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Supplementary Materials for

Post-Acute Sequelae of COVID-19 Checklist (PASC-C): a screening tool for long-COVID physical, psychological, and cognitive symptoms

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Post-Acute Sequelae of COVID-19 – Checklist (PASC-C)

Istituti Clinici Scientifici Maugeri

Surname: _____ *First name:* _____ *Age*: ____ *Date*: _____

POST-ACUTE SEQUELAE OF COVID-19 – CHECKLIST (PASC-C)

Period of COVID-19 diagnosis: ……

Hospitalization: ☐ Yes ☐ No

Vaccination: ☐ Yes ☐ No

Comorbidities:

……

……

Stressful events or illnesses in the period following COVID-19 disease:

……

For each of the 30 symptoms listed below, indicate whether it was present (yes) or absent (no) during COVID-19 illness and, if so, specify its duration. If it was still present, indicate its severity expressed by a Likert scale from 0 (lowest severity) to 100 (highest severity). For high severity values, or for persistence of two or more symptoms per area, referral to the appropriate healthcare professional is recommended. Finally, indicate whether the symptom was present before the illness and, if so, whether it has worsened.

Section I - Subjective physical, psychological, and cognitive symptoms

Area	Symptoms	Clinical recommendation
Functional	**Fatigue**: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	General Practitioner ☐
	Ageusia (loss of taste): • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	
	Anosmia (loss of smell): • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	
	Loss of hearing/tinnitus or sight: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	
	Motor difficulties (eg. walking..): • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	

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Area	Symptoms	Clinical recommendation
Pneumological	**Dyspnea** (perception of difficult breathing): • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	Pneumologist ☐
	Other breathing difficulties (eg. shortness of breath, increased frequency of respiratory acts): • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	
	Cough: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	
Sleep Disorders	**Daytime sleepiness**: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	Pneumologist ☐
	Insomnia: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	

Area	Symptoms	Clinical reccomendation
	Hypersomnia (more than 10 consecutive hours): • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	
Algic	**Headache**: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	Neurologist ☐
	Joint/muscle pain: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	
Gastroenteric	**Gastrointestinal disorders**: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	Gastroenterologist ☐
	Nausea or vomit: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	

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Area	Symptoms	Clinical recommendation
Cardiological	**Chest discomfort/pain**: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	Cardiologist ☐
	Palpitations/increased heart rate: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	
Neurological - Cognitive	**Limbs paresthesias**: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	Neurologist/ Neuropsychologist ☐
	Balance disorders: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	
	Forgetfulness/memory impairment: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	

Area	Symptoms	Clinical recommendation
	Confusion/disorientation/blackouts: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	
	Attention difficulties/easy distractibility: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	
Other	**Weight loss or gain**: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	General Practitioner ☐
	Hyper-sweating: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	
	Fever (intermittent): • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	

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Area	Symptoms	Clinical recommendation
Dermatological	**Hair loss**: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	Dermatologist ☐
	Cutaneous erythema: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	
Psychological	**Anxiety**: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	Psychologist ☐
	Mood disorders: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	
	Traumatic experiences: • During the illness: ☐ Yes ☐ No If yes, duration: ..... • Currently present: ☐ Yes ☐ No If yes, severity: 0 10 20 30 40 50 60 70 80 90 100 • Before the illness: ☐ Yes ☐ No Worsening: ☐ Yes ☐ No	

➢ According to PASC-C answers:

- Have you already sought medical care for the symptoms reported: Yes ☐ No ☐

  If so, please list below if any drug therapies have been undertaken:

……

……

……

- If you have not yet sought medical care, we suggest to consult the following health care professionals:
  - Cardiologist
  - Dermatologist
  - Gastroenterologist
  - General practitioner (GP)
  - Neurologist
  - Neuropsychologist
  - Pneumologist
  - Psychologist

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Section II - Subjective experience of being a COVID-survivor

- What is your personal meaning of being a COVID-19 survivor (e.g., attribution of positive or negative meaning...)?

  .....

  .....

  .....

  .....

  .....

- As a result of the disease, your general performance level is:
  - ☐ Worsened
  - ☐ Unchanged
  - ☐ Improved

- As a result of the illness, have you made significant changes in your life (e.g., work, home, relationships...)?

  ☐ Yes ☐ No

  If yes, please specify which ones:

  .....

  .....

- Would you like to add anything else?

  .....

  .....