) 1·48 (0·73-
40-49	(69·4) 88	(30.6)	2·93, p=0·147) 1·18 (0·70-	2·79, p=0·511) 0·66 (0·32-	2·80, p=0·314) 1·08 (0·63-	2·97, p=0·272) 1·10 (0·64-
	(75.2)	(24.8)	1.98, p=0.529	1.32, p=0.248	1.83, p=0.789	1.88, p=0.735
60-69	192 (72·7)	72 (27·3)	1·35 (0·89- 2·04, p=0·158)	1.19 (0.70-2.03, p=0.525)	1·33 (0·85- 2·08, p=0·215)	1.34 (0.85-2.12, p=0.201)
70-79	71 (59·7)	48 (40·3)	2·43 (1·50- 3·93, p<0·001)	2·78 (1·49- 5·22, p=0·001)	1·96 (1·09- 3·53, p=0·026)	2·07 (1·13- 3·80, p=0·020)
80+	16	16	3.59 (1.67-	4.04 (1.57-	2.86 (1.31-	3.20 (1.44-
	(50.0)	(50.0)	7·72, p=0·001)	10·60, p=0·004)	6·23, p=0·008)	7·14, p=0·005)
Sex at birth						
Male	372 (67·1)	182 (32·9)				
Female	246 (78·3)	68	0·56 (0·41- 0·78, p=0·001)	0·50 (0·33- 0·77, p=0·002)	0.61 (0.42- 0.89, p=0.012)	0.62 (0.43- 0.92, p=0.017)
Ethnicity	(/8·3)	(21·7)	0·/8, p=0·001)	0·//, p=0·002)	0·89, p=0·012)	0·92, p=0·01/)
White	442	143				••
South Asian	(75·6) 83	(24·4) 49	1.82 (1.22-	1.68 (0.94-	1.58 (1.00-	1.54 (0.94-
	(62.9)	(37·1)	2.72, p=0.003	2.98, p=0.076	2.52, p=0.052	2.53, p=0.085
Black	46 (66·7)	23 (33·3)	1·55 (0·89- 2·61, p=0·111)	2·27 (1·12- 4·54, p=0·021)	1·82 (1·01- 3·28, p=0·046)	1·83 (0·99- 3·39, p=0·053)
Mixed	12	8 (40.0)	2.06 (0.79-	1.56 (0.48-	1.59 (0.62-	1.69 (0.65-
Other	(60·0) 20	18	5·08, p=0·121) 2·78 (1·42-	4·73, p=0·439) 2·82 (1·05-	4·06, p=0·333) 2·69 (1·31-	4·38, p=0·279) 2·71 (1·32-
IMD	(52·6)	(47·4)	5·41, p=0·003)	7·33, p=0·035)	5·53, p=0·007)	5.59, p=0.007
1	128 (74·0)	45 (26·0)				
2	129 (68·3)	60 (31·7)	1·32 (0·84- 2·10, p=0·230)	1·42 (0·78- 2·58, p=0·252)	1·17 (0·72- 1·91, p=0·521)	1·17 (0·72- 1·90, p=0·522)
3	129	42	0.93 (0.57-	0.94 (0.50-	0.88 (0.52-	0.85 (0.50-
4	(75·4) 109	(24·6) 49	1·51, p=0·757) 1·28 (0·79-	1·76, p=0·845) 1·31 (0·69-	1·50, p=0·637) 1·24 (0·75-	1·45, p=0·550) 1·22 (0·73-
	(69.0)	(31.0)	2·07, p=0·314)	2.46, p=0.408	2·04, p=0·397)	2·02, p=0·450)
5	112 (70·9)	46 (29·1)	1·17 (0·72- 1·90, p=0·528)	1·46 (0·78- 2·75, p=0·234)	1·21 (0·73- 1·99, p=0·461)	1·20 (0·73- 1·99, p=0·472)
No. of comorbidities¶	••		••	••		
0	150	80				
1	(65·2) 123	(34·8)	0.90 (0.59-	0.85 (0.49-	0.99 (0.64-	0.97 (0.62-
2+	(67·6) 345	(32·4) 111	1·36, p=0·614) 0·60 (0·43-	1·47, p=0·557) 0·44 (0·27-	1·52, p=0·964) 0·65 (0·45-	1·51, p=0·892) 0·65 (0·44-
	(75.7)	(24·3)	0.85, p=0.004)	0·44 (0·2/- 0·73, p=0·001)	0.95, p=0.026)	0.95, p=0.026)
BMI¶	••					••
BMI $<$ 30 kg/m ²	242 (64·9)	131 (35·1)				
BMI ≥30 kg/m ²	296 (79·1)	78 (20·9)	0·49 (0·35- 0·67, p<0·001)	0.65 (0.43- 0.97, p=0.035)	0·74 (0·54- 1·03, p=0·073)	0·74 (0·53- 1·04, p=0·082)
WHO Class¶						
3-4	120 (68·2)	56 (31·8)				
5	185	107	1.24 (0.84-	1.04 (0.59-	1.70 ==0.540)	1.76 = 0.640)
	(63·4)	(36.6)	1.85, p=0.289	1.85, p=0.895	1.79, p=0.540)	1.76, p=0.640)

