

Supplementary Tables and Figures

Table S1 – Characteristics comparing loss of follow-up and included patients	2
Table S2 – Comorbidities for COVID-19 and non-COVID-19 cases	3
Table S3 – Other symptoms reported by patients with long COVID	3
Table S4 – Sensitivity analysis of long COVID symptoms, adjusting for number of comorbidities, BMI, respiratory allergy and smoking	4
Table S5 – Assessment of quality of life using EuroQol instrument EQ-5D-3L	5
Figure S1 – Prevalence of SARS-CoV-2 variants of concern in Bahia during the study period (from June, 2020, to April, 2021)	7
Figure S2 – Questionnaire 1	8
Figure S3 – Questionnaire 2	10
Figure S4 – Questionnaire 3	12
Figure S5 – Diagram of the questionnaire application: time and data collected	13
Figure S6 – Time between residual symptoms call (questionnaire 3) and onset of symptoms	14
Figure S7 – Correlation matrix with the frequency of residual symptoms of long COVID patients	15
STROBE Statement – Checklist of items that should be included in reports of <i>cohort studies</i>	16

Table S1 – Characteristics comparing loss of follow-up and included patients.

Characteristic	Loss follow-up, Study sample,		p-value*
	N = 455	N = 814	
Age - years; median (IQR)	37 (28-47)	35 (27-45)	0.10
Female sex	273 (60%)	487 (60%)	> 0.9
Body Mass Index kg/m² (BMI); median (IQR)	26.0 (23.5-28.9)	26.5 (23.5-29.4)	0.4
Number of comorbidities			> 0.9
0	296 (65%)	535 (66%)	
1	110 (24%)	191 (23%)	
> 1	49 (11%)	88 (11%)	
SARS-CoV-2			
Negative	217 (48%)	402 (49%)	0.6
Positive	238 (52%)	412 (51%)	
Required hospitalization / ICU			< 0.001
Hospitalization non-ICU (moderate)	12 (2.6%)	65 (8.0%)	
Hospitalization-ICU (severe)	5 (1.1%)	6 (0.7%)	

*Pearson's Chi-squared test; Wilcoxon rank sum test

Table S2 – Comorbidities for COVID-19 and non-COVID-19 cases.

Characteristic	Non-COVID-19 cases, N = 402¹	COVID-19 cases, N = 412¹	p-value*
Hypertension	45 (11%)	55 (13%)	0.3
Diabetes Mellitus	11 (2.7%)	12 (2.9%)	0.9
Cardiac disease	5 (1.2%)	10 (2.4%)	0.2
Chronic pulmonary disease	8 (2.0%)	5 (1.2%)	0.4
Cancer	2 (0.5%)	5 (1.2%)	0.5
Immunodeficiency	4 (1.0%)	2 (0.5%)	0.4
Previous stroke	1 (0.2%)	3 (0.7%)	0.6
Other	22 (5.5%)	17 (4.1%)	0.4
Smoking	43 (11%)	44 (11%)	> 0.9
Missing	4	5	

*Pearson's Chi-squared test; Wilcoxon rank sum test

Table S3 – Other symptoms reported by patients with long COVID.

Other reported residual symptoms	n (%)
Loss of memory	15 (12.3%)
Hair loss	9 (7.4%)
Joint pain	4 (3.3%)
Ear pain / ear disorder	4 (3.3%)

Table S4 – Sensitivity analysis of long COVID symptoms, adjusting for number of comorbidities, BMI, respiratory allergy and smoking.

