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Title	Risk factors for long covid in previously hospitalised children using the ISARIC Global follow-up protocol: A prospective cohort study
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Case Report Form (CRF) of Initial Survey: First Follow-Up Time Point version 1.0

The questions were answered by the:

□ Mother/female caregiver □ Father/male caregiver

Date you completed the survey (DD/MM/YYYY): [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
What is your child's date of birth (DD/MM/YYYY): [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

1. About your child

Sex/Gender: □ Male □ Female □ Prefer not to say

What is your child's estimated height (cm): _____ □ Not sure

What is your child's current estimated weight (kg): _____ □ Not sure

What was your child's estimated weight before Covid19 illness (kg): _____ □ Not sure

How many other members regularly live in your household, including yourself: [_Number_]

Does your child study in school/college/university? □ Yes □ No

How many years formal school education has your child had?* [_Number_]

including primary school (e.g. from around 6 years depending on country)

Does your child study in kindergarten? □ Yes □ No

2. About <u>your child's</u> Covid-19 illness - all the questions relate to his/her health and wellbeing)

Approximately, what day did you first notice your child was experiencing symptoms of Covid-19? [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

How was your child diagnosed with Covid-19?

□ Laboratory confirmed (positive PCR, antigen or Antibody test) □ Physician confirmed □ Test result is uncertain

□ Not sure

Estimated date of your child's most recent positive SARS-CoV-2 /Covid-19 test:
[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_2_][_Y_]
Indicate if □PCR test □ Antibody test □ Unknown

Has your child been admitted to hospital due to Covid-19? □ Yes □ No

(If the answer is "no", please, move on to the section "3"; if the answer is "yes", please, proceed with the following questions)

- **Roughly at what date was your child first admitted to hospital?**
[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
- **Roughly at what date was your child first discharged from hospital?**
[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
- **If yes did they spent any time in the Paediatric Intensive Care Unit (PICU)?** □ Yes □ No □ Not sure
- **Has your child been admitted to hospital after the first acute Covid-19 illness?** □ Yes □ No

If yes, how many times: [_Number_]

Name of hospital/hospitals: _____

If yes, specify reason/reasons: _____

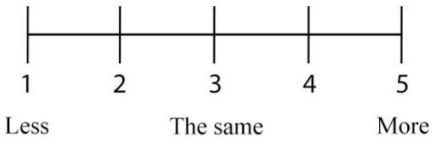
3. About your child's emotional wellbeing, social relationships and activities'

To answer the following questions, please **mark an X** on the lines below that shows your opinion on the question.

A. Compared to before your child's Covid-19 infection, how much is he/she now doing/experiencing the following

If there are changes, please indicate whether you think these are due to the illness itself or to the Covid-19 pandemic

Eating

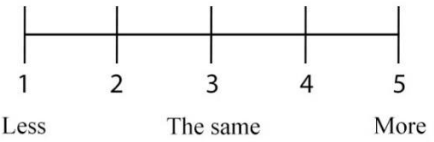


□ Not known

If there are changes, *please indicate whether you think these are due to*

□ *Illness itself* □ *Covid-19 pandemic* □ *Both* □ *Unsure*

Sleeping

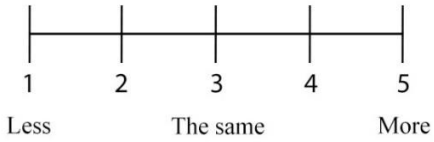


□ Not known

If there are changes, *please indicate whether you think these are due to*

□ *Illness itself* □ *Covid-19 pandemic* □ *Both* □ *Unsure*

Physical Activity

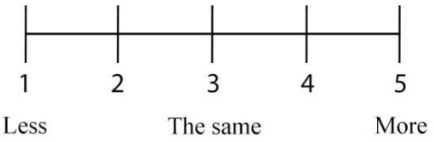


□ Not known

If there are changes, *please indicate whether you think these are due to*

□ *Illness itself* □ *Covid-19 pandemic* □ *Both* □ *Unsure*

Fatigue

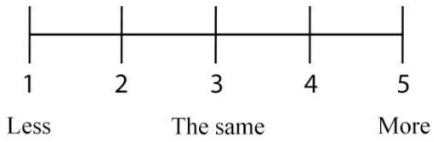


□ Not known

If there are changes, *please indicate whether you think these are due to*

□ *Illness itself* □ *Covid-19 pandemic* □ *Both* □ *Unsure*

Spending time with friends in-person

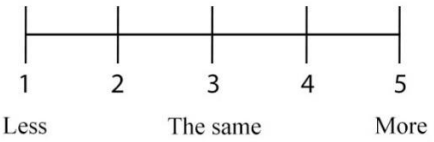


□ Not known

If there are changes, *please indicate whether you think these are due to*

□ *Illness itself* □ *Covid-19 pandemic* □ *Both* □ *Unsure*

Spending time with friends remotely (e.g., online, social media, texting)

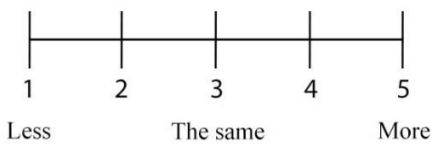


□ Not known

If there are changes, *please indicate whether you think these are due to*

□ *Illness itself* □ *Covid-19 pandemic* □ *Both* □ *Unsure*

Spending time watching TV, playing video/computer games, or using social media <u>for educational purposes</u>, including school/nursery work

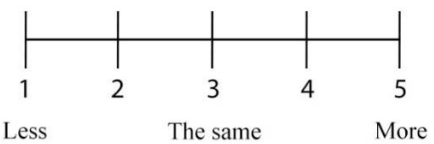


□ Not known

If there are changes, *please indicate whether you think these are due to*

□ *Illness itself* □ *Covid-19 pandemic* □ *Both* □ *Unsure*

Spending time watching TV, playing video/computer games, or using social media <u>for non-educational purposes</u>,



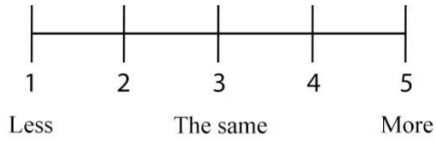
□ Not known

If there are changes, *please indicate whether you think these are due to*

□ *Illness itself* □ *Covid-19 pandemic* □ *Both* □ *Unsure*

Spending time outside

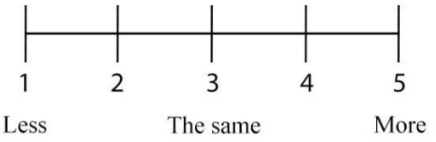
Attending school/nursery



□ Not known

If there are changes, *please indicate whether you think these are due to*

□ *Illness itself* □ *Covid-19 pandemic* □ *Both* □ *Unsure*



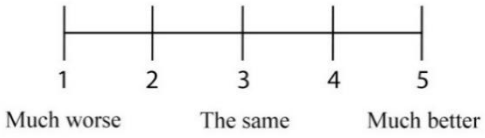
□ My child has not been attending school/nursery before Covid-19 infection

If there are changes, *please indicate whether you think these are due to*

□ *Illness itself* □ *Covid-19 pandemic* □ *Both* □ *Unsure*

B. Compared to before your child's Covid-19 illness: Have there been changes in your child's…

… CONNECTEDNESS with others…

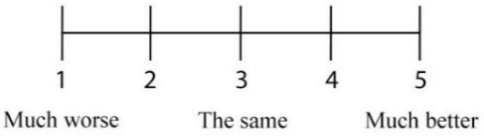


□ Unsure

If there are changes, *please indicate whether you think these are due to*

□ *Illness itself* □ *Covid-19 pandemic* □ *Both* □*Unsure*

…EMOTIONS?