6	108	41	0.81 (0.50-	0.58 (0.29-	0.82 (0.45-	0.79 (0.43-
	(72.5)	(27.5)	1.31, p=0.399	1.15, p=0.120	1.48, p=0.500	1·45, p=0·436)
7-9	205	46	0.48 (0.31-	0.27 (0.13-	0.53 (0.30-	0.54 (0.30-
	(81.7)	(18.3)	0.75, p=0.001	0.57, p=0.001	0.94, p=0.029	0.96, p=0.034)
Steroids¶	••	••				
No	376	168		••	••	
	(69·1)	(30.9)				
Yes	181	65	0.80 (0.57-	1.22 (0.77-	1.00 (0.69-	1.02 (0.70-
	(73.6)	(26.4)	1.12, p=0.204	1·94, p=0·394)	1·44, p=0·994)	1·49, p=0·909)
Antibiotics¶	••	••				
No	114	43				
	(72.6)	(27.4)				
Yes	481	196	1.08 (0.74-	1.49 (0.87-	1.20 (0.77-	1.21 (0.77-
	(71.0)	(29.0)	1·61, p=0·696)	2·60, p=0·149)	1·87, p=0·416)	1.90, p=0.410)
Anticoagulation	••	••	••		••	••
¶						
No	353	171				••
	(67.4)	(32.6)				
Yes	207	68	0.68 (0.49-	0.64 (0.40-	0.80 (0.55-	0.78 (0.53-
	(75.3)	(24.7)	0.94, p=0.021	1.02, p=0.063	1.17, p=0.251	1.15, p=0.202)

OR =Odds Ratio, Data are n (%) unless otherwise stated. $\P = \%$ of category with positive response BMI = Body Mass Index, IMD = Indices of Multiple Deprivation, WHO = World Health Organisation. Category 3-4 = no continuous supplemental oxygen needed, 5= continuous supplemental oxygen only, 6= Continuous or Bi-level Positive Airway Pressure ventilation or High Flow Nasal O₂, 7-9 = Invasive Mechanical Ventilation or other organ support

Table SR5. Ongoing symptoms recorded at follow-up for the cohort stratified between those with and without pre-existing co-morbidities

	Persisting Symptom	No comorbidity	1+ comorbidity	Total
Total N (%)		315 (36·8)	540 (63·2)	855
Any symptom	Yes	201 (86·6)	431 (96·0)	632 (92·8)
Symptom count †		7·0 (2·0 to 13·0)	10·0 (5·0 to 17·0)	9·0 (4·0 to 16·0)
Aching in your muscles (pain)	Yes	105 (45·3)	280 (63·5)	385 (57·2)
	(Missing)	83	99	182
Physical slowing down	Yes	95 (41·1)	242 (54·4)	337 (49·9)
	(Missing)	84	95	179
Slowing down in your thinking	Yes	82 (36·0)	201 (45·7)	283 (42·4)
	(Missing)	87	100	187
Joint pain or swelling	Yes	79 (35·3)	236 (54·3)	315 (47·8)
	(Missing)	91	105	196
Limb weakness	Yes	79 (34·3)	231 (52·6)	310 (46·3)
	(Missing)	85	101	186
Difficulty with concentration	Yes	77 (33·9)	191 (43·5)	268 (40·2)
	(Missing)	88	101	189
Short term memory loss	Yes	77 (33·8)	202 (46·2)	279 (42·0)
	(Missing)	87	103	190
Headache	Yes	73 (31·7)	151 (34·2)	224 (33·4)
	(Missing)	85	99	184
Tingling feeling/pins and needles	Yes	60 (26·9)	186 (42·5)	246 (37·2)
	(Missing)	92	102	194
Confusion/fuzzy head	Yes	57 (24·9)	146 (33.0)	203 (30·2)
	(Missing)	86	97	183
Dizziness or lightheaded	Yes	55 (24·7)	163 (37·6)	218 (33·2)
	(Missing)	92	106	198
Chest tightness	Yes	55 (23·7)	126 (28·7)	181 (27.0)
	(Missing)	83	101	184
Problems with balance	Yes	52 (23·3)	183 (41·8)	235 (35·6)
	(Missing)	92	102	194
Altered personality/ behaviour §	Yes	47 (20·3)	93 (21·0)	140 (20·8)
	(Missing)	84	97	181
Chest pain	Yes	42 (18·2)	105 (23·8)	147 (21.9)
	(Missing)	84	99	183
Palpitations	Yes	37 (17·0)	95 (21·8)	132 (20·2)
	(Missing)	97	105	202
Leg/ankle swelling	Yes	39 (16·9)	151 (34·2)	190 (28·3)

