Long term effects of COVID-19

This study is being carried out by the Public Health department to assess the long term effects experienced by those who were diagnosed with COVID-19 during the second wave of the pandemic in Malta after being declared recovered from the virus.

Your participation in this study is voluntary, and if you feel uncomfortable to continue answering the questions, you can stop at any time without any effect on your statutory rights or the medical care that you receive.

The data collected in this study will be processed according to the General Data Protection Regulations (GDPR). All the information collected will be kept confidential.

Thank you for your participation.

*Required

1. I have read and understood the above written information and give my consent to participate in the study. *

Mark only one oval.

- [ ] I agree

2. Are you completing this questionnaire on your behalf or on behalf of a dependent person (e.g. child, disabled person, older person) who is not able to answer the questionnaire? *

Mark only one oval.

- [ ] I am completing this survey on my behalf
- [ ] I am completing this survey on behalf of someone else (dependent person)

1. Basic Information

This section provides basic demographic information about yourself.

3. 1.1 What is your gender? *

Mark only one oval.

- Male
- Female

4. 1.2 What is your age? *

5. 1.3 What is your nationality? *

Mark only one oval.

- Maltese
- European
- Non-European (3rd country national)

6. 1.4 Where is your permanent residence? *

Mark only one oval.

- Malta
- Another country

7. 1.5 Are you a health care professional? *

Tick all that apply.

- [ ] No
- [ ] I am a nurse
- [ ] I am a doctor
- [ ] I am an allied health professional

2. Diagnosis of COVID-19

This section deals with the period immediately following the diagnosis of Coronavirus, when you were first called and informed of the positive result.

8. 2.1 How did you catch the Coronavirus? *

Mark only one oval.

- From a family member or person living in the same house
- From a friend
- From my place of work
- From abroad
- I do not know

9. 2.2 Did you have any COVID-19 related symptoms when you were first diagnosed with Coronavirus? *

Mark only one oval.

- Yes
- No

10. 2.3 If yes, please indicate the symptom(s) you experienced and how long the symptom(s) lasted (tick ONLY one box for each symptom in each row below. Please choose "Not Applicable" if you did not experience this symptom).

Tick all that apply.

	1-3 days	4-7 days	1-2 weeks	2-4 weeks	4-8 weeks	>8 weeks	Not Applicable
Fever	☐	☐	☐	☐	☐	☐	☐
Cough	☐	☐	☐	☐	☐	☐	☐
Sore throat	☐	☐	☐	☐	☐	☐	☐
Fatigue	☐	☐	☐	☐	☐	☐	☐
Muscle aches and pains (myalgia)	☐	☐	☐	☐	☐	☐	☐
Headache	☐	☐	☐	☐	☐	☐	☐
Loss of smell	☐	☐	☐	☐	☐	☐	☐
Loss of taste	☐	☐	☐	☐	☐	☐	☐
Diarrhea	☐	☐	☐	☐	☐	☐	☐
Vomiting	☐	☐	☐	☐	☐	☐	☐
Shortness of breath	☐	☐	☐	☐	☐	☐	☐
Red eyes/conjunctivitis	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐

11. 2.4 Give an indication of the sequence of symptoms you experienced (tick ONLY one box for each symptom in each row below).

Mark only one oval per row.

	First	Second	Third	Fourth	Fifth	Not applicable
Fever	◯	◯	◯	◯	◯	◯
Cough	◯	◯	◯	◯	◯	◯
Sore throat	◯	◯	◯	◯	◯	◯
Fatigue	◯	◯	◯	◯	◯	◯
Muscle aches and pains (myalgia)	◯	◯	◯	◯	◯	◯
Headache	◯	◯	◯	◯	◯	◯
Loss of smell	◯	◯	◯	◯	◯	◯
Loss of taste	◯	◯	◯	◯	◯	◯
Vomiting	◯	◯	◯	◯	◯	◯
Shortness of breath	◯	◯	◯	◯	◯	◯

12. 2.5 Did you need hospitalisation? *

Mark only one oval.

◯ Yes

◯ No

13. 2.6 If yes, for how long (in days)?

____

14. 2.7 Did you require or receive any of the following treatment(s) whilst in hospital?

Mark only one oval per row.

	Yes	No	I do not know
Oxygen therapy	◯	◯	◯
Clexane injections (injections to prevent blot clots)	◯	◯	◯
Chest physiotherapy	◯	◯	◯

3. Problems developed after being declared recovered by the Public Health Response team

This section deals with any symptoms or problems developing after you were declared recovered from Coronavirus by the Public Health Response team and were allowed to go out of quarantine.