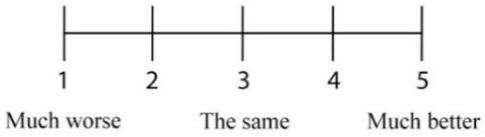


□ Unsure

If there are changes, *please indicate whether you think these are due to*

□ *Illness itself* □ *Covid-19 pandemic* □ *Both* □*Unsure*

…BEHAVIOUR?

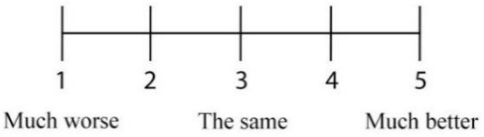


□ Unsure

If there are changes, *please indicate whether you think these are due to*

□ *Illness itself* □ *Covid-19 pandemic* □ *Both* □*Unsure*

…RELATIONSHIPS, in how they get on with others?



□ Unsure

If there are changes, *please indicate whether you think these are due to*

□ *Illness itself* □ *Covid-19 pandemic* □ *Both* □*Unsure*

C. Have you asked for help from a health professional because of Covid-19 illness consequences to your child's EMOTIONS, BEHAVIOUR OR RELATIONSHIPS?

□ Yes □ No If yes who did you ask for help from_____

D. If you have replied MUCH WORSE to any of the options in question "B" OR YOU HAVE ASKED FOR HELP for these problems (question "C"), please, answer 3 of the following questions:

1. **Do the difficulties upset or distress your child?**

□ Not at all □ Only a little □ Undecided □ Quite a lot □ A great deal

2. **Do the difficulties interfere with your child's everyday life in the following areas?**

Home Life	□ Not at all □ Only a little □ Undecided □ Quite a lot □ A great deal
Friendships	□ Not at all □ Only a little □ Undecided □ Quite a lot □ A great deal
Classroom Learning	□ Not at all □ Only a little □ Undecided □ Quite a lot □ A great deal
Leisure Activities	□ Not at all □ Only a little □ Undecided □ Quite a lot □ A great deal

3. **Do these difficulties put a burden on you or the family as a whole?**

□ Not at all □ Only a little □ Undecided □ Quite a lot □ A great deal □ Unsure

E. Do you live in Moscow or Moscow Oblast? □ Yes □ No

If No,what is the current situation in your town/city/region on lockdown measures?

(you may select more than one answer)

□ Closing of child's school
□ Closing of nurseries/kindergartens
□ Closing of non-essential shops (shops and stores apart from food, doctors and drug stores)
□ Cancellation/closing of recreational venues and activities
□ Closing of indoor places/venues
□ Closing of outdoor recreational places
□ Constraining meeting friends
□ Stay-at-home orders (not allowed to leave the house except for essential errands)

4a. About your child's state of health prior to his/her Covid-19 illness

Has your child been physician's diagnosed or received treatment/support for any of the following chronic medical conditions prior to the Covid-19 infection? (answer with a tick in the box)

	Yes	No	Unknown
Prematurity *(baby born <37 weeks)*			
Neurological			
Neurodisability			
Heart diseases			
Respiratory diseases (not including asthma)			
Tuberculosis			
Asthma (doctor's diagnosed)			
Allergic rhinitis/hay fever			
Food allergy			
Atopic dermatitis/Eczema			
Other skin problems (not including eczema)			
Gut problems			
Haematology *(blood diseases)*			
Oncology *(cancer or other progressively enlarging or spreading tumor)*			
Immune system diseases (*e.g. primary immune deficiencies*)			
Genetic conditions			
Diabetes (if yes indicate type: □ Type 1 □ Type 2)			
Other endocrine illness (not diabetes)			
Renal/Kidney problems			
Excessive weight and obesity			
Malnutrition *(deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients)*			
Rheumatology *(e.g. arthritis, or inflammation of the joints)*			
Depression			
Anxiety			
HIV			
Other (please indicate)			

Has your child ever been under Child and Adolescent Mental Health services before the Covid-19 pandemic? □ Yes □ No □ Not sure

Prior to Covid-19 infection, how was your child's physical health in general?

□ Very poor □ Poor □ Ok □ Good □ Very good

If you ticked poor or very poor, please explain:

Prior to Covid-19 infection, how would you describe your child's mental health in general

□ Very poor □ Poor □ Ok □ Good □ Very good

If you ticked poor or very poor, please explain:_____

Have you requested help because of Covid-19 consequences to your child's physical health?

□ Yes □ No □ Not sure

4b. About your child's current health

Has your child felt feverish recently? □ Yes □ No □ Not sure

If yes indicate when they felt feverish (tick all that apply)

□ Within the last 7 days □ >1-2 weeks □ >2-4 weeks □ >1-2 months □ >2-3 months □ >3-6 months

□ >6 months ago

If yes, what was the most likely cause of your child's most recent feverish illness?

□ Covid-19 □ Other respiratory infection (cough/cold/sore throat) □ TB □ Stomach infection (diarrhea/vomiting) □ Urinary infection □ Other (specify): _____

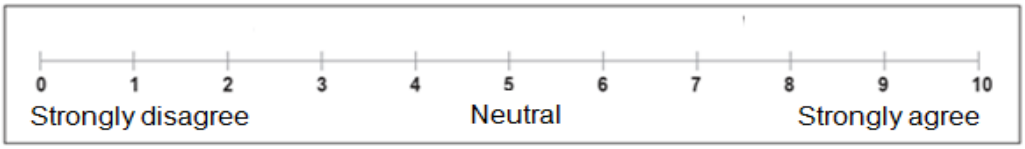
□ Unknown □ Prefer not to say

If Covid-19, what was the estimated date of the most recent positive SARS-CoV-2 /Covid-19 test?

