**Supplementary 1. Detailed description of the questionnaire**

**1. Basic characteristics (8 items)**

Sex, age, area of residence, occupation, household size, household income, level of education, and comorbidities were investigated as the basic characteristics. The birth year was investigated for age categorization, and respondents were categorized into groups of 19–29, 30–39, 40–49, 50–59, and ≥ 60 years. The area of residence was classified as Seoul, a capital area other than Seoul, a metropolitan city, and others. The Korean Standard Classification of Occupations was used for area classification. Household size was classified as one-, two-, three-, four-, and ≥ five-member households, while household income was classified as < 2,000,000, 2,000,000–4,999,999, 5,000,000–7,999,999, 8,000,000–9,999,999, and ≥ 10,000,000 won. The level of education was divided into college or above and high school or below, while comorbidities included hypertension, diabetes, cardiovascular disease, cerebrovascular disease, respiratory disease, cancer, mental illness, and others.

**2. Acute COVID-19 symptoms (3 items)**

The date of a confirmed COVID-19 diagnosis, COVID-19 symptoms, and COVID-19 severity was investigated. For patients with two or more confirmed cases, the most recent confirmed COVID-19 case was investigated. COVID-19 symptoms, for which the respondents were allowed to choose more than one answer, included the following: (1) asymptomatic; (2) fever (such as feverish sensations, chills); (3) pain (various pain including myalgia and arthralgia); (4) weakness and fatigue; (5) ear, nose, and throat (ENT) symptoms (such as cough, sputum, sore throat, and runny nose); (6) psychiatric symptoms (such as depression, anxiety, mood swings, and insomnia); (7) dysgeusia or hyposmia; (8) pulmonary symptoms (such as short of breath, dyspnea); (9) cardiovascular symptoms (such as palpitations, chest pain, and arrhythmia); (10) gastrointestinal symptoms (such as vomiting, nausea, diarrhea, and indigestion); and (11) others. The severity was divided into: (1) asymptomatic; (2) mild; (3) moderate; and (4) severe. Mild severity was defined as cases that could be managed with at-home pharmaceutical therapy (including treatment at a residential treatment center). Moderate was defined as cases involving hospitalization without requiring oxygen supplementation (or less than seven days of hospitalization). Severe cases were defined as those requiring oxygen supplementation [25].

**3. Long COVID symptoms (6 items)**

The presence/absence of long COVID, long COVID symptoms, most severe symptoms, the severity of most severe symptoms, the onset of long COVID, and the duration of long COVID were investigated. Long COVID, for which the respondents were allowed to choose more than one answer, included the following: (1) fever (such as fever sensation and chills); (2) pain (various pain including myalgia and arthralgia); (3) weakness and fatigue; (4) ENT symptoms (such as cough, sputum, sore throat, and runny nose); (5) psychiatric symptoms (such as depression, anxiety, and mood swings, insomnia); (6) dysgeusia or hyposmia; (7) cognitive symptoms (such as memory loss, disorientation, and difficulty concentrating); (8) pulmonary symptoms (such as dyspnea and dyspnea); (9) cardiovascular symptoms (such as palpitations, chest pain, and arrhythmias); (10) gastrointestinal symptoms (such as vomiting, nausea, diarrhea, and indigestion); and (11) others. Severity was divided into four stages: (1) no difficulty with usual life and no need for particular treatment; (2) no significant impairment in usual life but requires treatment; (3) significant impairment in usual life but recovery achieved by treatment or over time; and (4) significant impairment in usual life with no recovery or sequelae despite treatment. The onset of long COVID was defined as: (1) continuation after testing positive; (2) within two weeks after testing positive; (3) within one month; (4) within three months; and (5) more than three months. Duration of long COVID was: (1) within two weeks; (2) within one month; (3) within three months; (4) within six months; and (5) more than six months.

**4. Medical use for long COVID (11 items)**

Experience of visiting medical institutions for long COVID, including visits to clinics/hospitals (Western medicine, WM) and Korean medicine clinics/hospitals (Korean medicine, KM) was investigated. Additionally, treatment details and satisfaction during each visit were investigated. Furthermore, experience and satisfaction with visits to public health centers and clinics and methods and satisfaction with using non-medical institutions were also investigated. WM treatment was classified as: (1) radiological examination; (2) blood test; (3) pharmaceutical therapy; (4) injection therapy; (5) non-pharmaceutical therapy; (6) inpatient care; and (7) others. KM treatment was classified as: (1) acupuncture; (2) herbal powder; (3) herbal decoction; (4) Chuna (Korean-style manual therapy); (5) cupping and moxibustion; and (6) others. The use of treatments outside of medical institutions included: (1) no use; (2) over-the-counter drugs; (3) healthy functional foods; (4) folk remedies; and (5) others. Satisfaction was rated on a 5-point Likert scale (1 = very satisfied, 2 = somewhat satisfied, 3 = neutral, 4 = somewhat dissatisfied, 5 = very dissatisfied).

**5. Unmet medical needs (2 items)**

Unmet medical needs due to long COVID and the reason for unmet medical needs were investigated. The reasons for unmet medical needs included: (1) cost burden; (2) difficulty in finding time for treatment; (3) transportation and distance; (4) mobility impairment; (5) insufficient information (lack of information about appropriate medical institutions or care departments); (6) congestion at medical institutions (overcrowding or difficulty making appointments at medical institutions); (7) refusal of services; and (8) others.

**6. Long COVID support policy (3 items)**

The need for long COVID patient support policy/program, preferred policy/program, and intention to use KM services were investigated. The need for a support policy was investigated based on the responses of: (1) needed; (2) not needed; and (3) not sure. The preferred policy was investigated based on: (1) reduction of co-payment; (2) expansion of health insurance (health insurance coverage for non-covered items, such as herbal medicine); (3) provision of information (information regarding hospitals, care departments, and treatment methods by symptom); (4) establishment of counseling clinics; (5) establishment of specialized treatment clinics; and (6) others. The intention to use KM services was investigated based on responses to the question, “Do you have the intention to use KM service if KM services for long COVID conditions are covered by health insurance, and policies/programs for KM treatment clinic are established?” (1) intend to use, (2) do not intend to use, and (3) not sure.

**7. Quality of life (5 items)**

QoL was assessed using the five-level version of the EuroQol-5 dimension (EQ-5D). The EQ-5D, which is most widely used for measuring QoL, indirectly calculates the quality weight of a specific health condition after a multidimensional assessment of overall health status. EQ-5D-5L consists of five items related to current health status (mobility, self-care, day-to-day activities, pain, and anxiety/depression), and each item is rated on a 5-point Likert scale (1 = I have no problems, 2 = I have slight problems, 3 = I have moderate problems, 4 = I have severe problems, 5 = I have extreme problems). The present study used the Korean version of the EQ5D-5L with proven validity [32].