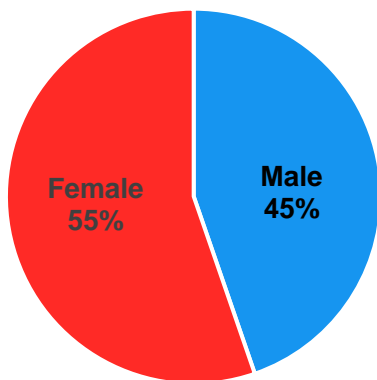


【Long COVID-19】

Table 1: Questions asked in the questionnaire

Questions	Options
How long have you experienced your symptoms?	1-2 weeks, 2-4 weeks, 1-3 months, 3-6 months, over 6 months.
What is the severity of your following symptoms?	
1. Fatigue	0 (None), 1, 2, 3, 4, 5 (Severe).
2. Breathing difficulty	0 (None), 1, 2, 3, 4, 5 (Severe).
3. Chest pain	0 (None), 1, 2, 3, 4, 5 (Severe).
4. Smell & taste disorders	0 (None), 1, 2, 3, 4, 5 (Severe).
5. Headache	0 (None), 1, 2, 3, 4, 5 (Severe).
6. Brain fog	0 (None), 1, 2, 3, 4, 5 (Severe).
7. Joint pain	0 (None), 1, 2, 3, 4, 5 (Severe).
8. Dizziness	0 (None), 1, 2, 3, 4, 5 (Severe).

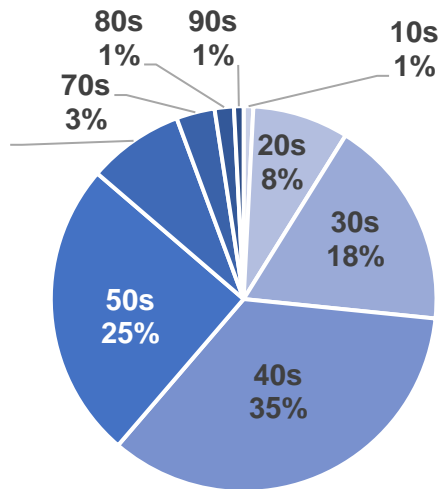
A.



Distribution by sex

※3cases excluded due to incomplete descriptions

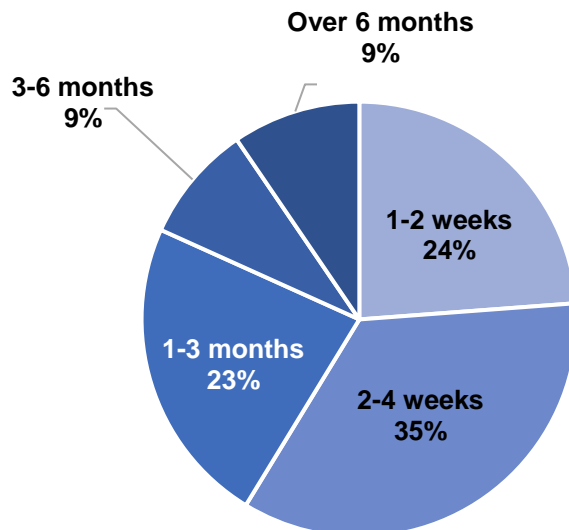
B.



Age distribution

※2cases excluded due to incomplete descriptions

C.



**How long have you experienced your symptoms?
(n=126)**

Fig.1