[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_2_][_Y_]
Indicate if □PCR test □ Antibody test □ Unknown

How much do you agree with the following statement?
"My child has fully recovered from Covid-19"

Please **mark an X** on the line below that shows your opinion on the question as of **TODAY**



5. Since having Covid-19, has your child been diagnosed with any of the following? (indicate the correct answer in the box provided)

	YES	NO		YES	NO
Multisystem inflammatory syndrome			Shock / Toxic shock syndrome		
Pulmonary embolism *(PE, "Clot in lung")*			Coagulopathy *(excessive bleeding or clotting)*		
Kawasaki disease			Kidney problems		
Multisystem inflammatory syndrome (MIS-C/PIMS-TS)			Type 1 Diabetes		
Respiratory failure			Type 2 Diabetes		
Asthma			Intussusception		
Myocarditis *(inflammation of the heart muscle)*			Other condition (if yes specify):		

6a. Within the last seven days, has your child had any of these symptoms, which were NOT present prior to their Covid-19 illness? If yes, please indicate below and the duration of the symptom/s:

Respiratory problems	**Tick Yes or No**	**If yes**, what is the duration of symptoms
Nasal congestion / rhinorrhea	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Difficulty breathing /chest tightness	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Pain on breathing	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Chest pain	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Persistent cough	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
If yes, □ dry cough □ with phlegm		
Musculoskeletal problems	**Tick Yes or No**	**If yes**, what is the duration of symptoms
Cannot fully move or control movement	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Problems with balance	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Persistent muscle pain	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge

		□ Not sure
Joint pain or swelling	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Neurological problems	**Tick Yes or No**	**If yes**, what is the duration of symptoms
Headache	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Dizziness/ light headedness	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Fainting/ blackouts	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Problems seeing/blurred vision	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Disturbed smell	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Loss of smell	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Disturbed taste	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Loss of taste	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Tremor/shakiness	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure

Tingling feeling/ “pins and needles“	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Seizures/fits	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Confusion/lack of concentration	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Problems speaking or communicating	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Insomnia *(hard to fall asleep, hard to stay asleep)*	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Hypersomnia *(excessive daytime sleepiness or prolonged nighttime sleep)*	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Fatigue	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Gastrointestinal problems	**Tick Yes or No**	**If yes**, what is the duration of symptoms
Weight loss	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Problems swallowing or chewing	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Poor appetite	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Diarrhea	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months

		□ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Stomach/ abdominal pain	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Feeling nauseous	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Vomiting	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Constipation	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Cardiovascular problems	**Tick Yes or No**	**If yes**, what is the duration of symptoms
Palpitations (heart racing)	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Variations in heart rate (tachycardia or bradycardia)	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Bleeding	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
If yes, specify bleeding site:		
Genitourinary problems	**Tick Yes or No**	**If yes**, what is the duration of symptoms
Urination problems	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Changes in menstruation, (if regular before Covid-19 illness)	□ Yes □ No □ Not applicable	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure

Other problems	**Tick Yes or No**	**If yes**, what is the duration of symptoms
Bilateral conjunctivitis *If yes, □ purulent □ non-purulent*	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Lumps or rashes (purple/pink) on toes	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Skin rash	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Skin rash *If yes, tick all body areas that apply:*	□ Yes □ No	□ Face □ Trunk (stomach or back) □ Arms □ Legs □ Buttocks □ Toes □ Fingers □ Accompanied by itch
Hair loss	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Hyperhidrosis	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
Other New Symptoms, if yes, specify all with their duration:		**If yes**, what is the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure

6b. Please report any symptoms that have been bothering your child since discharge that are not present today. Please specify the time of onset and duration of these symptoms

Respiratory problems	**Tick Yes or No**	**If yes**, what was the time of onset
Nasal congestion / rhinorrhea	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Difficulty breathing /chest tightness	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Pain on breathing	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Chest pain	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure

Persistent cough	□ Yes □ No	**If yes**, what was the time of onset □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure **If yes**, what was the duration of symptoms □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
If yes, □ dry cough □ with phlegm		
Musculoskeletal problems	**Tick Yes or No**	**If yes**, what was the time of onset
Cannot fully move or control movement	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure **If yes**, what was the duration of symptoms □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Problems with balance	□ Yes □ No	**If yes**, what was the time of onset □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure **If yes**, what was the duration of symptoms □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Persistent muscle pain	□ Yes □ No	**If yes**, what was the time of onset □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure **If yes**, what was the duration of symptoms □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Joint pain or swelling	□ Yes □ No	**If yes**, what was the time of onset □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure

		If yes, what was the duration of symptoms □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Neurological problems	**Tick Yes or No**	**If yes**, what was the time of onset
Headache	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Dizziness/ light headedness	□ Yes □ No	**If yes**, what was the time of onset □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Fainting/ blackouts	□ Yes □ No	**If yes**, what was the time of onset □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Problems seeing/blurred vision	□ Yes □ No	**If yes**, what was the time of onset □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Disturbed smell	□ Yes □ No	**If yes**, what was the time of onset □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months

		□ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Loss of smell	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Disturbed taste	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Loss of taste	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Tremor/shakiness	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months

		□ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Tingling feeling/ “pins and needles“	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Seizures/fits	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Confusion/lack of concentration	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Problems speaking or communicating	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Insomnia *(hard to fall asleep, hard to stay asleep)*	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure

		If yes, what was the duration of symptoms □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Hypersomnia *(excessive daytime sleepiness or prolonged nighttime sleep)*	□ Yes □ No	**If yes**, what was the time of onset □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure **If yes**, what was the duration of symptoms □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Fatigue	□ Yes □ No	**If yes**, what was the time of onset □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure **If yes**, what was the duration of symptoms □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Gastrointestinal problems	**Tick Yes or No**	**If yes**, what was the time of onset
Weight loss	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure **If yes**, what was the duration of symptoms □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Problems swallowing or chewing	□ Yes □ No	**If yes**, what was the time of onset □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure **If yes**, what was the duration of symptoms □ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Poor appetite	□ Yes □ No	**If yes**, what was the time of onset

		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Diarrhea	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Stomach/ abdominal pain	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Feeling nauseous	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Vomiting	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months

		□ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Constipation	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Cardiovascular problems	**Tick Yes or No**	**If yes**, what was the time of onset
Palpitations (heart racing)	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Variations in heart rate (tachycardia or bradycardia)	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Bleeding	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
If yes, specify bleeding site:		
Genitourinary problems	**Tick Yes or No**	**If yes**, what was the time of onset

Urination problems	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Changes in menstruation, (if regular before Covid-19 illness)	□ Yes □ No □ Not applicable	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Other problems	**Tick Yes or No**	**If yes**, what was the time of onset
Bilateral conjunctivitis *If yes, □ purulent □ non-purulent*	□ Yes □ No	□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Lumps or rashes (purple/pink) on toes	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Skin rash	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months

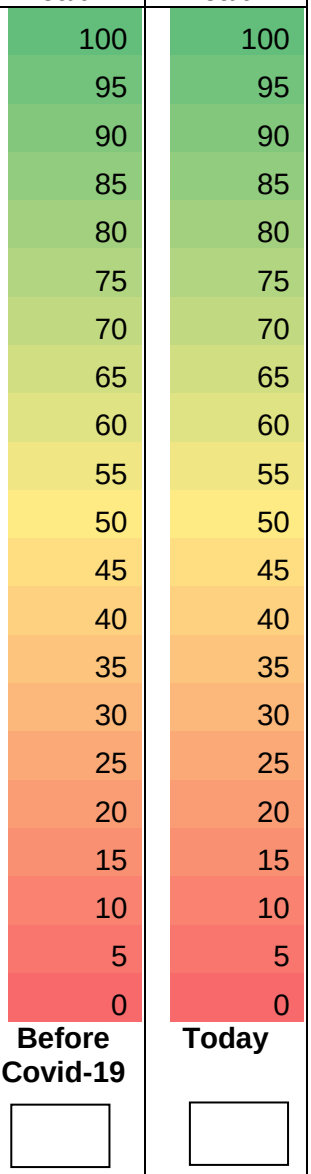
		□ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Skin rash *If yes, tick all body areas that apply:*	□ Yes □ No	□ *Face*
		□ *Trunk (stomach or back)*
		□ *Arms*
		□ *Legs*
		□ *Buttocks*
		□ *Toes*
		□ *Fingers*
		□ *Accompanied by itch*
Hair loss	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Hyperhidrosis	□ Yes □ No	**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure
Other New Symptoms, if yes, specify all with their onset and duration:		**If yes**, what was the time of onset
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ From the time of discharge □ Not sure
		If yes, what was the duration of symptoms
		□ < 1 month □ 1-2 months □ >2 -3 months □ >3-4 months □ >4-5 months □ >5-6 months □ >6-7 months □ >7 -8 months □ >8-9 months □ >9 -10 months □ >10-11 months □ >11 -12 months □ >12 months □ Not sure