183	99	84	(Missing)	
112 (16·7)	75 (17·0)	37 (16·1)	Yes	Difficulty with communication
183	98	85	(Missing)	
104 (16.0)	73 (17·1)	31 (14·0)	Yes	Skin rash
205	112	93	(Missing)	
114 (17·0)	83 (18·7)	31 (13·6)	Yes	Diarrhoea
184	97	87	(Missing)	
101 (15·3)	73 (16·7)	28 (12·6)	Yes	Problems seeing
197	104	93	(Missing)	
94 (14·3)	68 (15.6)	26 (11·7)	Yes	Pain on breathing
197	105	92	(Missing)	
70 (10·7)	46 (10·6)	24 (10·8)	Yes	Weight loss
198	106	92	(Missing)	
92 (13·9)	69 (15·8)	23 (10·3)	Yes	Tremor/shakiness
195	103	92	(Missing)	
130 (19·5)	109 (24·8)	21 (9·3)	Yes	Constipation
189	101	88	(Missing)	
95 (14·9)	75 (17·9)	20 (9·2)	Yes	Erectile Dysfunction
242 (38·1)	170 (40·6)	72 (33·2)	N/A	
219	121	98	(Missing)	
67 (10.0)	46 (10·4)	21 (9·2)	Yes	Loss of sense of smell
183	97	86	(Missing)	
74 (11·2)	54 (12·4)	20 (8.9)	Yes	Can't fully move or control movement
197	106	91	(Missing)	
115 (17·1)	95 (21·4)	20 (8·8)	Yes	Abdominal pain
184	97	87	(Missing)	
101 (15·5)	82 (19·0)	19 (8.6)	Yes	Stomach pain
202	108	94	(Missing)	
71 (10·6)	52 (11·8)	19 (8·3)	Yes	Loss of control of passing urine
183	98	85	(Missing)	
87 (12·9)	68 (15·3)	19 (8·2)	Yes	Loss of appetite
181	97	84	(Missing)	
70 (10·4)	52 (11·7)	18 (7·8)	Yes	Loss of taste
181	97	84	(Missing)	
68 (10·2)	51 (11·7)	17 (7.5)	Yes	Nausea/vomiting
190	103	87	(Missing)	
35 (5.6)	22 (5·4)	13 (6.0)	Yes	Bleeding
227	129	98	(Missing)	
39 (5.9)	30 (6.9)	9 (4·0)	Yes	Can't move and/or feel one side of your body or face

	(Missing)	90	104	194
Loss of control of opening bowels	Yes	7 (3·1)	30 (6.8)	37 (5.5)
	(Missing)	86	100	186
Lumpy lesions on toes	Yes	5 (2·3)	13 (3·2)	18 (2.9)
	(Missing)	100	134	234
Fainting / blackouts	Yes	4 (1.8)	11 (2·5)	15 (2·3)
	(Missing)	93	108	201
Seizures	Yes	2 (0.9)	5 (1·2)	7 (1·1)
	(Missing)	93	106	199

Data are n (%).

Table SR6. Proportion unchanged, worse or better in terms of a) Health-related quality of life (EQ5D-5L) b) Disability (WG-SS) and c) Symptoms at follow-up compared to prior to hospitalisation stratified by severity of acute illness

Table SR6a. EQ5D-5L

	WHO – class 3-4	WHO – class 5	WHO – class 6	WHO – class 7-9	Total
Do you feel fully recovered from COVID-19? (n - %)***					
Yes	51 (30·9)	102 (36·3)	41 (28·5)	45 (18·8)	239 (28·8)
No	75 (45.5)	126 (44·8)	65 (45·1)	163 (67-9)	429 (51·7)
Not sure	39 (23·6)	53 (18·9)	38 (26·4)	32 (13·3)	162 (19·5)
Missing	61	97	41	48	247
How good or bad is your health overall (EQ5D-5L VAS 0-100)? (Mean -SD)					
Pre-COVID	78.7 (18.9)	80.0 (17.4)	81.6 (15.7)	84·1 (13·7)	81.1 (16.6)
Post-COVID	70.5 (20.7)	73.8 (18.7)	70.9 (21.4)	69.6 (18.9)	71.5 (19.7)
Change since hospitalisation***	-7.5 (21.6)	-7.9 (17.4)	-9.6 (17.6)	-14·7 (18·9)	-9.9 (19.0)
EQ5D-5L Utility index (Mean -SD)***					
Pre-COVID	0.82 (0.24)	0.84 (0.22)	0.82 (0.23)	0.87 (0.21)	0.84 (0.23)
Post-COVID	0.72 (0.27)	0.76 (0.24)	0.69 (0.29)	0.67 (0.25)	0.71 (0.26)
Change	-0.09 (0.26)	-0.09 (0.20)	-0.11 (0.23)	-0.21 (0.24)	-0.13 (0.24)
Mobility (n - %)***		:			
No change	103 (67·8)	163 (66·3)	64 (58·2)	95 (49·7)	425 (60·8)
Improvement	14 (9·2)	20 (8·1)	11 (10·0)	6 (3·1)	51 (7·3)
Worse	35 (23·0)	63 (25·6)	35 (31·8)	90 (47·1)	223 (31.9)
(Missing)	74	132	75	97	378
Self-Care (n - %)**		:			
No change	94 (62·7)	156 (63·2)	57 (51·8)	85 (44·5)	392 (56·2)
Improvement	4 (2.7)	3 (1·2)	2 (1.8)	3 (1.6)	12 (1.7)
Worse	52 (34·7)	88 (35.6)	51 (46·4)	103 (53·9)	294 (42·1)
(Missing)	76	131	75	97	379
Usual Activities (n - %)***					
No change	89 (59·3)	156 (63·2)	61 (55·5)	86 (45.0)	392 (56·2)
Improvement	16 (10·7)	14 (5.7)	9 (8.2)	7 (3.7)	46 (6.6)
Worse	45 (30·0)	77 (31·2)	40 (36·4)	98 (51·3)	260 (37·2)
(Missing)	76	131	75	97	379
Pain/Discomfort (n - %)***					••
No change	83 (55·3)	143 (58·1)	56 (50·9)	79 (41·4)	361 (51·8)
Improvement	36 (24.0)	53 (21·5)	29 (26·4)	33 (17·3)	151 (21·7)
Worse	31 (20·7)	50 (20·3)	25 (22·7)	79 (41·4)	185 (26·5)
(Missing)	76	132	75	97	380

