

Post-Exertional Malaise (effects of physical and mental activity on symptoms)

Post-Exertional Malaise

Worsening or relapse of symptoms after physical and/or mental activity

During your COVID-19 recovery, have you experienced any worsening or relapse of your symptoms after physical activity or mental activity? *

- Yes
- No

How strongly have you experienced worsening/relapse of your symptoms, on average? Please keep the slider at 0 if you did not experience this. *

	No post-exertional malaise	Some post-exertional malaise	Strong post-exertional malaise
	0	1 2 3	4 5 6 7 8 9 10
Physical	<input style="width: 100%; height: 20px;" type="text"/>		
Cognitive	<input style="width: 100%; height: 20px;" type="text"/>		

If you have experienced worsening or a relapse after **Physical** Activity, when does the worsening/relapse of symptoms happen? *

- Immediately
- The same day, after a few hours
- The following day
- A couple of days later
- It varies
- I do not experience worsening/relapse of symptoms after Physical Activity

If you have experienced worsening or a relapse after **Mental** Activity, when does the worsening/relapse of symptoms happen? *

- Immediately
- The same day, after a few hours
- The following day
- A couple of days later
- It varies
- I do not experience worsening/relapse of symptoms after Mental Activity

How long does the worsening/relapse of symptoms usually last following Physical or Mental Activity? *

- Few hours
- Few days

- Few weeks
- Other

(Optional) Please explain anything else you'd like to share about your experience with Post-Exertional Malaise. For instance, you can list the type of activities that worsens your symptoms strongest (walking, strenuous exercise, reading, watching movies, etc).

When did you experience these symptoms? *

Please mark symptoms for the first 4 weeks, then months (if applicable). Even if you have only experienced these symptoms for part of a week or month, please select it.

	Week 1	Week 2	Week 3	Week 4	Month 2	Month 3	Month 4	Month 5
Worsening/relapses of symptoms from physical and mental exertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>