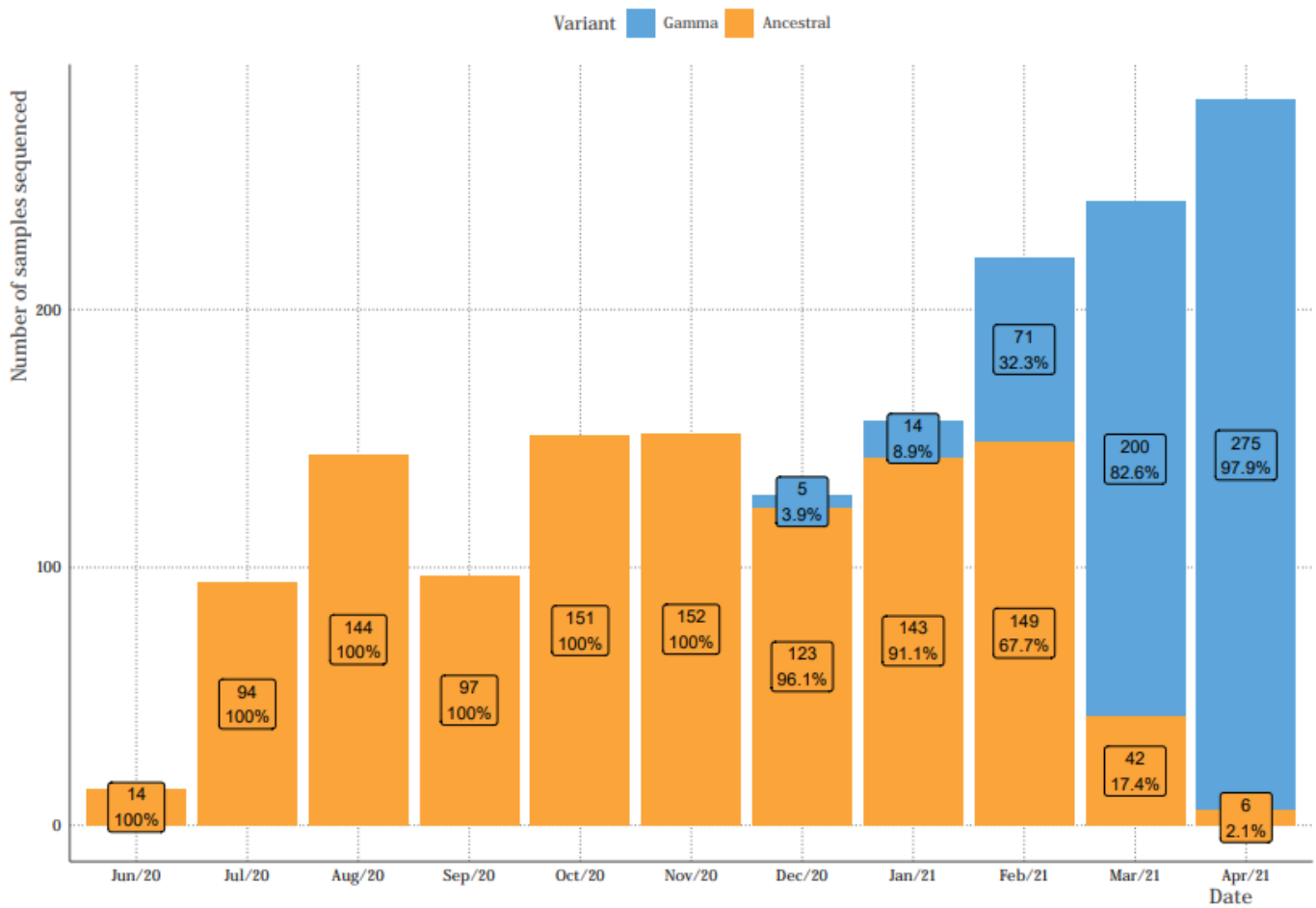
Characteristic	Odds Ratio	95% CI	p-value
Female sex	1.56	0.99-2.49	0.059
Number of acute symptoms			
≤ 5	—	—	
> 5	3.46	1.48-9.54	0.008
Age group – years			
15 - 30	—	—	
31 - 40	1.66	0.91-3.06	0.10
41 - 50	2.07	1.02-4.24	0.044
> 50	2.24	1.13-4.48	0.021
BMI kg/m²; median	0.99	0.93-1.05	0.7
Number of comorbidities			
0	—	—	
1	0.75	0.38-1.44	0.4
> 1	1.76	0.79-3.97	0.2
Respiratory allergy	1.32	0.78-2.21	0.3
Smoking	1.00	0.47-2.02	> 0.9

Table S5 – Assessment of quality of life using EuroQol instrument EQ-5D-3L.

Quality of Life¹	Long COVID n = 102
Mobility	
I have no problems in walking about	94 (92.1%)
I have some problems in walking about	8 (7.8%)
I am confined to bed	0
Self-care	
I have no problems with self-care	96 (94.1%)
I have some problems washing or dressing myself	6 (5.9%)
I am unable to wash or dress myself	0
Usual activities	
I have no problems with performing my usual activities	73 (71.6%)
I have some problems with performing my usual activities	28 (27.5%)
I am unable to perform my usual activities	1 (0.9%)
Pain / discomfort	
I have no pain or discomfort	60 (58.8%)
I have moderate pain or discomfort	1 (0.9%)

I have extreme pain or discomfort	41 (40.2%)
Anxiety / depression	
I am not anxious or depressed	60 (58.8%)
I am moderately anxious or depressed	29 (28.4%)
I am extremely anxious or depressed	13 (12.7%)
Score global (IQR)	80 (70-90)

Figure S1 – Prevalence of SARS-CoV-2 variants of concern in Bahia during the study period (from June, 2020, to April, 2021).