Anxiety/Depression (n - %)**					
No change	74 (49·7)	142 (57·3)	45 (40.9)	81 (42·4)	342 (49·0)
Improvement	27 (18·1)	23 (9·3)	18 (16·4)	18 (9.4)	86 (12·3)
Worse	48 (32·2)	83 (33·5)	47 (42·7)	92 (48·2)	270 (38·7)
(Missing)	77	130	75	97	379

Missing not included in %, *p<0·05, **p<0·01, ***p<0·0001, column proportions, EQ5D-5L VAS = Euroqol five level visual analogue scale 0-100, WHO = World Health Organisation Category 3-4 = no continuous supplemental oxygen needed, 5= continuous supplemental oxygen only, 6= Continuous or Bi-level Positive Airway Pressure ventilation or High Flow Nasal O₂, 7-9 = Invasive Mechanical Ventilation or other organ support, WGSS- Washington Group Short Set on Functioning

Table SR6b. Washington Short Set Function score

	WHO -class 3-4	WHO -class 5	WHO -class 6	WHO –class 7-9	Total
Q1 seeing N (%)					
No change	130 (81·8)	236 (87·1)	114 (83·2)	194 (83·3)	674 (84·2)
Improvement	2 (1·3)	5 (1.8)	4 (2.9)	3 (1·3)	14 (1.8)
Worse	27 (17·0)	30 (11·1)	19 (13·9)	36 (15·5)	112 (14·0)
Missing N	67	107	48	55	277
Q2 hearing N (%)					
No change	143 (90·5)	251 (94·4)	131 (93.6)	198 (86·8)	723 (91·3)
Improvement	3 (1.9)	3 (1·1)	1 (0.7)	4 (1.8)	11 (1·4)
Worse	12 (7.6)	12 (4·5)	8 (5.7)	26 (11·4)	58 (7·3)
Missing N	68	112	45	60	285
Q 3 walking N (%)***					
No change	96 (61·1)	182 (67·7)	88 (64·2)	104 (44·8)	470 (59·1)
Improvement	8 (5·1)	16 (5.9)	7 (5·1)	20 (8.6)	51 (6.4)
Worse	53 (33·8)	71 (26·4)	42 (30·7)	108 (46·6)	274 (34·5)
Missing N	69	109	48	56	282
Q4 remembering N (%)**					
No change	96 (60·4)	188 (69·9)	87 (63·0)	119 (51·3)	490 (61·4)
Improvement	6 (3.8)	17 (6·3)	7 (5·1)	11 (4·7)	41 (5·1)
Worse	57 (35·8)	64 (23·8)	44 (31.9)	102 (44·0)	267 (33·5)
Missing N	67	109	47	56	279
Q5 self-care N (%)***					
No change	142 (90·4)	254 (94·4)	125 (89·9)	172 (73·8)	693 (86·8)
Improvement	1 (0.6)	1 (0.4)	1 (0.7)	10 (4·3)	13 (1.6)
Worse	14 (8.9)	14 (5·2)	13 (9.4)	51 (21.9)	92 (11·5)
Missing N	69	109	46	55	279
Q6 communication N (%)					
No change	143 (91·1)	249 (93·3)	124 (90·5)	195 (85·5)	711 (90·1)
Improvement	1 (0.6)	4 (1.5)	2 (1.5)	3 (1·3)	10 (1·3)
Worse	13 (8·3)	14 (5·2)	11 (8.0)	30 (13·2)	68 (8.6)
Missing N	69	111	48	60	288
	41 (25·5)			57 (24·4)	158 (19·6)

Missing not included in %, column proportions, *p<0·05, **p<0·01, ***p<0·0001, WHO = World Health Organisation · Category 3-4 = no continuous supplemental oxygen needed, 5= continuous supplemental oxygen only, 6= Continuous or Bi-level Positive Airway Pressure ventilation or High Flow Nasal O₂, 7-9 = Invasive Mechanical Ventilation or other organ support

Table SR6c. Symptoms

	WHO – class 3-4	WHO – class 5	WHO – class 6	WHO – class 7-9	Total
Breathlessness N (%)***					• •
No change	62 (39·7)	115 (44·6)	51 (38·3)	71 (32·3)	299 (39·0)
Improvement	17 (10·9)	37 (14·3)	26 (19·5)	19 (8.6)	99 (12·9)
Worse	77 (49·4)	106 (41·1)	56 (42·1)	130 (59·1)	369 (48·1)
Missing N	70	120	52	68	310
Fatigue N (%)**					
No change	46 (29·7)	97 (37·6)	43 (32·3)	50 (22·9)	236 (30·9)
Improvement	19 (12·3)	40 (15·5)	17 (12·8)	23 (10·6)	99 (13·0)
Worse	90 (58·1)	121 (46·9)	73 (54·9)	145 (66·5)	429 (56·2)
Missing N	71	120	52	70	313
Cough N (%)					••
No change	94 (61.0)	170 (66·1)	76 (57·1)	128 (59·0)	468 (61·5)
Improvement	14 (9·1)	35 (13·6)	18 (13·5)	25 (11·5)	92 (12·1)
Worse	46 (29·9)	52 (20·2)	39 (29·3)	64 (29·5)	201 (26·4)
Missing N	72	121	52	71	316
Pain N (%)***					
No change	76 (50·7)	152 (60·1)	76 (56·7)	81 (37.9)	385 (51·3)
Improvement	16 (10·7)	29 (11·5)	12 (9.0)	18 (8.4)	75 (10·0)
Worse	58 (38·7)	72 (28·5)	46 (34·3)	115 (53·7)	291 (38·7)
Missing N	76	125	51	74	326
Sleep N (%)**					
No change	61 (40·1)	116 (45·3)	60 (44·8)	70 (32·0)	307 (40·3)
Improvement	25 (16·4)	52 (20·3)	22 (16·4)	37 (16·9)	136 (17·9)
Worse	66 (43·4)	88 (34·4)	52 (38·8)	112 (51·1)	318 (41·8)
Missing N	74	122	51	69	316

