Supplementary Methods

Pulmonary functional tests:

All pulmonary functional tests were performed in the Department of Physiology according to recommendations. Lung volumes and flows were measured using a Masterscreen™ Body plethysmograph (Carefusion, Höchberg, Germany). Diffusing capacity of the lung for carbon monoxide (DLCO) was measured using the single-breath technique and corrected for haemoglobin level as recommended. DLCO was considered as abnormal when under 80% of the theoretical value.

Six-Minute Walk Test (6MWT):

The 6MWT was performed according to the ERS/ATS guidelines. (3,4) Patients were required to walk as far as possible the same corridor (30 m) during 6 minutes, using the wearable finger pulse oximeter WristOx2 3150 (Nonin Medical) to record the lowest SpO_2. The data were registered and the theorical distance for each patient was calculated thanks to the Bluenight Software. The level of dyspnea at the end of the 6MWT was recorded by the patient using the Borg dyspnea scale, with a rate between 0 and 10 (6MWT end Borg rating).

Chest CT-scan:

Most High Resolution-chest-CT-scans examinations consisted of unenhanced CT-scans performed with 64-detector CT (Optima CT660, General Electrics Medical systems, Milwaukee,WI,USA) at CHU Nantes. Scans were considered normal if no abnormality that could be related to the COVID-19 pneumonia was observed on parenchymal windows (ground-glass, reticular or crazy paving pattern, subpleural curvilinear line, fibrosis).

Statistics**:**

A Spearman correlation test was performed to test the relationship between the PCFS scale and other questionnaires and results were confirmed using Jonckheere–Terpstra test. (5) Categorical and continuous data were compared by using Fisher's exact test and Mann-Withney's test, respectively. Statistics were performed by using the *Stata* Statistical software (StataCorp., College Station, TX). The level of significance was set at *p < 0.05.*

References

1.   Wanger J, Clausen JL, Coates A et al. Standardisation of the measurement of lung volumes. *Eur Respir J*. 2005;26:511–22.

2.   Graham BL, Brusasco V, Burgos F et al. 2017 ERS/ATS standards for single-breath carbon monoxide uptake in the lung. *Eur Respir J*. 2017;49:1600016.

3.   Holland AE, Spruit MA, Troosters T et al. An official European Respiratory Society/American Thoracic Society technical standard: field walking tests in chronic respiratory disease. *Eur Respir J.* 2014;44:1428–46.

4.   Singh SJ, Puhan MA, Andrianopoulos V et al. An official systematic review of the European Respiratory Society/American Thoracic Society: measurement properties of field walking tests in chronic respiratory disease. *Eur Respir J.* 2014;44:1447–78.

5.   Rasheed A, Ali A, Siddiqui A et al. Non-Parametric Test for Ordered Medians: The Jonckheere Terpstra Test. *Int J Stat Med Res*. 2015 27;4:203–7.

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Supplemental table 1. Patient symptoms and status at reassessment

	All patients (n=121)
Median time between first symptoms and reassessment, days, (IQR)	125 [105, 148]
Restored pre-COVID-19 condition, n (%)	44 (36)
Remaining dyspnea, n (%)	72 (60)
Cough, n (%)	27 (22)
Expectoration, n (%)	10 (8)
Chest pain, n (%)	16 (13)
Anxiousness, n (%)	32 (26)
Nightmares, n (%)	15 (12)
Sadness, n (%)	17 (14)
Dysgeusia, n (%)	4 (3)
Anosmia, n (%)	5 (4)
Back to work*	
No, n (%)	23 (19)
Yes, n (%)	37 (31)
No job before hospitalization, n (%)	10 (8)
Retired, n (%)	49 (41)
Weekly physical activity median time, minutes (IQR)	
Before COVID-19	120 [0, 180]
After COVID-19	60 [0, 120]

*Two missing data

Supplemental table 2. Patient evaluation of the PCFS scale

Evaluation of the scale by patients (n=119)	
Very easy to fill in, n (%)	40 (34)
Easy to fill in, n (%)	70 (59)
Difficult to fill in, n (%)	9 (8)
The scale includes all patient symptoms (n=118)	
Yes, n (%)	70 (59)
No, n (%)	23 (20)
No symptoms, n (%)	25 (21)

Supplemental table 3. DLCO and CT scan outcomes.