Data obtained from the Fiocruz Genomic Network [11].

Figure S2 – Questionnaire 1

Qual(is) foi o sintoma(s) inicial(is)?

- Falta de Ar
- Febre
- Tosse
- Alteração recente ao sentir cheiros
- Alteração recente ao sentir o gosto dos alimentos
- Coriza
- Espirro
- Fraqueza
- Dor no corpo
- Diarreia
- Enjoo
- Vômito
- Perda de Apetite
- Dor nas articulações
- Dor torácica
- Dor de cabeça
- Outros

Sintomas apresentados até o momento		
	Não	Sim
Falta de ar	<input type="radio"/>	<input type="radio"/>
Nariz entupido	<input type="radio"/>	<input type="radio"/>
Coriza	<input type="radio"/>	<input type="radio"/>
Espirros	<input type="radio"/>	<input type="radio"/>
Dor na garganta	<input type="radio"/>	<input type="radio"/>
Dor na face	<input type="radio"/>	<input type="radio"/>
Dor de cabeça	<input type="radio"/>	<input type="radio"/>
Dor atrás dos olhos	<input type="radio"/>	<input type="radio"/>
Dor no ouvido	<input type="radio"/>	<input type="radio"/>
Dor muscular/no corpo	<input type="radio"/>	<input type="radio"/>
Dor nas articulações/Dor nas juntas	<input type="radio"/>	<input type="radio"/>
Dor no peito	<input type="radio"/>	<input type="radio"/>
Dor na barriga	<input type="radio"/>	<input type="radio"/>
Manchas no corpo	<input type="radio"/>	<input type="radio"/>
Fraqueza no corpo	<input type="radio"/>	<input type="radio"/>
Desconforto no peito	<input type="radio"/>	<input type="radio"/>
Perda de Apetite	<input type="radio"/>	<input type="radio"/>
Enjoo	<input type="radio"/>	<input type="radio"/>
Vômitos	<input type="radio"/>	<input type="radio"/>
Diarreia (2 ou mais episódios nas últimas 48h)	<input type="radio"/>	<input type="radio"/>
Sensação de pressão baixa ou desmaio	<input type="radio"/>	<input type="radio"/>
Alteração recente ao sentir cheiros	<input type="radio"/>	<input type="radio"/>

Alteração recente ao sentir o gosto dos alimentos	<input type="radio"/>	<input type="radio"/>
Febre	<input type="radio"/>	<input type="radio"/>
Tosse	<input type="radio"/>	<input type="radio"/>

Data de início alteração no olfato _____

Tempo em dias de alteração olfato _____

Data de início alteração no paladar _____

Tempo em dias alteração paladar _____

Está usando algum medicamento para febre? Não Sim

Qual medicamento para febre? _____

Está usando algum medicamento para tosse? Não Sim

Qual medicamento para tosse? _____

Usa algum medicamento diariamente/Tem alguma outra doença?? Não Sim

	Não sabe	Não	Sim
Corticoide Oral [Prednisona/Dexametasona/Prednisona...]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inibidor de bomba de Próton [Omeprazol/Pantoprazol/lansoprazol ...]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AINES [Aspirina/Ibuprofeno/Diclofenaco/Nimesulida/Meloxicam...]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outros medicamentos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Qual outro medicamento ?
Listar separado por vírgula _____

IMC _____

Realizou exame para confirmação de infecção por COVID-19?	<input type="radio"/> Não <input type="radio"/> Sim
Resultado PCR	<input type="radio"/> Negativo <input type="radio"/> Positivo <input type="radio"/> Não realizado <input type="radio"/> Inconclusivo
Data do PCR	_____
Tempo pós-sintomas do PCR	_____
Resultado ELISA/Teste Rápido	<input type="radio"/> Negativo <input type="radio"/> Positivo <input type="radio"/> Não realizado
Data do ELISA/Teste Rápido	_____
Tempo pós-sintomas do ELISA	_____