7. Your child's overall health status

We would like to know how good or bad your child's health was **BEFORE Covid-19** and how it is **TODAY**

This scale is numbered from 0 to 100%
with **100% meaning the best health** you can imagine
0% means the worst health you can imagine.

Please indicate on the scale and **write the number in the box below each scale** to indicate how good or bad your child's health was **BEFORE Covid-19** and how it is **TODAY**.



8. Vaccinations

Has your child been vaccinated in accordance with the national vaccination schedule?

□ Yes, vaccinated up to date □ Yes, but some vaccines were missed □ No, I avoid vaccination for my child

Please provide an approximate date of your child's latest vaccination?
[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Please, specify what was the vaccine: _____ □ I do not remember

I trust information I receive about vaccines?
□ Not at all □ Only a little □ Undecided □ Quite a lot □ A great deal

How confident are you in any of the childhood vaccines safety?

□ Not at all □ Only a little □ Undecided □ Quite a lot □ A great deal

Has your child been vaccinated against Covid-19? □ Yes □ No □ Not sure

If yes, how many times have they had the Covid-19 vaccine? [_Number_]

Estimated date of the last vaccine dose received: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_2_][_Y_]

Which type of Covid-19 vaccine did they receive: □AstraZeneca □Pfizer-BioNTech
□Imperial □Janssens □Moderna's □Sinopharm □Sputnik V □Other (name): _____ □Not sure

<u>If no</u>, would you like to vaccinate your child against Covid-19 in the future? □ Yes □ No □ Not sure

I trust information I receive about Covid-19 vaccination?
□ Not at all □ Only a little □ Undecided □ Quite a lot □ A great deal

How confident are you in the safety of Covid-19 vaccinations?
□ Not at all □ Only a little □ Undecided □ Quite a lot □ A great deal

What is your opinion of Russian-made vaccines against Covid-19?
□ Negative □ Neutral □ Positive □ Not sure

What is your opinion of vaccines against Covid-19 produced abroad?
□ Negative □ Neutral □ Positive □ Not sure

9. Some questions about you

During your child's illness, have you often been in a bad mood, depressed or feeling hopeless?	□ Yes □ No
During your child's illness, did you often feel that everything was difficult, and you did not want to do anything?	□ Yes □ No
During your child's illness, did you often feel persistent fatigue for no reason?	□ Yes □ No
Did your child's illness often make you feel nervous, anxious or extremely stressed?	□ Yes □ No
Did your child's illness often leave you unable to calm down or have you often been unable to calm or control your worries?	□ Yes □ No
Due to your child's illness, have you often experienced fear, as if something terrible were about to happen?	□ Yes □ No
Due to your child's illness, have you had to face aggressive or prejudiced attitudes from others?	□ Yes □ No
Did you receive enough help and support during your child's illness?	□ Yes □ No

10. Please let us know of any further comments about the child's illness, the pandemic, lockdown and/or any sequelae.
11. End of survey
Thank you for your time!

Table S1. Categorisation of persistent symptoms at follow-up.

Symptom category	Persistent symptoms included
Musculoskeletal	joint pain or swelling OR persistent muscle pain
Cardiovascular	variations in heart rate OR palpitations
Respiratory	difficulty breathing/chest tightness OR pain on breathing OR persistent cough
Neurological	cannot fully move or control movement OR problems with balance OR confusion/lack of concentration OR problems speaking or communicating OR seizures/fits OR tingling feeling/ 'pins and needles' OR tremor/shakiness OR dizziness/light headedness OR fainting/ blackouts
Dermatological	skin rash OR lumps or rashes (purple/pink) on toes OR hair loss
Gastrointestinal	constipation OR diarrhea OR feeling nauseous OR stomach/ abdominal pain OR vomiting
Sensory	disturbed smell OR disturbed taste OR loss of smell OR loss of taste
Sleep	hypersomnia OR insomnia
Fatigue	fatigue

Table S2. Symptoms at the time of hospital admission.

Characteristics	Results
History of fever	427/511 (83.6%)
Cough	284/510 (55.7%)
Fatigue	197/506 (38.9%)
Rhinorrhoea	278/512 (54.3%)
Shortness of breath	77/513 (15%)
Disturbed smell or loss of smell	64/456 (14%)
Sore throat	67/487 (13.8%)
Lymphadenopathy	52/512 (10.2%)
Headache	40/465 (8.6%)
Diarrhoea	43/511 (8.4%)
Skin rash	41/512 (8%)
Wheezing	39/512 (7.6%)
Vomiting / Nausea	32/512 (6.2%)
Chest pain	28/464 (6%)
Abdominal pain	27/489 (5.5%)
Disturbed taste or Loss of taste	16/456 (3.5%)
Muscle aches	14/463 (3%)
Conjunctivitis	10/512 (2%)
Joint pain	5/461 (1.1%)
Ear pain	3/463 (0.6%)
Seizures	3/512 (0.6%)
Bleeding	3/512 (0.6%)
Lower chest wall indrawing	3/512 (0.6%)
Confusion	2/511 (0.4%)

The differing denominators used indicate missing data.

Table S3. Most commonly used treatments during the hospital stay.

Characteristics	Total
Antiviral or COVID-19 targeted agent	394/512 (77.0%)
Antibiotics	380/513 (74.1%)
Mucolytics	188/513 (36.7%)
Arbidol	133/512 (26%)
Antifungal agent	25/513 (4.9%)
Corticosteroid	20/513 (3.9%)
Heparin	17/513 (3.3%)

The differing denominators used indicate missing data.

Table S4. Symptoms reported at the time of the follow-up interview and symptom duration (in months).