Missing not included in %, column proportions. *p<0·05, **p<0·01, ***p<0·001, WHO = World Health Organisation. Category 3-4 = no continuous supplemental oxygen needed, 5= continuous supplemental oxygen only, 6= Continuous or Bi-level Positive Airway Pressure ventilation or High Flow Nasal O₂, 7-9 = Invasive Mechanical Ventilation or other organ support.

Table SR7. Cluster medoids and characteristics

	Cluster 1	Cluster 2	Cluster 3	Cluster 4
Size	131	159	127	350
Cluster medoids (z-scores)				
Anxiety (GAD-7)	1.5921223	0.5270043	-0·3605941	-0.7156334
Depression (PHQ-9)	1.6495548	-0.066511	-0.222517	-0.846541
PTSD (PCL-5)	1.1880387	0.5344896	-0.3567137	-0.713195
Breathlessness (Dyspnoea-12)	1.2262824	0.3746578	-0.1119849	-0.7202882
Function (FACIT)	1.3974373	0.7784612	-0.4594909	-0.8463509
Physical performance (SPPB)	0.4405809	0.0101025	0.0101025	-0.4203759
Cognition (MoCA)	-0.0714386	-0.6086291	1.2715376	-0.3400339
Cluster characteristics		••		
Maximal dissimilarity	5.608549	4.146695	6.032896	3.159184
Average dissimilarity	2.539763	1.831245	1.864718	1·10634
Isolation	2·272929	1.680496	3.037516	1.590624

GAD-7 = General Anxiety Disorder 7 Questionnaire, PHQ-9 = Patient Health Questionnaire-9, PCL-5 = Post Traumatic Stress Disorder Checklist, Dyspnoea-12 Questionnaire, FACIT Fatigue Scale (Facit), BPI = Brief Pain Inventory, SPPB = Short Physical Performance Battery, MoCA = Montreal Cognitive Assessment.

Table SR8. Change in primary outcome measures including health-related quality of life and disability after COVID-19 stratified by four recovery clusters

	Cluster 1 'Very Severe'	Cluster 2 'Severe'	Cluster 3 'Moderated & Cognitive'	Cluster 4 'Mild'	Total
Total N (%)	131 (17·1)	159 (20·7)	127 (16·6)	350 (45.6)	767
Do you feel fully recovered from COVID- 19? ***					
Yes^	3 (2·7)	9 (7.0)	36 (36·4)	114 (42·7)	162 (26.6)
No^	95 (84·1)	86 (66·7)	47 (47·5)	98 (36·7)	326 (53·6)
Not sure^	15 (13·3)	34 (26·4)	16 (16·2)	55 (20·6)	120 (19·7)
Missing	18	30	28	83	159
How good or bad is your health overall (EQ5D-5L VAS 0-100)?					
Pre-COVID†† ***	74 (18)	80 (15)	84 (15)	86 (13)	81 (17)
Post-COVID †	54 (20)	69 (16)	76 (17)	81 (15)	72 (20)
EQ5D-5L Utility Index (UI)					
EQ5D-5L UI Pre-COVID ***	0.67 (0.30)	0.83 (0.19)	0.87 (0.17)	0.92 (0.13)	0.84 (0.23)
EQ5D-5L UI Post-COVID ††***	0.43 (0.27)	0.68 (0.17)	0.76 (0.18)	0.87 (0.14)	0.71 (0.26)
Change EQ5D-5L UI††***	-0.25 (0.36)	-0·17 (0·20)	-0·10 (0·18)	-0.05 (0.15)	-0·11 (0·22)
EQ5D Mobility***					••
No change	32 (40·0)	49 (47·6)	54 (65·9)	195 (78·0)	425 (60·8)
Improvement	5 (6.2)	3 (2.9)	9 (11.0)	15 (6.0)	51 (7·3)
Worse	43 (53·8)	51 (49·5)	19 (23·2)	40 (16·0)	223 (31.9)
Self-Care***					
No change	20 (25·0)	41 (39·4)	54 (65·9)	192 (77·1)	392 (56·2)
Improvement	3 (3·8)	1 (1.0)	1 (1·2)	2 (0.8)	12 (1.7)
Worse	57 (71·2)	62 (59·6)	27 (32·9)	55 (22·1)	294 (42·1)
Usual Activities***					••
No change	22 (27·5)	47 (45·2)	54 (65.9)	190 (76·3)	392 (56·2)
Improvement	8 (10.0)	3 (2.9)	4 (4.9)	12 (4·8)	46 (6.6)
Worse	50 (62·5)	54 (51·9)	24 (29·3)	47 (18·9)	260 (37·2)
Pain/ Discomfort***					
No change	33 (41·2)	45 (43·3)	40 (49·4)	166 (66·7)	361 (51·8)
Improvement	14 (17·5)	23 (22·1)	23 (28·4)	48 (19·3)	151 (21.7)
Worse	33 (41·2)	36 (34·6)	18 (22·2)	35 (14·1)	185 (26.5)
Anxiety/Depression ***					
No change	9 (11·2)	37 (35·9)	44 (53·7)	175 (70·0)	342 (49·0)
Improvement	20 (25·0)	13 (12·6)	11 (13·4)	25 (10·0)	86 (12·3)
Worse	51 (63·8)	53 (51·5)	27 (32·9)	50 (20.0)	270 (38·7)
'alot of difficulty'	63 (55·8)	33 (26·2)	15 (15·0)	18 (6.8)	204 (24·7)