Figure S3 – questionnaire 2

Conseguiu realizar a Ligação de seguimento	<input type="radio"/> Não <input type="radio"/> Sim
Data da tentativa	_____
Motivo	<input type="radio"/> Não atendeu <input type="radio"/> Número incorreto <input type="radio"/> Outro
Qual motivo	_____
Data da ligação de retorno	_____
Tempo pós sintomas da ligação de retorno	_____
Necessidade de internação hospitalar?	<input type="radio"/> Não <input type="radio"/> Sim
Internação	<input type="radio"/> Ala/Enfermaria <input type="radio"/> UTI
UTI	<input type="radio"/> Sem ventilação mecânica <input type="radio"/> Com ventilação mecânica
Situação atual	<input type="radio"/> Saudável <input type="radio"/> Alguma sequela pós-covid <input type="radio"/> Óbito
Sintomas relatados na fase aguda	

Sintomas durante o período da doença.**Marcar os já relatados e qualquer novo**

	Não	Sim
Febre	<input type="radio"/>	<input type="radio"/>
Tosse	<input type="radio"/>	<input type="radio"/>
Falta de ar	<input type="radio"/>	<input type="radio"/>
Nariz entupido	<input type="radio"/>	<input type="radio"/>
Coriza	<input type="radio"/>	<input type="radio"/>
Espirros	<input type="radio"/>	<input type="radio"/>
Dor na garganta	<input type="radio"/>	<input type="radio"/>
Dor na face	<input type="radio"/>	<input type="radio"/>
Dor de cabeça	<input type="radio"/>	<input type="radio"/>
Dor atrás dos olhos	<input type="radio"/>	<input type="radio"/>
Dor no ouvido	<input type="radio"/>	<input type="radio"/>
Dor muscular/no corpo	<input type="radio"/>	<input type="radio"/>
Dor nas articulações/Dor nas juntas	<input type="radio"/>	<input type="radio"/>

Realizado Ligação de acompanhamento de sequelas? Não
 Sim

Data da ligação de acompanhamento _____

Você sente/tem algum sintoma hoje? Não
 Sim

Tempo pós sintomas da ligação de sequela _____

Sintomas presentes no momento da ligação

	Não	Sim
Febre Atual	<input type="radio"/>	<input type="radio"/>
Tosse Atual	<input type="radio"/>	<input type="radio"/>
Fadiga Atual	<input type="radio"/>	<input type="radio"/>
Falta de ar Atual	<input type="radio"/>	<input type="radio"/>
Dor de cabeça Atual	<input type="radio"/>	<input type="radio"/>
Dor no peito atual	<input type="radio"/>	<input type="radio"/>
Dor muscular/no corpo Atual	<input type="radio"/>	<input type="radio"/>
Falta de apetite Atual	<input type="radio"/>	<input type="radio"/>
Dificuldade de engolir (Atual)	<input type="radio"/>	<input type="radio"/>
Dificuldade para falar (Atual)	<input type="radio"/>	<input type="radio"/>
Alteração recente ao sentir cheiros (Atual)	<input type="radio"/>	<input type="radio"/>
Alteração recente ao sentir o gosto dos alimentos (Atual)	<input type="radio"/>	<input type="radio"/>

Outro sintoma persistente: Não
 Sim

Qual outro sintoma _____

Vômitos	<input type="radio"/>	<input type="radio"/>
Diarreia (2 ou mais episódios nas últimas 48h)	<input type="radio"/>	<input type="radio"/>
Sensação de pressão baixa ou desmaio	<input type="radio"/>	<input type="radio"/>
Alteração recente ao sentir cheiros	<input type="radio"/>	<input type="radio"/>
Alteração recente ao sentir o gosto dos alimentos	<input type="radio"/>	<input type="radio"/>

