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Supplementary Material



Correlation between Medications Used during COVID Infection and Post-conditions after the Acute Phase of Infection: A Cross-sectional Study

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Survey Items:

Note: Recovery from coronavirus in this questionnaire is

intended to show a negative result when performing a PCR test.

Section 1: Demographic information:

D1	Age	
D2	Sex	1. Male 2. Female
D4	Length	
D5	Weight	
D7	Do you have any chronic diseases?	1. No 2. Blood pressure 3. Diabetes 4. Heart diseases and/ or atherosclerosis 5. High cholesterol 6. Obesity 7. Cancer 8. Other than that:
D8	How long have you had Corona virus? (The period by which the test result remained positive)	1. Less than a week. 2. One to two weeks. 3. More than two weeks.
D9	How long has it been since you recovered from Corona virus? (After the appearance of a negative result of the PCR test for Corona virus or 14 days after the date of onset for Corona infection)	1. Less than a week. 2. Week to month 3. 1 to 3 months 4. 3 to 6 months 5. More than 6 months
D10	Have you experienced any symptoms in general during your infection?	1. Yes 2. No

Section 2: Please fill in the attached table

the answer box blank.

*Note (1): If any of these symptoms did not appear, please leave the answer boxes for this symptom blank.

If your temperature was between 37.5-38 Celsius, the intensity of this symptom is **moderate**.

*Note (2): When you reach the box (temperature):

If your temperature was 38.1 Celsius or higher, the intensity of this symptom is **severe**.

If your temperature was less than 37.5 degrees Celsius, leave

(S4) If the symptom is eliminated, how long did it take to get rid of it? Answer:	(S3) Describe the symptom intensity after recovery Answer:	(S2) Did the symptom continue to appear even after recovering from the Corona virus? Answer:	(S1) Describe the symptom intensity during the infection Answer:	Symptoms
1. Less than a week 2. Two to four weeks 3. More than a month	1. Light 2. Moderate 3. Severe.	1. Yes 2. No	1. Light 2. Moderate 3. Severe.	

			(A) Fatigue.
			(B) Cough
			(C) Loss of smell
			(D) Loss of taste
			(E) Shortness of breath
			(F) Headache
			(G) Loss of appetite
			(H) Fever
			(I) Anxiety and tension
			(J) Lack of focus
			(K) Joint pain
			(L) Muscle pain
			(M) Chest pain
			(N) Eyes pain
			(O) Back pain

Section 3: Information on medication for the disease

T1 Did you take any medication for the treatment of coronavirus (COVID-19)?	1. Yes 2. No
T2 What vitamins or supplements did you take while you were infected?	<ol style="list-style-type: none"> 1. Zinc 2. Vitamin C 3. Vitamin D 4. Calcium H 5. I took, but I don't remember. 6. I didn't take any. 7. Herbs (mint, anise, chamomile) 8. Others:
T3 What antipyretics or pain killers did you take during your infection? (You can choose more than one answer)	<ol style="list-style-type: none"> 1. Preparations containing paracetamol / Acamol \ Dexamol \ Panadol \ Sedamol \ Otamol \ Paramol  <ol style="list-style-type: none"> 2. Ibuprofen / Ibufen  <ol style="list-style-type: none"> 3. I took but I don't remember. 4. I didn't take any. 5. Others:

<p>T4 What antibiotics did you take when you had a coronavirus infection?</p>	<p>1. Azithromycin</p>  <p>2. Amoxicillin</p>  <p>3. I took, but I don't remember. 4. I didn't take any. 5. Others:</p>
<p>T5 In case you took medications, were they recommended by your doctor?</p>	<p>1. Yes 2. No</p>

<p>T6 What medications do you take to treat chronic diseases if present?</p>	<p>1. Blood pressure medications</p>  <p>2. Diabetes Medications</p>  <p>3. Antacids</p>  <p>4. Medications for the treatment of gastrointestinal diseases such as ulcers, GERD/ acid reflux, indigestion</p>  <p>5. Cholesterol medications</p>  <p>6. Other medications: 7. I did not take any. 8. Other (Write it down):</p>
<p>T7 Before you were infected with Covid-19, were you taking medications to prevent infection or alleviate the symptoms?</p>	<p>1. Yes 2. No 3. If yes write it down</p>
<p>T8 Have you committed to taking medications on time as instructed by the medical team?</p>	<p>1. Yes, full commitment. 2. Yes, partial commitment (forgetting to take a certain dose of medications). 3. No, I took medications randomly.</p>

T9	Which of the following remedies did you use during your Infection of Covid-19?	<ol style="list-style-type: none">1. Gargling with salt and water.2. Nebulizing with herbs, medicines, or others.3. Inhaler4. I did not use any.
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