***§					
'new disability'***§	57 (51·8)	25 (20·0)	11 (11·5)	12 (4.6)	158 (19·6)

*p<0.05, **p<0.01, ***p<0.0001. Number (%) unless †median [IQR] or ††mean [SD], ¶ = % of category with positive response, § Washington Group Short Set Functioning (WGSS) – 'a lot of difficulty' or 'cannot do at all' score for any of the seven problems, 'new disability' a new score of 'a lot of difficulty or 'cannot do at all' persisting after COVID-19, $^{\circ}$ % calculated after exclusion of missing individuals, EQ5D-5L VAS = Visual Analogue Scale, EQ5D-5L UI = Utility Index

Figure SR1. Forest plot of the patient and admission characteristics associated with recovery using multivariable logistic regression and multiple imputation with further analysis adjusted for discharge to review time

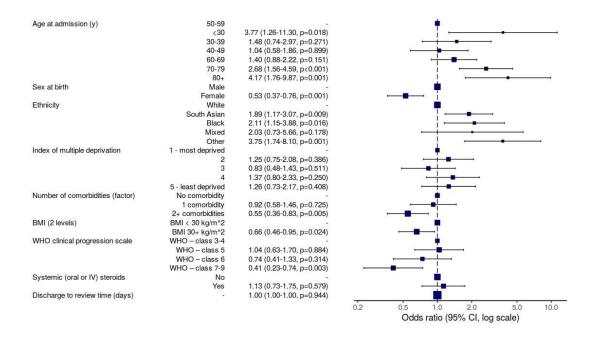


Figure SR2. Histogram of number of symptoms reported at five months after discharge in survivors of a hospital admission due to COVID-19

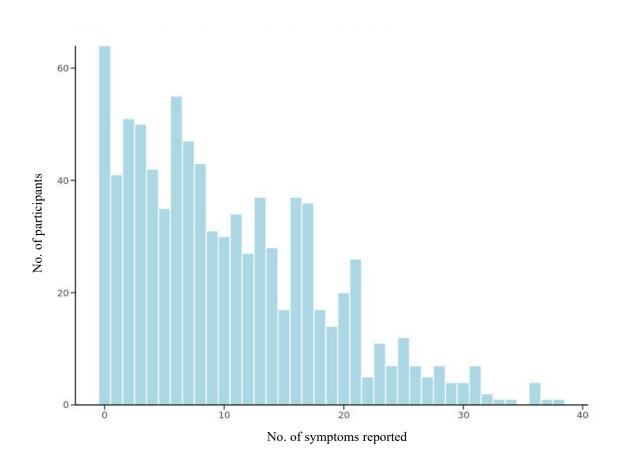
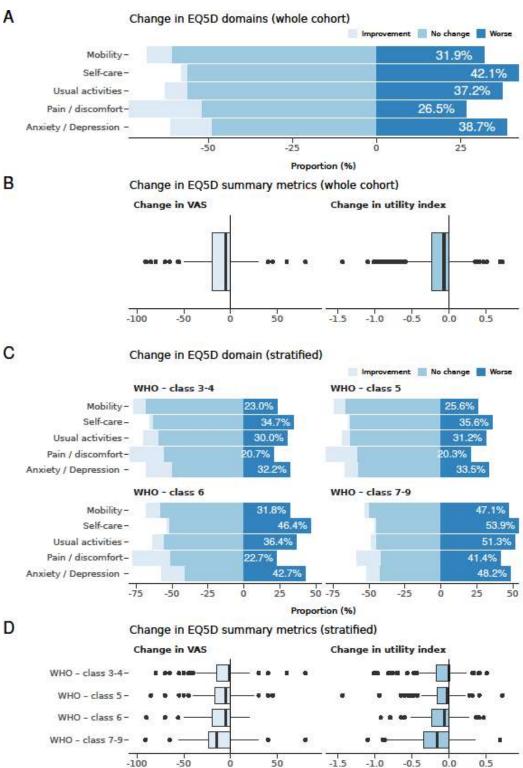


Figure SR3. Health-related quality of life measured by the EQ5D-5L at follow-up compared to prior to admission with COVID-19

EQ5D VAS = visual analogue scale, A) Change in EQ5D-5L domains for whole cohort, B) Change in EQ5D-5L summary metrics for whole cohort, C) Change in EQ5D-5L domains stratified by WHO class of the severity of the acute illness, D) Change in EQ5D-5L summary metrics stratified by WHO class of the severity of the acute illness.