Figure S4 – questionnaire 3

Realizado Ligação de acompanhamento de sequelas? Não
 Sim

Data da ligação de acompanhamento _____

Você sente/tem algum sintoma hoje? Não
 Sim

Tempo pós sintomas da ligação de sequela _____

Sintomas presentes no momento da ligação

	Não	Sim
Febre Atual	<input type="radio"/>	<input type="radio"/>
Tosse Atual	<input type="radio"/>	<input type="radio"/>
Fadiga Atual	<input type="radio"/>	<input type="radio"/>
Falta de ar Atual	<input type="radio"/>	<input type="radio"/>
Dor de cabeça Atual	<input type="radio"/>	<input type="radio"/>
Dor no peito atual	<input type="radio"/>	<input type="radio"/>
Dor muscular/no corpo Atual	<input type="radio"/>	<input type="radio"/>
Falta de apetite Atual	<input type="radio"/>	<input type="radio"/>
Dificuldade de engolir (Atual)	<input type="radio"/>	<input type="radio"/>
Dificuldade para falar (Atual)	<input type="radio"/>	<input type="radio"/>
Alteração recente ao sentir cheiros (Atual)	<input type="radio"/>	<input type="radio"/>
Alteração recente ao sentir o gosto dos alimentos (Atual)	<input type="radio"/>	<input type="radio"/>

Outro sintoma persistente: Não
 Sim

Qual outro sintoma _____

Figure S5 – Diagram of the questionnaire application: time and data collected.

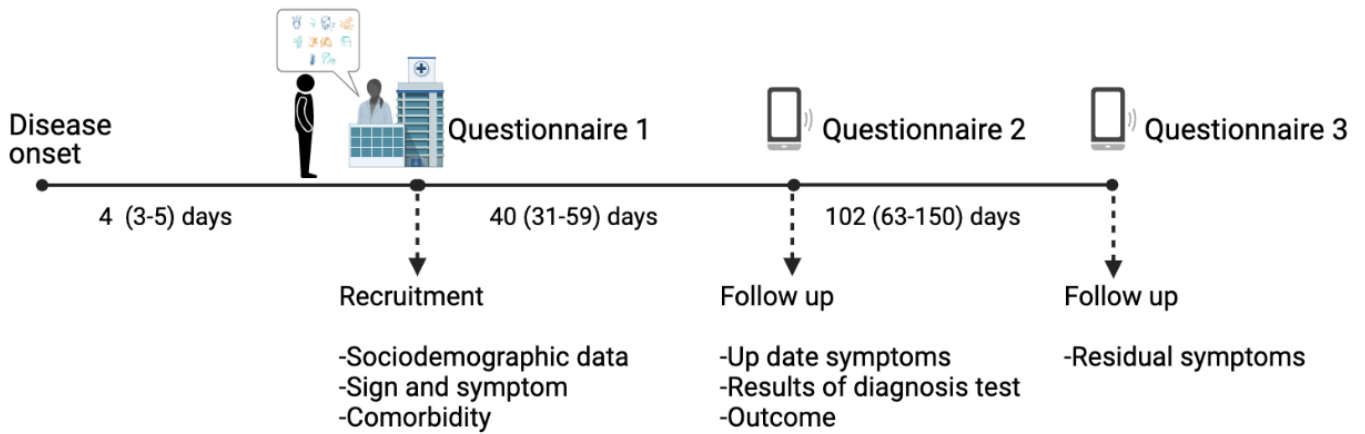


Figure created with BioRender. Available: <https://biorender.com>. Accessed: 28 April 2023.

Figure S6 – Time between residual symptoms call (questionnaire 3) and onset of symptoms.