15. 3.1 Since you were discharged (that is, declared recovered from COVID-19), did you develop any symptoms of ill-health? *

Mark only one oval.

◯ Yes

◯ No

16. 3.2 If yes, please specify what the symptoms you experienced and how long they lasted? (Please choose "Not Applicable" if you did not experience that symptom)

Mark only one oval per row.

	1-3 days	4-7 days	1-2 weeks	2-4 weeks	4-8 weeks	> 8 weeks	Not applicable
Fatigue							
Muscle aches and pains (myalgia)							
Weakness in arms, legs or body							
Pins and needles in your arms, legs or body							
Dizziness							
Headache/migraines							
Loss of smell							
Altered smell (noticing smells that only you are experiencing)							
Loss of taste							
Altered taste (tasting food or drink differently that before)							
Excessive sweating							
Difficulty sleeping							
Difficulty concentrating							
Confusion							
Short term memory loss							
Blurring of vision							

Fits or seizures							
Stroke							
Low grade fever (37.3-38.3 degrees Celsius)							
Moderately high fever (38.4-39.7 degrees Celsius)							
High grade fever (>39.8 degrees Celsius)							
Palpitations							
Fast heart rate							
Slow heart rate							
Stabbing chest pain							
Chest discomfort (like pressure on chest)							
Chest pain associated with coughing (during or after coughing)							
Sore throat							
Nasal congestion							
Dry cough							
Productive cough with yellow or green catarrh/mucus							
Productive cough with clear catarrh/mucus							
Shortness of breath with coughing							
Shortness of breath							

with activity after going up a flight of steps or fast walking							
Abdominal pain							
Nausea							
Belching							
Acid reflux (burning pain due to excessive stomach acid)							
Vomiting							
Persistent diarrhoea							
Red eyes or eye irritation							
Facial Rashes / Swelling							
Body rashes, hives, bumps or other skin problem							
New diagnosis of diabetes							
New diagnosis of high cholesterol and fat in the blood							
Hair Loss							
Irregular periods							
Feeling anxious, more than usual							
Feeling sad or depressed, more than usual							

17. 3.3 Have you been told by a doctor that you had any of the following when you were positive for COVID-19? *

Mark only one oval per row.

	Yes	No	I do not know
COVID Pneumonia (lung infection)	⬭	⬭	⬭
Percidarditis (inflammation of the covering of the heart)	⬭	⬭	⬭
Pulmonary embolism (blood clot in lungs)	⬭	⬭	⬭

18. 3.4 Since you recovered from COVID-19, did you need to be admitted to hospital? *

Mark only one oval.

- ⬭ No
- ⬭ Yes

19. 3.5 If yes, was your health problem related to Coronavirus?

Mark only one oval.

- ⬭ Yes, it was because of problems related to Coronavirus
- ⬭ No, it was for something not related to Coronavirus
- ⬭ I do not know why I was admitted to hospital

20. 3.6 Specify the problem:

Tick all that apply.

- ☐ Medical problem (Heart, Lungs, Stomach and Intestines, Rheumatology, Neurology)
- ☐ Surgical problem (Heart, Chest, Stomach and Intestines, Orthopaedics, Neurosurgery, Ear, Nose and Throat, Ophthalmology)
- ☐ Obstetric or Gynaecological problem
- ☐ Paediatric medicine or surgery (if a child)

Other: ☐ ______________________

21. 3.7 Did you make use of any of the following services or were you referred to any of the following outpatient services?

Mark only one oval per row.

	Yes	No	I do not know
General practitioner (family doctor or health centre doctor)	◯	◯	◯
Cardiologist (doctor specializing in heart diseases)	◯	◯	◯
Respiratory Physician (doctor specializing in lung diseases)	◯	◯	◯
Gastroenterologist (doctor specializing in digestive system)	◯	◯	◯
Rheumatologist (doctor specializing in musculoskeletal conditions)	◯	◯	◯
Neurologist (doctor specializing in brain and nerve conditions)	◯	◯	◯
ENT (doctor specializing in ear, nose and throat conditions)	◯	◯	◯
Ophthalmology (doctor specializing in eye conditions)	◯	◯	◯
General Surgeon (doctor specializing in surgery of common abdominal diseases)	◯	◯	◯
Physiotherapist for rehabilitation	◯	◯	◯

22. 3.8 Since testing positive, were you referred or have you had any of the following investigations performed:

Tick all that apply.