 $Figure \ SR4. \ A \ comparison \ between \ the \ patient \ estimated \ EQ5D \ Visual \ Analogue \ Scale \ before \ hospital \ admission \ and \ population \ values^{31}$

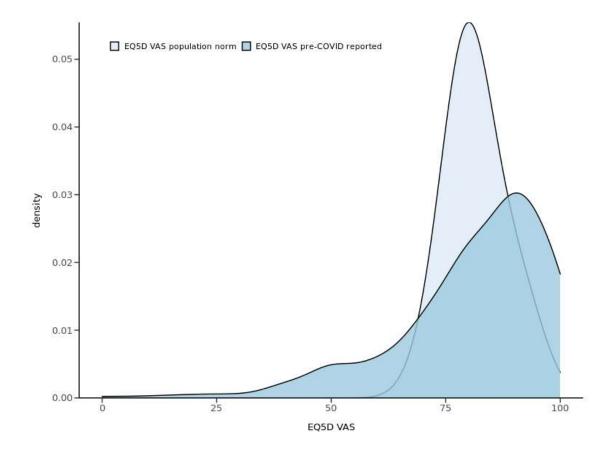
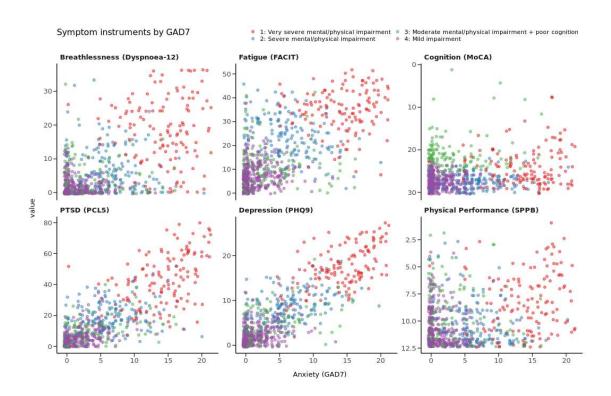
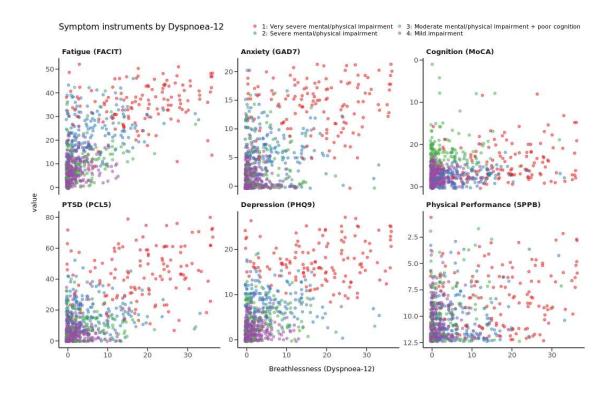


Figure SR5. Clusters of mental, cognitive and physical health impairments

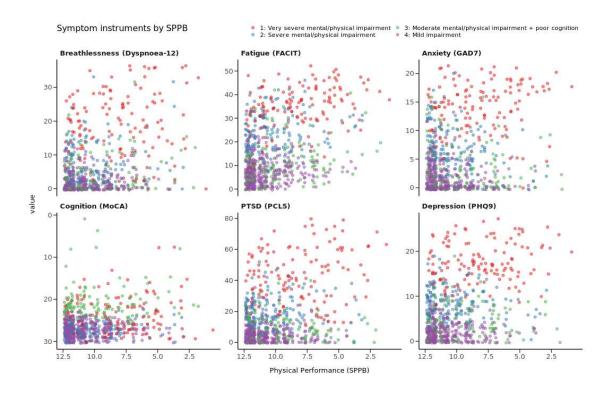
a) Scatter plots for anxiety versus other symptoms, cognition and physical function



b) Scatter plots for breathlessness versus other symptoms, cognition and physical function