Current symptom	Total number of patients with the symptom	Total number of patients with the persistent symptom	< 1	1-2	> 2-3	> 3-4	> 4-5	> 5-6	> 6-7	> 7-8	> 8-9	> 9-10	From the time of discharge
Fatigue	63/498 (12.65%)	53/496 (10.69%)	5/496 (1.01%)	1/496 (0.2%)	0/496 (0%)	1/496 (0.2%)	1/496 (0.2%)	4/496 (0.81%)	1/496 (0.2%)	2/496 (0.4%)	1/496 (0.2%)	0/496 (0%)	45/496 (9.07%)
Nasal congestion/ rhinorrhea	43/505(8.51%)	10/505 (1.98%)	29/505 (5.74 %)	2/505 (0.4%)	1/505 (0.2 %)	1/505 (0.2%)	0/505 (0%)	0/505 (0%)	0/505 (0%)	0/505 (0%)	0/505 (0%)	0/505 (0%)	10/505 (1.98 %)
Insomnia	32/501 (6.39%)	26/501 (5.19%)	2/501 (0.4%)	2/501 (0.4%)	1/501 (0.2%)	0/501 (0%)	1/501 (0.2%)	2/501 (0.4%)	1/501 (0.2%)	1/501 (0.2%)	0/501 (0%)	0/501 (0%)	22/501 (4.39%)
Disturbed smell	26/468 (5.56%)	22/467 (4.71%)	0/467 (0%)	2/467 (0.43%)	1/467 (0.21%)	0/467 (0%)	0/467 (0%)	3/467 (0.64%)	0/467 (0%)	2/467 (0.43%)	0/467 (0%)	0/467 (0%)	17/467 (3.64%)
Headache	24/488(4.92%)	17/486 (3.5%)	4/486 (0.82%)	0/486 (0%)	1/486 (0.21%)	0/486 (0%)	0/486 (0%)	1/486 (0.21%)	0/486 (0%)	0/486 (0%)	0/486 (0%)	0/486 (0%)	16/486 (3.29%)
Disturbed taste	18/468 (3.85%)	16/468 (3.42%)	0/468 (0%)	1/468 (0.21%)	1/468 (0.21%)	0/468 (0%)	0/468 (0%)	2/468 (0.43%)	0/468 (0%)	2/468 (0.43%)	0/468 (0%)	0/468 (0%)	12/468 (2.56%)
Hyperhidrosis	17/502(3.39%)	13/502 (2.59%)	1/502 (0.2%)	2/502 (0.4%)	0/502 (0%)	1/502 (0.2%)	0/502 (0%)	0/502 (0%)	0/502 (0%)	1/502 (0.2%)	0/502 (0%)	0/502 (0%)	12/502 (2.39%)
Persistent cough	17/503 (3.38%)	5/503 (0.99%)	9/503 (1.79%)	3/503 (0.6%)	0/503 (0%)	0/503 (0%)	0/503 (0%)	0/503 (0%)	0/503 (0%)	0/503 (0%)	0/503 (0%)	0/503 (0%)	5/503 (0.99%)
Hypersomnia	16/501 (3.19%)	15/501 (2.99%)	0/501 (0%)	0/501 (0%)	0/501 (0%)	1/501 (0.2%)	0/501 (0%)	1/501 (0.2%)	1/501 (0.2%)	1/501 (0.2%)	1/501 (0.2%)	0/501 (0%)	11/501 (2.2%)
Poor appetite	15/500 (3%)	12/500 (2.4%)	2/500 (0.4%)	0/500 (0%)	1/500 (0.2%)	0/500 (0%)	0/500 (0%)	1/500 (0.2%)	0/500 (0%)	1/500 (0.2%)	1/500 (0.2%)	0/500 (0%)	9/500 (1.8%)
Skin rash	13/497 (2.62%)	8/497 (1.61%)	3/497 (0.6%)	0/497 (0%)	1/497 (0.2%)	0/497 (0%)	1/497 (0.2%)	2/497 (0.4%)	0/497 (0%)	0/497 (0%)	0/497 (0%)	0/497 (0%)	6/497 (1.21%)
Diarrhea	13/499 (2.61%)	10/499 (2%)	1/499 (0.2%)	0/499 (0%)	1/499 (0.2%)	0/499 (0%)	1/499 (0.2%)	0/499 (0%)	0/499 (0%)	1/499 (0.2%)	0/499 (0%)	0/499 (0%)	9/499 (1.8%)
Stomach/ abdominal pain	13/499 (2.61%)	10/499 (2%)	1/499 (0.2%)	1/499 (0.2%)	1/499 (0.2%)	0/499 (0%)	0/499 (0%)	0/499 (0%)	0/499 (0%)	1/499 (0.2%)	0/499 (0%)	0/499 (0%)	9/499 (1.8%)
Problems seeing/ blurred vision	12/480 (2.5%)	10/479 (2.09%)	0/479 (0%)	0/479 (0%)	1/479 (0.21%)	0/479 (0%)	0/479 (0%)	1/479 (0.21%)	1/479 (0.21%)	0/479 (0%)	0/479 (0%)	0/479 (0%)	8/479 (1.67%)
Hair loss	12/501 (2.4%)	9/501 (1.8%)	0/501 (0%)	1/501 (0.2%)	2/501 (0.4%)	0/501 (0%)	0/501 (0%)	1/501 (0.2%)	1/501 (0.2%)	1/501 (0.2%)	0/501 (0%)	0/501 (0%)	6/501 (1.2%)
Dizziness/ light headedness	10/486 (2.06%)	5/484 (1.03%)	2/484 (0.41%)	1/484 (0.21%)	0/484 (0%)	0/484 (0%)	0/484 (0%)	0/484 (0%)	0/484 (0%)	0/484 (0%)	0/484 (0%)	0/484 (0%)	5/484 (1.03%)
Joint pain or swelling	10/493 (2.03%)	6/492 (1.22%)	1/492 (0.2%)	2/492 (0.41%)	0/492 (0%)	0/492 (0%)	0/492 (0%)	0/492 (0%)	0/492 (0%)	1/492 (0.2%)	0/492 (0%)	0/492 (0%)	5/492 (1.02%)
Variations in heart rate	10/494 (2.02%)	6/493 (1.22%)	0/493 (0%)	0/493 (0%)	1/493 (0.2%)	0/493 (0%)	0/493 (0%)	0/493 (0%)	0/493 (0%)	1/493 (0.2%)	0/493 (0%)	0/493 (0%)	5/493 (1.01%)
Constipation	9/500 (1.8%)	8/500 (1.6%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	1/500 (0.2%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	8/500 (1.6%)
Loss of smell	8/468 (1.71%)	7/468 (1.5%)	0/468 (0%)	1/468 (0.21%)	0/468 (0%)	0/468 (0%)	0/468 (0%)	0/468 (0%)	0/468 (0%)	0/468 (0%)	0/468 (0%)	0/468 (0%)	7/468 (1.5%)