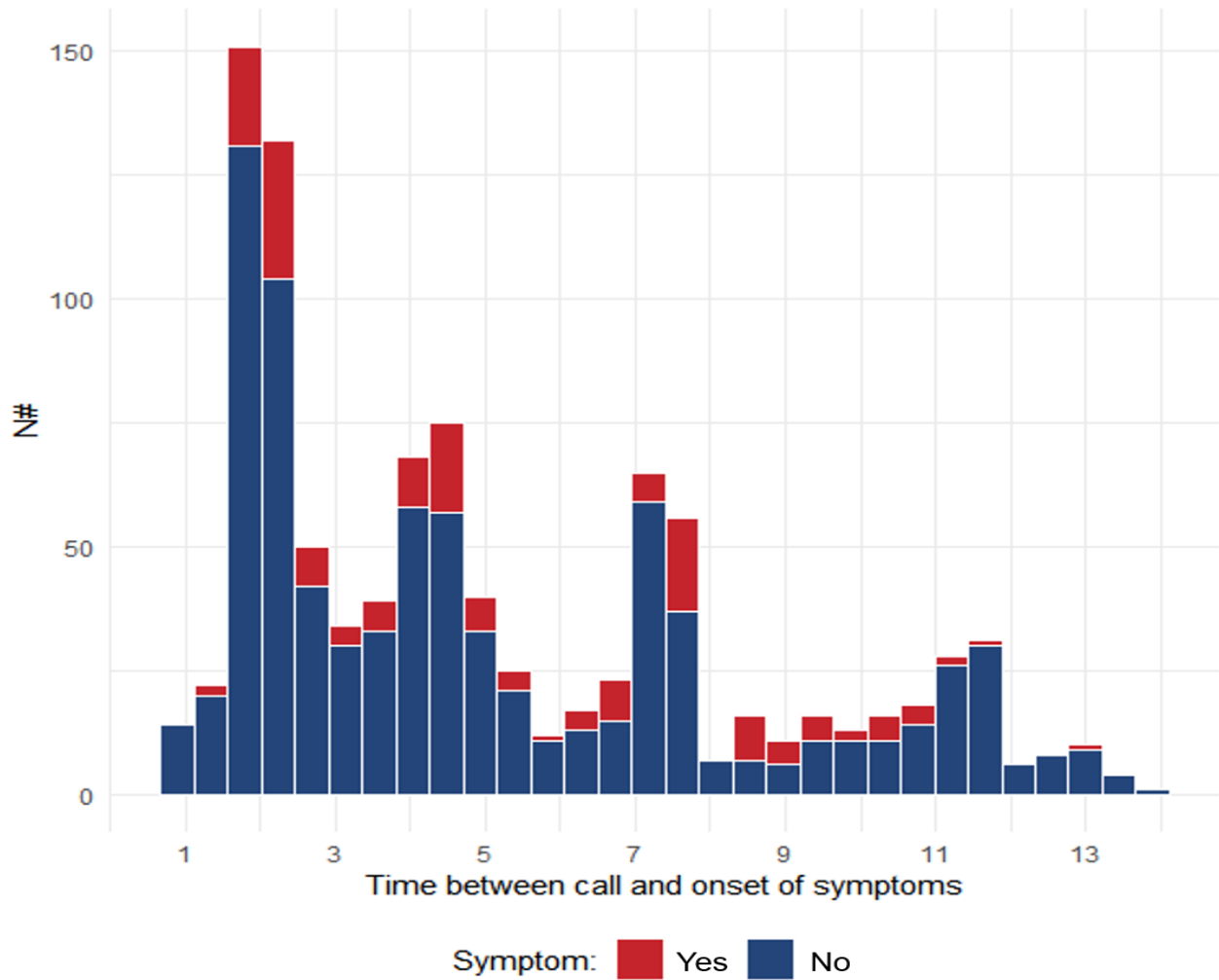
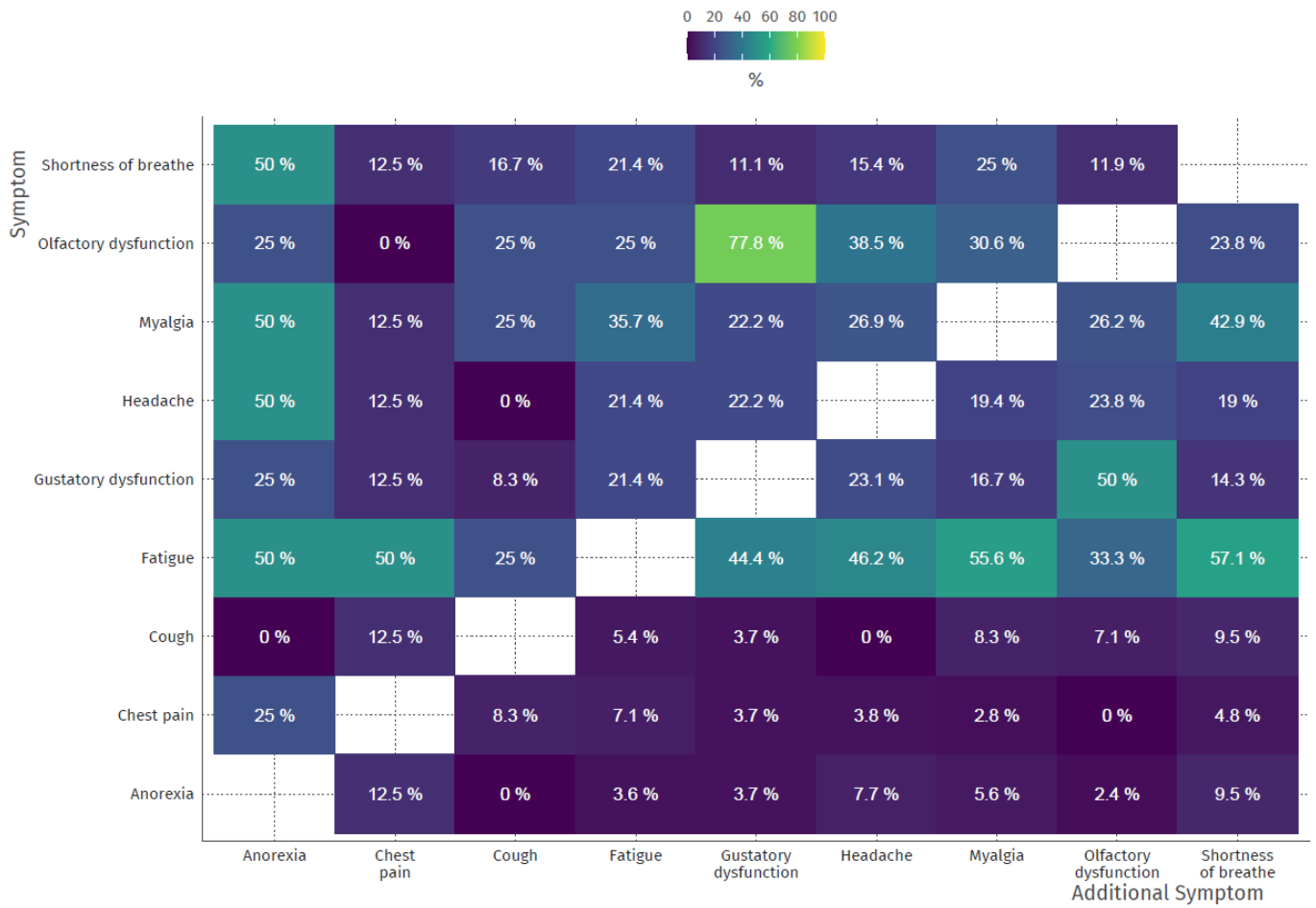