c) Scatter plots for physical function versus other symptoms and cognition



References

- 1. Office for National Statistics. National Statistics Postcode Lookup (February 2020). February 02, 2020. https://geoportal.statistics.gov.uk/datasets/national-statistics-postcode-lookup-february-2020 (accessed March 01, 2021).
- 2. Johnson SU, Ulvenes PG, Øktedalen T, Hoffart A. Psychometric properties of the general anxiety disorder 7-item (GAD-7) scale in a heterogeneous psychiatric sample. *Front Psychol* 2019; **10**: 1713.
- 3. Levis B, Benedetti A, Thombs BD. Accuracy of Patient Health Questionnaire-9 (PHQ-9) for screening to detect major depression: individual participant data meta-analysis. *BMJ* 2019; **365**: 11476.
- 4. Contractor AA, Elhai JD, Fine TH, et al. Latent profile analyses of posttraumatic stress disorder, depression and generalized anxiety disorder symptoms in trauma-exposed soldiers. *J Psychiatr Res* 2015; **68**: 19-26.
- 5. Weathers FWL, B.T.; Keane, T.M.; Palmieri, P.A.; Marx, B.P. & Schnurr, P.P. The PTSD Checklist for DSM-5 (PCL-5). 2013. www.ptsd.va.gov (accessed March 01, 2021).
- 6. Yorke J, Moosavi SH, Shuldham C, Jones PW. Quantification of dyspnoea using descriptors: development and initial testing of the Dyspnoea-12. *Thorax* 2010; **65**(1): 21-6.
- 7. FACIT.org. Functional Assessment of Chronic Illness Therapy Fatigue: A 13-item FACIT Fatigue Scale. https://www.facit.org/measures/FACIT-F (accessed March 19, 2021).
- 8. Butt Z, Lai JS, Rao D, Heinemann AW, Bill A, Cella D. Measurement of fatigue in cancer, stroke, and HIV using the Functional Assessment of Chronic Illness Therapy Fatigue (FACIT-F) scale. *J Psychosom Res* 2013; **74**(1): 64-8.
- 9. Cleeland CS. The Brief Pain Inventory User Guide. 2009. https://www.mdanderson.org/documents/Departments-and-Divisions/Symptom-Research/BPI UserGuide.pdf (accessed March 01, 2021).
- 10. Cleeland CS, Ryan KM. Pain assessment: global use of the Brief Pain Inventory. *Ann Acad Med Singapore* 1994; **23**(2): 129-38.
- 11. Vasunilashorn S, Coppin AK, Patel KV, et al. Use of the Short Physical Performance Battery Score to predict loss of ability to walk 400 meters: analysis from the InCHIANTI study. *J Gerontol A Biol Sci Med Sci* 2009; **64**(2): 223-9.
- 12. Guralnik JM, Simonsick EM, Ferrucci L, et al. A short physical performance battery assessing lower extremity function: association with self-reported disability and prediction of mortality and nursing home admission. *J Gerontol* 1994; **49**(2): M85-M94.
- 13. Fish J. Short Physical Performance Battery. In: Kreutzer JS, DeLuca J, Caplan B, eds. Encyclopedia of Clinical Neuropsychology. New York, NY: Springer New York; 2011: 2289-91.
- 14. Singh SJ, Morgan M, Scott S, Walters D, Hardman AE. Development of a shuttle walking test of disability in patients with chronic airways obstruction. *Thorax* 1992; **47**(12): 1019-24.
- 15. Probst VS, Hernandes NA, Teixeira DC, et al. Reference values for the incremental shuttle walking test. *Respir Med* 2012; **106**(2): 243-8.
- 16. Rockwood K, Song X, MacKnight C, et al. A global clinical measure of fitness and frailty in elderly people. *CMAJ* 2005; **173**(5): 489-95.
- 17. Nasreddine ZS. MoCA Montreal Cognitive Assessment Training & Certification. https://www.mocatest.org/training-certification/ (accessed March 01, 2021).
- 18. Carson N, Leach L, Murphy KJ. A re-examination of Montreal Cognitive Assessment (MoCA) cutoff scores. *Int J Geriatr Psychiatry* 2018; **33**(2): 379-88.
- 19. Graham BL, Steenbruggen I, Miller MR, et al. Standardization of spirometry 2019 update. An official American thoracic Society and European respiratory Society technical statement. *Am J Respir Crit Care Med* 2019; **200**(8): e70-e88.
- 20. Quanjer PH, Stanojevic S, Cole TJ, et al. Multi-ethnic reference values for spirometry for the 3–95-yr age range: the global lung function 2012 equations. Eur Respiratory Soc; 2012.

- 21. Stanojevic S, Graham BL, Cooper BG, et al. Official ERS technical standards: Global Lung Function Initiative reference values for the carbon monoxide transfer factor for Caucasians (vol 50, 1700010, 2017). *Eur Respir J* 2020; **56**(4).
- 22. Stanojevic S, Graham BL, Cooper BG, et al. Official ERS technical standards: Global Lung Function Initiative reference values for the carbon monoxide transfer factor for Caucasians. *Eur Respir J* 2017; **50**(3).
- 23. Vestbo J, Hurd SS, Agustí AG, et al. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease: GOLD executive summary. *Am J Respir Crit Care Med* 2013; **187**(4): 347-65.
- 24. Acute heart failure: diagnosis and management. National Institute for Health and Care Excellence; 2014.
- 25. Chronic heart failure in adults: diagnosis and management. National Institute for Health and Care Excellence; 2018.
- 26. International Expert Committee Report on the Role of the A1C Assay in the Diagnosis of Diabetes. *Diabetes Care* 2009; **32**(7): 1327-34.
- 27. Stein PD, Hull RD, Patel KC, et al. D-dimer for the exclusion of acute venous thrombosis and pulmonary embolism: a systematic review. *Ann Intern Med* 2004; **140**(8): 589-602.
- 28. Herdman M, Gudex C, Lloyd A, et al. Development and preliminary testing of the new five-level version of EQ-5D (EQ-5D-5L). *Qual Life Res* 2011; **20**(10): 1727-36.
- 29. Gerlinger C, Bamber L, Leverkus F, et al. Comparing the EQ-5D-5L utility index based on value sets of different countries: impact on the interpretation of clinical study results. *BMC Res Notes* 2019; **12**(1): 1-6.
- 30. Creating Domain Specific Disabilty Indicators Using the WG Short Set on Functioning (WG-SS). 2020. https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/WG Document 5F -
- Analytic Guidelines for the WG-SS Other Domain Indicators .pdf (accessed March 10, 2021).
- 31. Janssen B SA, Cabases J, editors. Population Norms for the EQ-5D. Self-Reported Population Health: An International Perspective based on EQ-5D [Internet]: Dordrecht (NL): Springer; 2014.