1.5 Table 1: Study Flow-Chart

Visit	V1/Enrollment	V2	V3	V4	V5	V6	V7	V8-V13 (ICU/ IMC)[1]	V8-V11; V14-V17 (ICU/IMC)[1]	V-discharge[5]	FU M3	FU M6	FU M12	FU M24	FU M36	UVx
Time of Visits[1]	Monday / Wednesday / Friday from day of enrolment								1x/ week	Day of discharge	3 months after symptom onset "deep pheno-typing"	6 months after symptom onset[4]	12 months after symptom onset "deep pheno-typing"	24 months after symptom onset	36 months after symptom onset	unscheduled
Visit Windows[4]	-	-	-	-	-	-	-	-	-	-	+/- 3 weeks	+/- 3 weeks	+/- 3 weeks	Examination in case of abnormal result at month 12 +/- 4 weeks	Examination in case of abnormal result at month 24 +/- 4 weeks	Optional for in- and outpatients[6]
Informed Consent/Authorization	X															
DOCUMENTATION OF CLINICAL ASSESSMENT																
Epidemiological and demographical data	X															
Medical History / update of medical history	X										X	X	X	X	X	X
Vital signs	X	X	X	X	X	X	X	X	X	X						
Clinical symptoms	X	X	X	X	X	X	X	X	X	X						
Clinical blood sample results (chemistry, hematology) / Routine blood testing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SARS-CoV-2 PCR testing	X	X	X	X	X	X	X	X	X	X						
Concomitant medication	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Clinical records from patient charts, e.g. parameters of mechanical ventilation, hemodynamics etc.	X	X	X	X	X	X	X	X	X	X						

Additional clinical data, e.g. chest X-ray, CT, echocardiography	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Any additional medical events	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Hospitalizations or ER visits after discharge																X
CLINICAL ASSESSMENT																
Vital signs											X	X	X	X	X	X
Clinical symptoms											X	X	X	X	X	X
Physical examination											X	X	X	X	X	X
Bio banking of serial blood samples[1]	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Bio banking of saliva and urine[2]	X			X			X	X		X						
Upload of image data and biosignals (clinical routine or study specific)	X									X	X	X	X	X	X	X
Clinical severity scores (GCS, SOFA, etc.)	X	X	X	X	X	X	X	X	X	X						
CRB-65 score	X															
WHO Clinical Ordinal Scale		daily documentation during hospital stay								X	X	X	X	X	X	X
Outcome										X	X	X	X	X	X	X
SCORES																
NYHA, PCFS, elements of rose NIHSS, Frailty score, Barthel index, Katz index											X	X	X	X	X	X
PATIENT REPORTED OUTCOMES (PROM´S) / QUALITY OF LIFE																
PROMIS-57 Profile, PROMIS Kognitive Funktionen, PROMIS Dyspnoe Functional Limitations Eq5D5L, neuropathy detect questionnaire, pain detect questionnaire, NEI VFQ, SGRQ	X (only PROMIS-29 Profile v2.1 - acute)									X	X	X	X	X	X	X
CFS screening, CFS criteria											X	X	X	X	X	X
CARDIOLOGY FOLLOW-UP																
ECG, echocardiography											X	X	X	X	X	X

24h ECG, cardiac MRI, sphygmocor											X	(X)	X	X	X	X
RESPIRATORY FOLLOW-UP																
Body plethysmography, respiratory muscle function test, blood gas analysis										X	X	X	X	X	X	X
Chest-HR-CT Scan[3]												X	X	X	X	X
Cardiopulmonary exercise testing											X	(X)	X	X	X	X
NEUROLOGY / PSYCHIATRY / OPHTHALMOLOGY FOLLOW-UP																
Physical activity testing, somatosensory testing, smell / taste test											X	(X)	X	X	X	X
Cognitive tests: MoCa, CANTAB											X	(X)	x			
Brain MRI, EEG											X	(X)	X	X	X	X
Optical coherence tomography, funduscopy / -photography											X	(X)	X	X	X	X
ENDOCRINOLOGY FOLLOW-UP																
Age reader, body composition (BIA), glucose monitoring (7 days)											X	(X)	X	X	X	X

1 - For patients without intensive care unit (ICU)/intermediate care unit (IMC) stay, clinical visits including eCRF documentation and biosampling will be performed 3x/week for 2 weeks (7 visits) and followed by eCRF documentation and biosampling on a weekly basis (1x/week) for additional 4 weeks (4 visits) and at time of discharge. (**V1-V11 + V discharge**).
For patients with ICU/IMC stay at any time since admission, clinical visits including eCRF documentation and biosampling will be performed 3x/week for 4 weeks (13 visits) and followed by eCRF documentation and biosampling on a weekly basis (1x/week) for additional 4 weeks (4 visits) and at time of discharge. (**V1-V17 + V discharge**).
Selected parameters such as medical events and WHO-Scale will be recorded on a daily basis independent from study visits.

2 - Sampling of urine, saliva and oropharyngeal swabs will be performed once per week for all patients for 2 weeks + V discharge and for 4 weeks + V discharge for patients on ICU or IMC.

3 - Examinations only in case of prior abnormal findings in CT scan and age of patient >50 years. In case of abnormal findings still at month 12, examinations are conducted at month 24 and 36.

4 - For patients who are unable to attend or complete examinations at follow-up visit FU M3 (month 3), examinations missed can be rescheduled to FU M6 (month 6)

5 - Documentation of all medical events and WHO-Scale till time of discharge/death

6 - Optional for extension of hospital stay > 11/17 visits or unplanned outpatient visit as well as patients who are admitted to the hospital again after discharge.