

Questionnaires for children and adolescents

Subject No. | 4 | 1 | |

Initial | |

The study of post-COVID-19 conditions and follow
immunogenicity among children and adolescents
post-SARS-CoV-2 infection in King Chulalongkorn
Memorial Hospital

Visit 1

The questionnaires of health problems after SARS-CoV-2 infection

Demographic and baseline clinical characteristics

Date to collect data

(Day/month/year) //

1. Gender ☐ Female ☐ Male
2. Aged _____ year _____ month _____ day
3. Height _____ cm
4. Bodyweight _____ kg
5. Date of diagnosis SARS-CoV-2 infection _____
6. Diagnosis ☐ Asymptomatic ☐ Symptomatic
7. Definite diagnosis. ☐ Upper respiratory tract infection ☐ Pneumonia
 ☐ Other, describe; _____
8. Underlying disease ☐ No ☐ Underlying disease, describe; _____
9. Place in treatment when diagnosis of SARS-CoV-2 infection
 ☐ Ward ☐ ICU ☐ Hospital ☐ Community isolation ☐ Home isolation
10. Respiratory support when infected
 ☐ Oxygen canula or mask ☐ HHHFNC ☐ Non-invasive PPV ☐ Mechanical ventilation
11. mRNA (BNT162b2) vaccination
 ☐ 1 dose ☐ 2 doses ☐ More than 2 doses
 ☐ Date of received first dose of COVID-19 vaccine //
 ☐ Date of received second dose of COVID-19 vaccine //
 ☐ Date of received other dose of COVID-19 vaccine _____

Sign _____ Date _____

1. Residual or new symptoms after recovery from acute SARS-CoV-2 infection past 14 days to 3 months before this visit				
O No	O Yes, please check mark in this below			
1. Fever	O No	O Yes	O N/A	
2. Fatigue	O No	O Yes	O N/A	
3. Muscle pain	O No	O Yes	O N/A	
4. Headache	O No	O Yes	O N/A	
5. Cough	O No	O Yes	O N/A	
6. Sore throat	O No	O Yes	O N/A	
7. Anosmia	O No	O Yes	O N/A	
8. Rhinorrhea/nasal congestion	O No	O Yes	O N/A	
9. Chest pain or chest tightness	O No	O Yes	O N/A	
10. Dyspnea	O No	O Yes	O N/A	
11. Difficulty breathing	O No	O Yes	O N/A	
12. Rash	O No	O Yes	O N/A	
13. Insomnia	O No	O Yes	O N/A	
14. Diarrhea	O No	O Yes	O N/A	
15. Constipation	O No	O Yes	O N/A	
16. Abdominal pain	O No	O Yes	O N/A	
17. Hair loss	O No	O Yes	O N/A	
18. Abnormal movement	O No	O Yes	O N/A	
19. Abnormal posture	O No	O Yes	O N/A	
20. Somnolence	O No	O Yes	O N/A	
21. Weight loss	O No	O Yes	O N/A	
22. Difficulty swallowing	O No	O Yes	O N/A	
23. Loss of appetite	O No	O Yes	O N/A	
24. Arthralgia	O No	O Yes	O N/A	
25. Dizziness	O No	O Yes	O N/A	
26. Syncope	O No	O Yes	O N/A	
27. Blurred vision	O No	O Yes	O N/A	
28. Urinary problems	O No	O Yes	O N/A	
29. Loss of taste	O No	O Yes	O N/A	
30. Tremor	O No	O Yes	O N/A	
31. Numbness	O No	O Yes	O N/A	
32. Loss of concentration	O No	O Yes	O N/A	
33. Irregular menstruation	O No	O Yes	O N/A	
34. Conjunctivitis	O No	O Yes	O N/A	
35. Communication skill problems	O No	O Yes	O N/A	
36. Seizure	O No	O Yes	O N/A	
37. Other symptoms, if any, please describe; _____				
38. Summary of symptoms; _____ symptom				
Sign _____		Date _____		

2. Diagnosis of complications after SARS-CoV-2 infection

- ☐ No
- ☐ multisystem inflammatory syndrome Pulmonary embolism /micro emboli (PE, "Clot in lung")
- ☐ Kawasaki disease
- ☐ Multisystem inflammatory syndrome (MIS-C/PIMS-TS)
- ☐ Respiratory failure
- ☐ Asthma
- ☐ Myocarditis (inflammation of the heart muscle)
- ☐ Depression
- ☐ Anxiety
- ☐ Diabetes ☐ Type 1 ☐ Type 2
- ☐ Shock / Toxic shock syndrome
- ☐ Coagulopathy (excessive bleeding or clotting)
- ☐ Kidney problems
- ☐ Intussusception
- ☐ SARS-CoV-2 re-infection, date of re-infection _____
- Other diagnosis, please describe; _____

Sign _____ Date _____

3. Physical examination: BT . C, HR bpm, BP / mmHg, RR /min

General appearance	O Normal	O Abnormal _____	O Significant	O not Significant
Skin	O Normal	O Abnormal _____	O Significant	O not significant
HEENT	O Normal	O Abnormal _____	O Significant	O not significant
Cardiovascular system	O Normal	O Abnormal _____	O Significant	O not significant
Pulmonary system	O Normal	O Abnormal _____	O Significant	O not significant
Abdomen	O Normal	O Abnormal _____	O Significant	O not significant
Lymphatic system	O Normal	O Abnormal _____	O Significant	O not significant
Other	O Normal	O Abnormal _____	O Significant	O not significant

Comments: _____

Sign _____ Date _____

4. Investigations

CBC O Hb _____

AST _____ U/L ALT _____ U/L

Neutralizing antibody against Delta variants _____ % inhibition

Neutralizing antibody against Omicron variants _____ % inhibition

anti-S-RBD IgG _____ BAU/mL

Film chest x-ray O 0. Normal O 1. Abnormal

If Abnormal chest x-ray O 1. bilateral or unilateral ground glass opacities

O 2. bilateral of unilateral interstitial infiltration

O 3. bilateral or unilateral consolidation

O 4. bilateral of unilateral pleural effusion

Sign _____ Date _____