Median time between hospitalization and DLCO assessment, days, [IQR] (n=116)	125 [105,148]
Abnormal DLCO, n (%)	40 (34)
➢ DLCOc (% theoretical value) median [IQR]	77 [64, 84]
➢ KCOc (% theoretical value) median [IQR]	91 [82, 99]
Median time between hospitalization and reevaluation chest CT, [IQR] (n=74)	125 [105,148]
Persistent images on chest-CT scan, n (%)	41 (55)
Abnormal DLCO and persistent images on chest-CT scan, n (%)	28 (38)
Radiological findings	
Ground-glass opacities, n (%)	34 (46)
Consolidation, n (%)	10 (14)
Fibrosis, n (%)	13 (18)

DLCO : diffusing capacity of the lung for carbon monoxide; KCO : Carbon monoxide coefficient; CT : computed tomography.
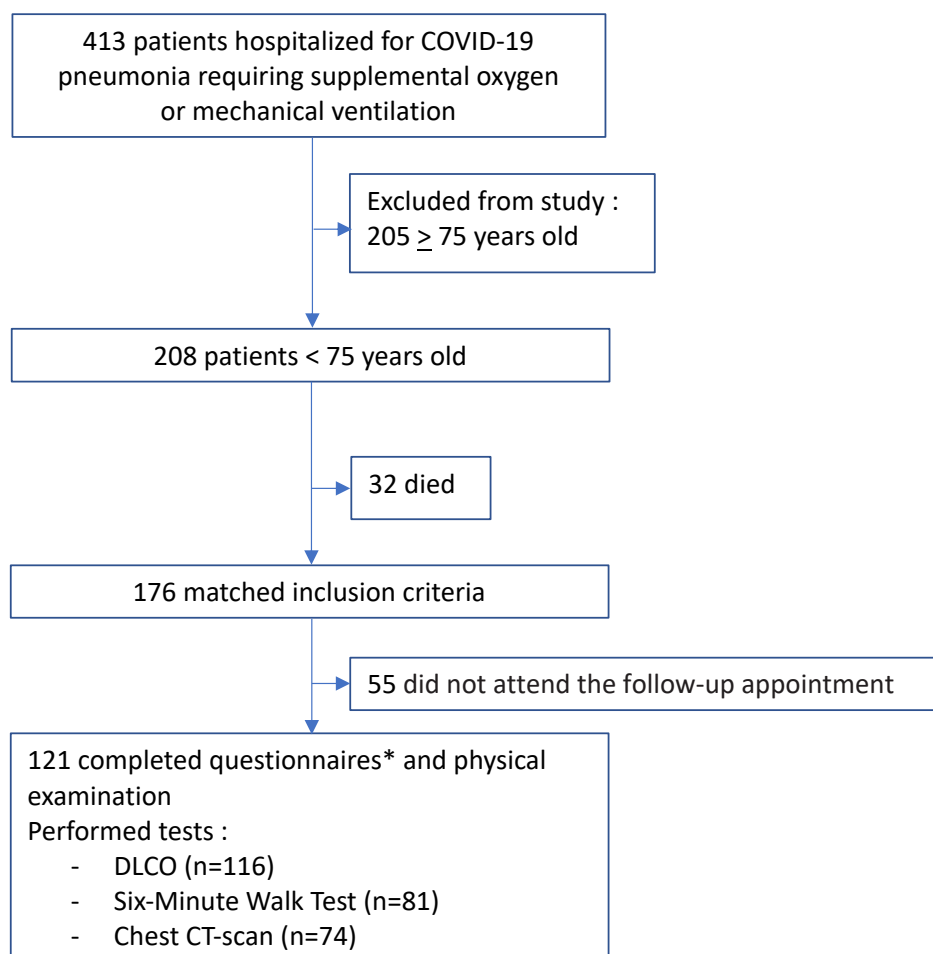
Supplemental figure 1. French version of the PCFS scale