Difficulty breathing /chest tightness	8/503 (1.59%)	7/503 (1.39%)	1/503 (0.2 %)	0/503 (0%)	0/503 (0%)	0/503 (0%)	0/503 (0%)	1/503 (0.2 %)	0/503 (0%)	0/503 (0%)	0/503 (0%)	0/503 (0%)	6/503 (1.19 %)
Palpitations	7/472(1.48%)	5/471 (1.06%)	0/471 (0%)	0/471 (0%)	1/471 (0.21%)	0/471 (0%)	0/471 (0%)	0/471 (0%)	0/471 (0%)	1/471 (0.21%)	0/471 (0%)	0/471 (0%)	4/471 (0.85%)
Feeling nauseous	7/500 (1.4%)	6/500 (1.2%)	1/500 (0.2%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	1/500 (0.2%)	1/500 (0.2%)	0/500 (0%)	0/500 (0%)	4/500 (0.8%)
Chest pain	6/487(1.23%)	3/487 (0.62%)	2/487 (0.41 %)	0/487 (0%)	1/487 (0.21 %)	0/487 (0%)	0/487 (0%)	0/487 (0%)	0/487 (0%)	0/487 (0%)	0/487 (0%)	0/487 (0%)	3/487 (0.62 %)
Persistent muscle pain	6/491(1.22%)	4/490 (0.82%)	1/490 (0.2%)	0/490 (0%)	0/490 (0%)	0/490 (0%)	0/490 (0%)	0/490 (0%)	0/490 (0%)	1/490 (0.2%)	0/490 (0%)	0/490 (0%)	3/490 (0.61%)
Problems with balance	6/496(1.21%)	2/494 (0.4%)	1/494 (0.2%)	1/494 (0.2%)	0/494 (0%)	0/494 (0%)	0/494 (0%)	0/494 (0%)	0/494 (0%)	0/494 (0%)	0/494 (0%)	0/494 (0%)	2/494 (0.4%)
Urination problems	4/496 (0.81%)	3/496 (0.6%)	1/496 (0.2%)	0/496 (0%)	0/496 (0%)	0/496 (0%)	0/496 (0%)	0/496 (0%)	0/496 (0%)	0/496 (0%)	0/496 (0%)	1/496 (0.2%)	2/496 (0.4%)
Vomiting	4/500 (0.8%)	4/500 (0.8%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	1/500 (0.2%)	0/500 (0%)	3/500 (0.6%)
Confusion/ lack of concentration	3/486 (0.62%)	2/486 (0.41%)	0/486 (0%)	0/486 (0%)	0/486 (0%)	0/486 (0%)	1/486 (0.21%)	1/486 (0.21%)	0/486 (0%)	0/486 (0%)	0/486 (0%)	0/486 (0%)	1/486 (0.21%)
Pain on breathing	3/488(0.61%)	2/488 (0.41%)	0/488 (0%)	0/488 (0%)	1/488 (0.2 %)	0/488 (0%)	0/488 (0%)	0/488 (0%)	0/488 (0%)	0/488 (0%)	0/488 (0%)	0/488 (0%)	2/488 (0.41%)
Cannot fully move or control movement	3/499(0.6%)	2/499 (0.4%)	0/499 (0%)	1/499 (0.2%)	0/499 (0%)	0/499 (0%)	0/499 (0%)	0/499 (0%)	0/499 (0%)	0/499 (0%)	0/499 (0%)	0/499 (0%)	2/499 (0.4%)
Tremor/ shakiness	3/500 (0.6%)	3/500 (0.6%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	3/500 (0.6%)
Bleeding	3/497 (0.6%)	1/497 (0.2%)	0/497 (0%)	1/497 (0.2%)	1/497 (0.2%)	0/497 (0%)	0/497 (0%)	0/497 (0%)	0/497 (0%)	0/497 (0%)	0/497 (0%)	0/497 (0%)	1/497 (0.2%)
Changes in menstruation	3/501 (0.6%)	3/501 (0.6%)	0/501 (0%)	0/501 (0%)	0/501 (0%)	0/501 (0%)	0/501 (0%)	0/501 (0%)	1/501 (0.2%)	0/501 (0%)	0/501 (0%)	0/501 (0%)	2/501 (0.4%)
Loss of taste	2/469(0.43%)	2/469 (0.43%)	0/469 (0%)	0/469 (0%)	0/469 (0%)	0/469 (0%)	0/469 (0%)	0/469 (0%)	0/469 (0%)	0/469 (0%)	0/469 (0%)	0/469 (0%)	2/469 (0.43%)
Tingling feeling/ “pins and needles“	2/472 (0.42%)	2/472 (0.42%)	0/472 (0%)	1/472 (0.21%)	0/472 (0%)	0/472 (0%)	0/472 (0%)	0/472 (0%)	1/472 (0.21%)	0/472 (0%)	0/472 (0%)	0/472 (0%)	0/472 (0%)
Weight loss	2/500 (0.4%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	1/500 (0.2%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)	0/500 (0%)
Problems swallowing or chewing	2/499 (0.4%)	1/499 (0.2%)	1/499 (0.2%)	0/499 (0%)	0/499 (0%)	0/499 (0%)	0/499 (0%)	0/499 (0%)	0/499 (0%)	0/499 (0%)	0/499 (0%)	0/499 (0%)	1/499 (0.2%)
Bilateral conjunctivitis	2/496 (0.4%)	2/496 (0.4%)	0/496 (0%)	0/496 (0%)	0/496 (0%)	0/496 (0%)	0/496 (0%)	0/496 (0%)	0/496 (0%)	0/496 (0%)	0/496 (0%)	0/496 (0%)	2/496 (0.4%)
Seizures/fits	1/498 (0.2%)	0/498 (0%)	0/498 (NaN%)	0/498 (NaN%)	0/498 (NaN%)	0/498 (NaN%)	0/498 (NaN%)	0/498 (NaN%)	0/498 (NaN%)	0/498 (NaN%)	0/498 (NaN%)	0/498 (NaN%)	0/498 (NaN%)
Lumps or rashes	1/495 (0.2%)	1/495 (0.2%)	0/495	0/495	0/495	0/495	0/495	0/495	0/495	0/495	0/495	0/495	1/495 (0.2%)

(purple/pink) on toes			(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	
Problems speaking or communicating	1/489 (0.2%)	1/489 (0.2%)	0/489 (0%)	0/489 (0%)	0/489 (0%)	0/489 (0%)	0/489 (0%)	0/489 (0%)	0/489 (0%)	0/489 (0%)	0/489 (0%)	0/489 (0%)	1/489 (0.2%)
Fainting/ blackouts	0/497 (0%)	0/497 (0%)	0/497 (NaN%)	0/497 (NaN%)	0/497 (NaN%)	0/497 (NaN%)	0/497 (NaN%)	0/497 (NaN%)	0/497 (NaN%)	0/497 (NaN%)	0/497 (NaN%)	0/497 (NaN%)	0/497 (NaN%)

The differing denominators used indicate missing data.

Table S4. Parental perception of mood and behaviour changes in their children.

