



Supplementary Material

Methods

Additional screening questions:

- Have you lost weight since you went to the hospital? If yes, how much?
- Were you working or studying before you were in the hospital? If yes or no; Is work or study full-time or part-time?
- Have you returned to work/study? Yes/No; same hours/different functions; same number of hours/different number of hours;
- Have you had any memory changes since the diagnosis of COVID-19?
- Have you had any changes in your concentration since the diagnosis of COVID-19?
- Have you noticed any slowness in your thinking?
- Have you had any intense agitation since your diagnosis of COVID-19?
- If you've had trouble thinking since being diagnosed with COVID-19, when did it start?
- Do your thinking difficulties affect your ability to carry out everyday activities (e.g. remembering appointments;

reading; working, etc.)?

- Are your thinking difficulties getting better, staying the same, or getting worse?

Results

The comparison of symptoms between younger adults and older adults after a COVID-19 infection, who responded to follow-up, and those who did not respond, is presented in Supplementary table. Across both groups, those who responded to follow-up were more likely to have had symptoms at baseline than those who did not. Younger adults who responded at 6-12 months reported a higher prevalence of baseline symptoms than those who did not, including dyspnea (mMRC: 44% vs 29%, $p < 0.01$), depression (HADS-D: 35% vs 24%, $p = 0.04$), EQ-5D mobility (37% vs 23%, $p = 0.01$), and EQ-5D usual activities (63% vs 42%, $p < 0.01$).

Older adults who responded at 6-12 months reported a higher prevalence of symptoms than those who did not for EQ-5D mobility (40% vs 19%, $p < 0.01$), EQ-5D usual activities (43% vs 22%, $p = 0.01$), EQ-5D pain (46% vs 27%, $p = 0.02$), EQ-5D Anxiety/Depression (34% vs 18%, $p = 0.03$), extreme fatigue (FAS total: 20% vs 8%, $p = 0.03$), and post-traumatic stress (IES-R: 26% vs 10%, $p = 0.02$).

Persistent symptoms	Number of responses	N = 870 (74%)	Younger adults		P value	N = 311 (26%)	Older adults		P value
			Did not respond at 6-12 months	Responded at 6-12 months			Did not respond at 6-12 months	Responded at 6-12 months	
			N = 786	N = 84			N = 274	N = 37	
mMRC (Cut-off >2)	744	524	131 (29%)	33 (44%)	<0.01	225	38 (20%)	11 (31%)	0.1
HADS – Depr. (Cut-off >11)	736	517	109 (24%)	26 (35%)	0.04	219	15 (8%)	6 (17%)	0.09
HADS – Anxiety (Cut-off >11)	723	507	157 (36%)	27 (37%)	0.49	216	31 (17%)	5 (15%)	0.48
EQ-5D Mobility (Cut-off >3)	735	512	101 (23%)	27 (37%)	0.01	223	36 (19%)	14 (40%)	<0.01
EQ-5D Pers. care (Cut-off >3)	738	514	29 (7%)	8 (11%)	0.14	224	6 (3%)	3 (9%)	0.15
EQ-5D Usual act. (Cut-off >3)	736	513	185 (42%)	47 (63%)	<0.01	223	42 (22%)	15 (43%)	0.01
EQ-5D Pain (Cut-off >3)	734	512	176 (40%)	38 (51%)	0.04	222	50 (27%)	16 (46%)	0.02
EQ-5D Anx./ Dep. (Cut-off >3)	735	512	175 (40%)	33 (45%)	0.23	223	35 (18%)	12 (34%)	0.03
EQ-5D-5L - VAS	711	495	57±22	52±20	0.08	216	69±17	68±21	0.79
FAS - total, score	720	503	30±9.6	31±10	0.24	217	22±7.6	26±10	0.01
FAS - Physical	728	506	16±4.8	17±5.3	0.21	222	12±4.1	14±5.1	0.03
FAS - Mental	724	506	14±5.3	14±5.2	0.28	218	10±3.8	12±5.5	0.05
FAS (Cut-off >22 to 34), fatigue	720	503	180 (42%)	25 (34%)	0.17	217	78 (43%)	17 (49%)	0.16
FAS (Cut-off >35), extreme fatigue	720	503	162 (38%)	35 (48%)	0.24	217	14 (8%)	7 (20%)	0.03
IES-R TOTAL (Cut-off >33)	657	463	104 (26%)	24 (35%)	0.08	194	17 (10%)	8 (26%)	0.02

Legend: mMRC: Modified Medical Research Council; HADS: Hospital Anxiety and Depression Scale; FAS: Fatigue Assessment Scale; EQ-5D: Euroqol-5D questionnaire; IES-R: Impact of Events Scale-Revised. The p value represents the comparison between who Did not respond at 6-12 months and Responded at 6-12 months.

Table 4: Comparison of baseline symptoms between younger adults and older adults after a COVID-19 infection who responded at 6-12 month follow-up and those who did not respond.