Supporting Information

Queensland Health Questionnaire

	Content displayed	Selection option	Subsequent direction / advice	Alignment to PCFS	
				Grade	
Q1	Do you understand the participant information and wish to proceed?	□ Yes	To Frame and Q2		
		□ No	Unfortunately we are unable to continue.		
			If you have any questions, please call		
			13HEALTH (13 43 25 84) [End]		
[Frame] When answering the questions, please think about how your life and health are <u>now</u> , compared with <u>before</u> you got the					
symptoms that resulted in the [COVID-19* / influenza*] test on @@Date@@. [*appropriate test displayed]					
Q2	Has your health returned to the level it	☐ Yes - because I no longer have the	To Q5	PCFS Grade = 0	
	was before you needed to do the test on	symptoms that resulted in my test.			
	@@Date@@?	☐ No - because I am still experiencing	To Q3	See Q3	
		ongoing symptoms.			
		☐ No - because I am currently unwell with	If you are concerned about these new	N/A	
		unrelated symptoms or new illness.	symptoms, please see your doctor or call		
			13HEALTH (13 43 25 84). (To Q5)		
Q3	Have your levels of everyday activity returned to where they were before your	□ Yes	Q5	PCFS Grade = 1	
		□ No	Q4	See Q4	
	test on @@Date@@?				
	For example, are you capable of working				
	the same work hours as before the test;				
	can you look after yourself to the same				
	level as before the test; can you undertake				
	the same usual activities (like				

	exercise/sport, duties at home) as before			
	the test?			
Q4	Please select one option below that best describes your current levels of health and everyday activity.	□ Because of my ongoing symptoms, I occasionally need to reduce, spread out or avoid some usual daily activities. However, I can perform these activities without any assistance. □ Because of my ongoing symptoms, I can no longer perform all my usual activities. However, I can take care of myself without any assistance.	Q5	PCFS = 2 PCFS = 3
		☐ Because of my ongoing symptoms, I have severe restrictions on my usual activities. I now cannot take care of myself and am dependent upon another person (eg nurse, family member).		PCFS = 4
Q5	Can Queensland Health contact you again to understand more about your recovery?	□ Yes	Submit Button [End]	