	Yes	No	I do not know
ECHO (ultrasound test to check your heart)	☐	☐	☐
ECG (to check the electrical activity of the heart)	☐	☐	☐
EMG (to check health of the muscles)	☐	☐	☐
Chest X-ray (picture of the lungs and chest)	☐	☐	☐
CT chest (detailed image of the lungs and chest)	☐	☐	☐
CT PA (image of the arteries of the chest and lungs)	☐	☐	☐
CT brain (detailed image of the brain)	☐	☐	☐
MR brain (detailed picture of the brain)	☐	☐	☐
Blood tests	☐	☐	☐
Perfusions scan (a test to show how well the blood flows through the heart)	☐	☐	☐
Ultrasound of the abdomen	☐	☐	☐

23. 3.9 Do you feel your health is back to normal? *

Mark only one oval.

- Yes
- No
- I do not know

24. 3.10 If yes, how long after being declared recovered from COVID-19 do you feel your health was back to normal?

Mark only one oval.

- I never felt ill
- 2-7 days
- 1-2 weeks
- 2-4 weeks
- 4 to 8 weeks
- More than 8 weeks (2 months)
- Sometimes I still experience symptoms on and off

25. 3.11 If no, why do you feel that your health is NOT back to normal? Please tick all that apply :

Tick all that apply.

- [ ] Not applicable
- [ ] I have muscle aches and pains (myalgia)
- [ ] I have weakness in the arms or legs, face or body
- [ ] I am still suffering from loss of smell
- [ ] I am still suffering from loss of taste
- [ ] Sometimes I have fever (chills)
- [ ] I have shortness of breath or persistent cough when not exercising
- [ ] I am experiencing sharp chest pain or chest discomfort occasionally
- [ ] I feel tired
- [ ] I have headaches/migraines
- [ ] I feel dizzy
- [ ] I have difficulty sleeping
- [ ] I have anxiety and/or depression
- [ ] I have difficulty concentrating
- [ ] I feel confused
- [ ] I have trouble with my memory
- [ ] I suffer from fits or seizures
- [ ] I had a stroke
- [ ] I have pins and needles in my hands, arms, face or body
- [ ] I have palpitations (increase heart rate)
- [ ] I suffer from persistent diarrhoea
- [ ] I have rashes or swelling
- [ ] I suffered hair loss
- [ ] I have problems with my eyes
- [ ] I was diagnosed with diabetes
- [ ] I was diagnosed with high cholesterol

Other: [ ] ____________________

26. 3.12 After you recovered, did you test positive again for Coronavirus?

Mark only one oval.

- ( ) Yes
- ( ) No
- ( ) I do not know

27. 3.13 If yes, after how many weeks were you re-infected (tested positive again) with COVID-19?

4. The social impact of COVID-19

This section deals with the social aspects and support received since testing positive for Coronavirus.

28. 4.1 Since testing positive: (Please indicate "Yes", "No" or "I do not know" for each of the following statements).

Mark only one oval per row.

	Yes	No	I do not know
I did not have any significant problems			
I am more aware of my health			
I am more aware of my personal hygiene and hygiene etiquette			
I am more aware of general cleanliness, such as washing hands and cleaning of surfaces			
I started or increased physical activity			
I felt supported at work even during the time I was sick			
I was allowed to phase in at work			
I was made to work in full with no allowances paid			
I had problems with my job (lost my job or was struggling to find a job)			
I experienced difficulties with my accommodation (I had to move out, or found it difficult to move back in where I used to live after I recovered)			
I did not have enough money to pay rent and buy food			
I had difficulties in my relationships			

29. 4.2 The following concern the support you got during and after having been diagnosed with Coronavirus:

Mark only one oval per row.

	Yes	No	I do not know
Did you seek counselling or professional help after you were diagnosed with Coronavirus?	◯	◯	◯
Do you feel that the community / society is well informed about coronavirus?	◯	◯	◯
Did you feel that you were supported throughout the Coronavirus period?	◯	◯	◯
Did you make use of the official services (e.g. to buy food) during this period?	◯	◯	◯
Did you feel you could trust Public Health authorities?	◯	◯	◯
Do you agree with the measures imposed to reduce the spread of COVID-19 in Malta?	◯	◯	◯

30. 4.3 How did others around you react to you being COVID-19 positive? (Please tick all that apply):

Tick all that apply.

- ☐ I felt that I was stigmatized and that people avoided me
- ☐ I think that people were surprised that I was infected with COVID-19
- ☐ People were worried about me
- ☐ People were angry at me
- ☐ People were worried that I infected them with COVID-19
- ☐ I felt that people were supportive and did their best to help me get better
- ☐ No significant reaction

Other: ☐ ____________________

This is the end of the questionnaire.

Thank you for your help in gathering data about the COVID-19 pandemic, symptoms, and the recovery period.

31. Feel free to write any further comments you might have below:

This content is neither created nor endorsed by Google.

Google Forms