Figure S7 – Correlation matrix with the frequency of residual symptoms of long COVID patients.



STROBE Statement — Checklist of items that should be included in reports of *cohort studies*

	Item No	Recommendation
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract – section title (b) Provide in the abstract an informative and balanced summary of what was done and what was found – section abstract
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported – section Background paragraph 1
Objectives	3	State specific objectives, including any prespecified hypotheses – section Background paragraph 2
Methods		
Study design	4	Present key elements of study design early in the paper – section Methods paragraphs 1-5
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection – section Methods paragraphs 1-5
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up – section Methods paragraph 1 (b) For matched studies, give matching criteria and number of exposed and unexposed – not applicable
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable – section Methods paragraphs 6-7
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group – section Methods paragraphs 6-7
Bias	9	Describe any efforts to address potential sources of bias – section Methods paragraph 4
Study size	10	Explain how the study size was arrived at – not applicable
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why – section Methods paragraph 8
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding - section Methods paragraph 8 (b) Describe any methods used to examine subgroups and interactions – not applicable (c) Explain how missing data were addressed – not applicable (d) If applicable, explain how loss to follow-up was addressed – not applicable (e) Describe any sensitivity analyses – section Methods paragraph 8
Results		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed – section Results paragraph 1 (b) Give reasons for non-participation at each stage – section Results paragraph 1 (c) Consider use of a flow diagram – Fig. 1
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders – section Results paragraph 1 / Table 1

		(b) Indicate number of participants with missing data for each variable of interest – section Results paragraph 1 / Additional file 1: Table S1
		(c) Summarise follow-up time (eg, average and total amount) – section Results paragraph 1 / Additional file 1: Fig.3
Outcome data	15*	Report numbers of outcome events or summary measures over time – section Results paragraphs 2,3
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included – section Results paragraphs 4,5 (b) Report category boundaries when continuous variables were categorized (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period – not applicable
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses – not applicable
Discussion		
Key results	18	Summarise key results with reference to study objectives – section Discussion paragraph 1
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias – section Discussion paragraph 7
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence – section Discussion paragraphs 2-6
Generalisability	21	Discuss the generalisability (external validity) of the study results – section Discussion paragraph 6 and conclusions
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based – section Declarations (funding)

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at <http://www.strobe-statement.org>.