A quel point la COVID-19 affecte-t-elle votre quotidien ?
Veuillez indiquer laquelle de ces propositions se rapproche le plus de votre situation au cours de la dernière semaine. *(Entourez le chiffre correspondant, si deux propositions vous semblent possibles, choisissez celle avec le chiffre le plus élevé)*
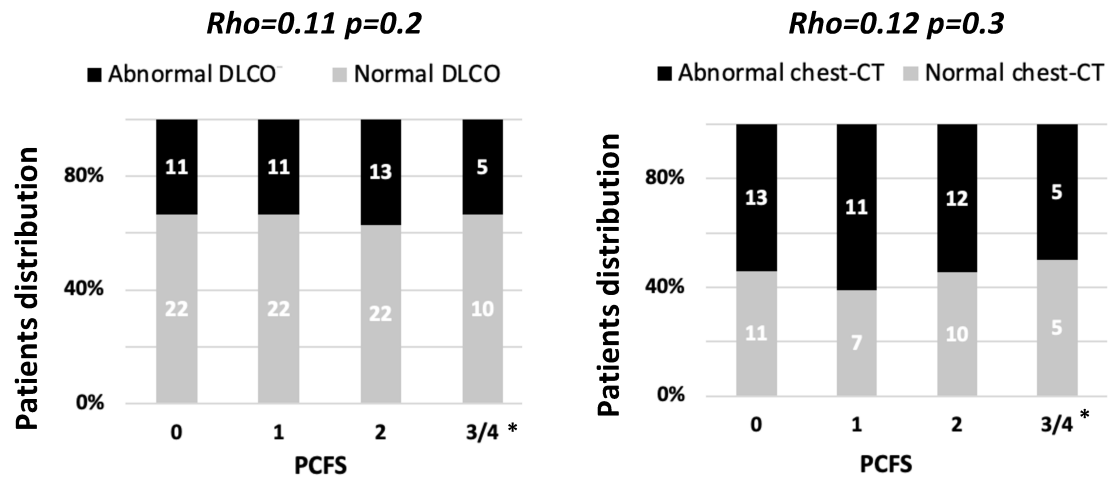
Je n'ai pas de limitations dans ma vie de tous les jours, pas de **symptômes*,** pas de douleurs, de signes d'anxiété ou de dépression en lien avec l'infection.	0
Je suis limité(e) de façon négligeable dans ma vie de tous les jours puisque je peux réaliser toutes mes tâches/activités habituelles, bien que persistent des **symptômes*,** des douleurs, des signes d'anxiété ou de dépression.	1
Je suis limité(e) dans ma vie de tous les jours puisque je dois éviter ou réduire certaines activités/tâches quotidiennes, ou alors je suis obligé(e) de les répartir sur des périodes de temps plus longues en raison de **symptômes***, de douleurs, de signes d'anxiété ou de dépression. Je peux cependant réaliser toutes mes activités quotidiennes sans aucune aide.	2
Je suis limité(e) dans ma vie quotidienne puisque je ne peux pas réaliser les tâches et/ou activités habituelles en lien avec des **symptômes***, des douleurs, des signes d'anxiété ou de dépression. Je peux cependant prendre soin de moi-même sans aucune aide.	3
Je suis sévèrement limité(e) au quotidien : je ne suis pas capable seul(e) de prendre soin de moi, et je suis donc dépendant(e) de soins infirmier(e)s et/ou d'une tierce personne en raison de **symptômes***, de douleurs, de signes d'anxiété ou de dépression.	4

*Les symptômes incluent, mais ne sont pas limités à : une dyspnée, une douleur, une fatigue, une faiblesse musculaire, une perte de mémoire.

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Supplemental material

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Supplemental figure 2. Flow chart of the study

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┌──────────────────────────────────────┐
│ 413 patients hospitalized for COVID-19│
│ pneumonia requiring supplemental oxygen│
│          or mechanical ventilation     │
└──────────────────────────────────────┘
                    │
                    │──────────┐
                    │          ▼
                    │   ┌──────────────────────┐
                    │   │ Excluded from study : │
                    │   │ 205 ≥ 75 years old     │
                    │   └──────────────────────┘
                    ▼
┌──────────────────────────────────────┐
│      208 patients < 75 years old      │
└──────────────────────────────────────┘
                    │
                    │──────────┐
                    │          ▼
                    │       ┌──────────┐
                    │       │ 32 died  │
                    │       └──────────┘
                    ▼
┌──────────────────────────────────────┐
│      176 matched inclusion criteria   │
└──────────────────────────────────────┘
                    │
                    │──────────┐
                    │          ▼
                    │  ┌─────────────────────────────────────────┐
                    │  │ 55 did not attend the follow-up appointment│
                    │  └─────────────────────────────────────────┘
                    ▼
┌──────────────────────────────────────┐
│ 121 completed questionnaires* and     │
│ physical examination                  │
│ Performed tests :                     │
│    -  DLCO (n=116)                     │
│    -  Six-Minute Walk Test (n=81)      │
│    -  Chest CT-scan (n=74)             │
└──────────────────────────────────────┘
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*A serie of self-reported questionnaires included the French translation of the PCFS scale, the modified Medical Research Council scale (mMRC), the multidimensional Dyspnea Profile (MDP), the Short Form 36 (SF-36) and the Hospital Anxiety and Depression scale (HAD A and D). DLCO : diffusing capacity of the lung for carbon monoxide.

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Supplemental figure 3. Correlations between the PCFS scale and DLCO and CT abnormalities.

Rho=0.11 p=0.2   *Rho=0.12 p=0.3*

DLCO : diffusing capacity of the lung for carbon monoxide; CT : computed tomography
*Patients in categories # 3 and 4 were merged. Numbers in white are absolute patient numbers in each category.
No correlation was observed between the PCFS scale and abnormal DLCO or chest-CT.

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