Characteristic	**Likert scale response**							**Reasons of changes**			
	1 (less)	**2**	**3 (the same)**	**4**	**5 (more)**	**Not known**	**Other**	**Illness itself**	**Covid-19 pandemic**	**Both**	**Unsure**
Eating	14 (2.7%)	23 (4.5%)	445 (86.4%)	9 (1.7%)	10 (1.9%)	3 (0.6%)	11 (2.1%)	28 (49.1%)	4 (7%)	2 (3.5%)	23 (40.4%)
Sleeping	15 (2.9%)	23 (4.5%)	447 (86.8%)	5 (1%)	11 (2.1%)	4 (0.8%)	10 (1.9%)	28 (52.8%)	7 (13.2%)	4 (7.5%)	14 (26.4%)
Physical activity	27 (5.2%)	33 (6.4%)	429 (83.3%)	9 (1.7%)	4 (0.8%)	3 (0.6%)	10 (1.9%)	26 (37.7%)	22 (31.9%)	5 (7.2%)	16 (23.2%)
Fatigue	3 (0.6%)	11 (2.1%)	400 (77.8%)	39 (7.6%)	48 (9.3%)	4 (0.8%)	9 (1.8%)	53 (53%)	11 (11%)	16 (16%)	20 (20%)
Spending time with friends in-person	31 (6.2%)	27 (5.4%)	392 (78.1%)	19 (3.8%)	6 (1.2%)	17 (3.4%)	10 (2%)	4 (4.8%)	66 (78.6%)	7 (8.3%)	7 (8.3%)
Spending time with friends remotely	1 (0.2%)	5 (1%)	397 (80.4%)	27 (5.5%)	37 (7.5%)	24 (4.9%)	3 (0.6%)	2 (2.8%)	58 (81.7%)	7 (9.9%)	4 (5.6%)
Spending time watching TV, playing video/computer games, or using social media for educational purposes, including school/nursery work	2 (0.4%)	2 (0.4%)	360 (71.9%)	42 (8.4%)	68 (13.6%)	23 (4.6%)	4 (0.8%)	2 (1.8%)	105 (92.9%)	2 (1.8%)	4 (3.5%)
Spending time watching TV, playing video/computer games, or using social media for non-educational purposes	4 (0.8%)	9 (1.8%)	408 (81.8%)	20 (4%)	28 (5.6%)	24 (4.8%)	6 (1.2%)	2 (3.4%)	44 (75.9%)	2 (3.4%)	10 (17.2%)
Spending time outside	36 (7.1%)	39 (7.7%)	364 (71.5%)	35 (6.9%)	18 (3.5%)	6 (1.2%)	11 (2.2%)	5 (4.1%)	89 (73%)	11 (9%)	17 (13.9%)
Attending school/nursery	29 (5.7%)	7 (1.4%)	313 (61.9%)	4 (0.8%)	36 (7.1%)	102 (20.2%)	15 (3%)	3 (3.7%)	65 (79.3%)	2 (2.4%)	12 (14.6%)
Connectedness	4 (0.8%)	20 (4%)	456 (91%)	4 (0.8%)	1 (0.2%)	13 (2.6%)	3 (0.6%)	3 (10.7%)	14 (50%)	5 (17.9%)	6 (21.4%)
Emotions	11 (2.2%)	57 (11.2%)	411 (80.4%)	11 (2.2%)	3 (0.6%)	5 (1%)	13 (2.5%)	24 (29.6%)	16 (19.8%)	10 (12.3%)	31 (38.3%)
Behaviour	5 (1%)	37 (7.2%)	438 (85.5%)	8 (1.6%)	3 (0.6%)	5 (1%)	16 (3.1%)	16 (28.1%)	7 (12.3%)	6 (10.5%)	28 (49.1%)
Relationships	1 (0.2%)	14 (2.8%)	481 (95.2%)	1 (0.2%)	0 (0%)	5 (1%)	3 (0.6%)	7 (46.7%)	2 (13.3%)	3 (20%)	3 (20%)

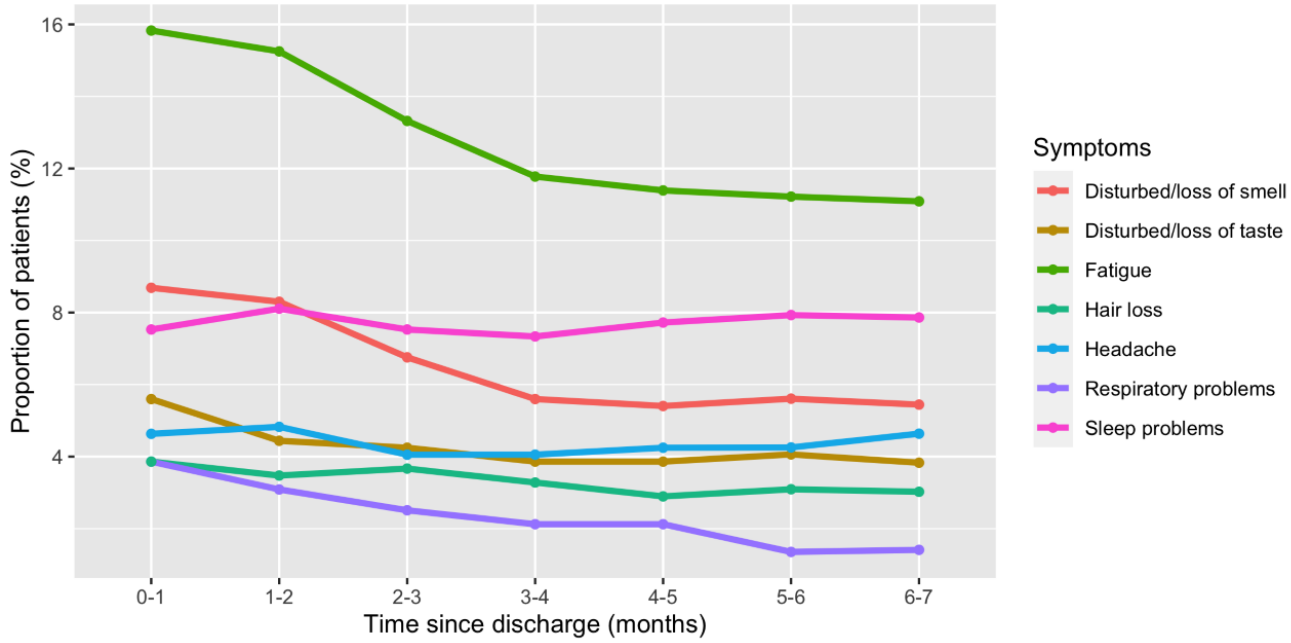
The differing denominators used indicate missing data.

Table S5. Parental-reported mood and behaviour changes due to Covid-19 and pandemic in their children, stratified by the the effect.

Characteristic	Caused by illness itself		Caused by Covid-19 pandemic	
	Less	***More***	***Less***	***More***
Eating	23/512 (4.5%)	4/512 (0.8%)	0 (0%)	4/512 (0.8%)
Sleeping	18/511 (3.5%)	10/511 (2%)	6/511 (1.2%)	1/511 (0.2%)
Physical activity	24/512 (4.7%)	2/512 (0.4%)	19/512 (3.7%)	3/512 (0.6%)
Fatigue	7/510 (1.4%)	46/510 (9%)	1/510 (0.2%)	10/510 (2%)
Spending time with friends in-person	2/485 (0.4%)	2/485 (0.4%)	47/485 (9.7%)	19/485 (3.9%)
Spending time with friends remotely	2/470 (0.4%)	0 (0%)	2/470 (0.4%)	55/470 (11.7%)
Spending time watching TV, playing video/computer games, or using social media for educational purposes, including school/nursery work	1/478 (0.2%)	1/478 (0.2%)	0 (0%)	105/478 (22%)
Spending time watching TV, playing video/computer games, or using social media for non-educational purposes	1/475 (0.2%)	1/475 (0.2%)	3/475 (0.6%)	41/475 (8.6%)
Spending time outside	5/503 (1%)	0 (0%)	49/503 (9.7%)	39/503 (7.8%)
Attending school/nursery	2/404 (0.5%)	1/404 (0.3%)	29/404 (7.2%)	36/404 (8.9%)
Connectedness	2/488 (0.4%)	1/488 (0.2%)	13/488 (2.7%)	1/488 (0.2%)
Emotions	22/511 (4.3%)	2/511 (0.4%)	13/511 (2.5%)	2/511 (0.4%)
Behaviour	14/506 (2.8%)	1/506 (0.2%)	0 (0%)	7/506 (1.4%)
Relationships	7/500 (1.4%)	0 (0%)	2/500 (0.4%)	0 (0%)

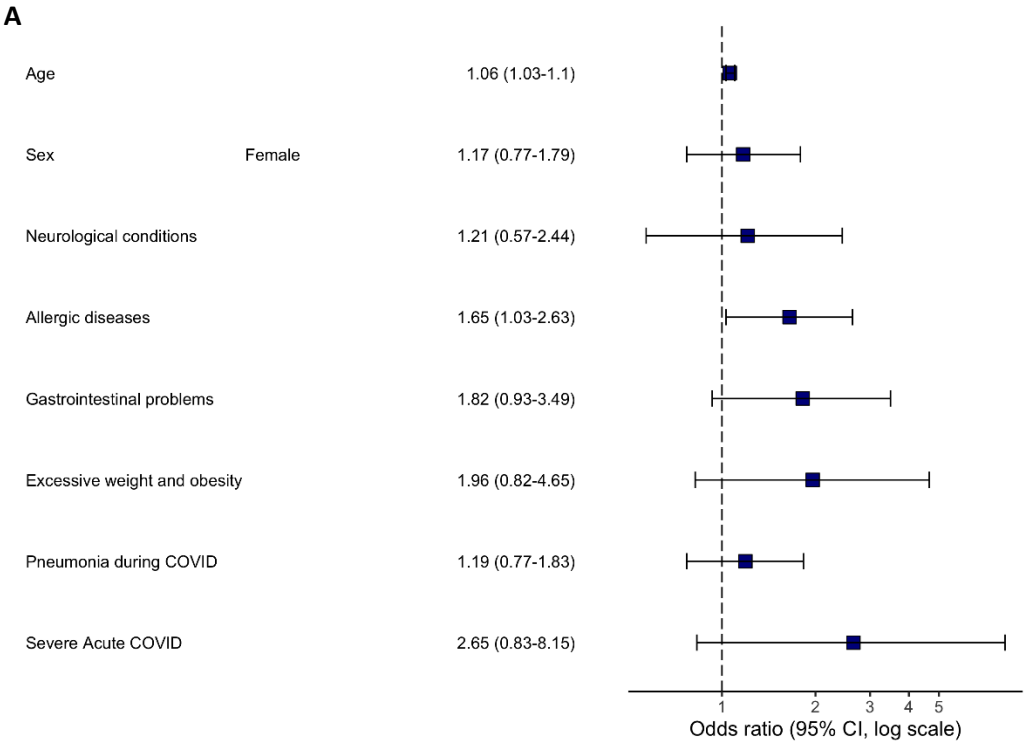
The differing denominators used indicate missing data.

Figure S1. The proportion of COVID-19 infected children who at various time points after discharge from hospital had one or more of the commonest continuing symptoms. Some children had more than one symptom.



The prevalence was calculated based on responses to the following questions: "Within the last seven days, has your child had any of these symptoms, which were NOT present prior to their Covid-19 illness? (If yes, please indicate below and the duration of the symptom/s) and "Please report any symptoms that have been bothering your child since discharge that are not present today. Please specify the time of onset and duration of these symptoms."

Figure S2. Multivariable logistic regression model to identify pre-existing risk factors for post-COVID condition (using age as a continuous variable). Odds ratios and 95% CIs for presence of (A) any category of persistent symptoms at the time of follow-up and (B) two or more co-existing categories of persistent symptoms at the time of the follow-up. Neurological conditions include "neurological disorders" and/or "neurodisability". Abbreviation: CI, confidence interval.



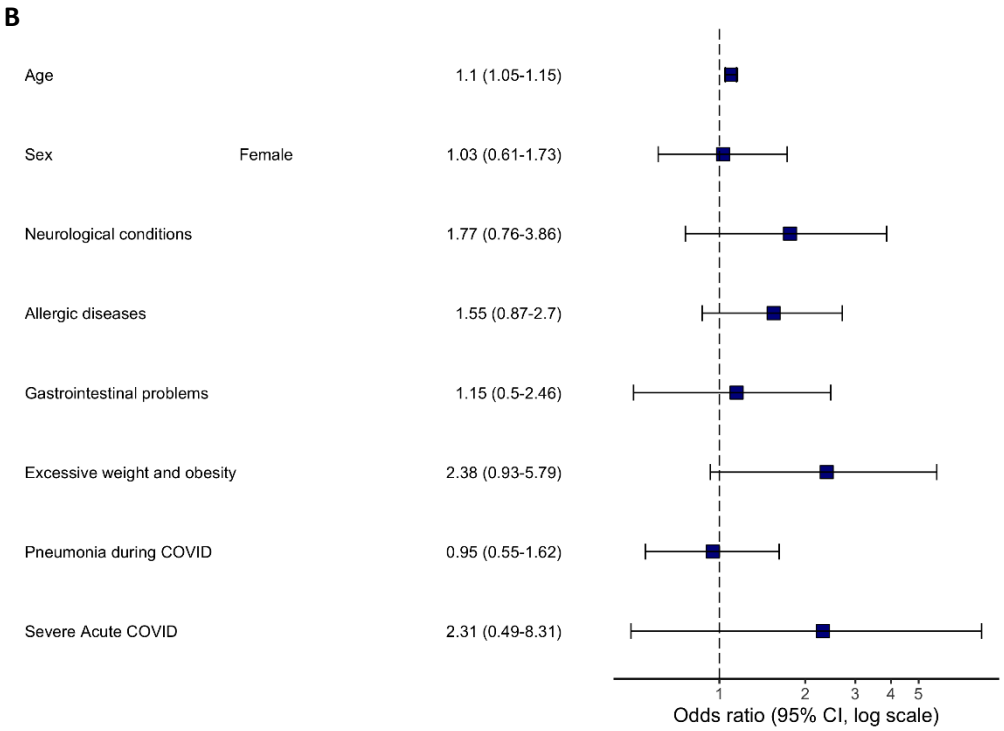


Figure S3. Multivariable logistic regression model to identify pre-existing risk factors for post-COVID condition (subgroup analyses in children ≥6 years of age). Odds ratios and 95% CIs for presence of (A) any category of persistent symptoms at the time of follow-up and (B) two or more co-existing categories of persistent symptoms at the time of the follow-up. Neurological conditions include "neurological disorders" and/or "neurodisability". Abbreviation: CI, confidence interval.

