**Supplementary 1. Detailed Description of the Survey**

**1. Basic characteristics**

In this part of the questionnaire, sex, age, clinical experience, type of medical institution at which the KMD worked, region of workplace, and the number of patients with COVID-19 or long COVID treated in the last 3 months and the last month were investigated. The age of the KMD participants was grouped in decades (20s, 30s, 40s, 50s, 60s, and 70s or older). Clinical experience was investigated by categorizing the length of experience in units of 5 years, from less than 5 years to more than 30 years. The types of medical institutions a KMD worked in included KM clinics, KM hospitals, university hospitals or general hospitals, nursing hospitals, and others. The region of the workplace was classified into Seoul, capital area (other than Seoul), metropolitan city, and others. The number of patients with COVID-19 or long COVID who were treated in the last 3 months and last 1 month were grouped as follows: No. of patients ≥ 100; 50 ≤ No. of patients ≤ 100, and 10 ≤ No. of patients ≤ 50, and No. of patients < 10.

**2. Treatment long COVID**

In this part of the questionnaire, the following items were investigated: chief complaints of the patient, frequently used treatment, most effective treatment, average number of treatments per patient per week, treatment duration explained to the patient, treatment goals explained to the patient, and important prognostic factors. The chief complaints of the patients were classified as: (1) fever (including feverish sensations and chills); (2) pain (including muscle pain and joint pain); (3) weakness and fatigue; (4) ENT symptoms (including cough, sputum, sore throat, and rhinorrhea); (5) psychiatric symptoms (including depression, anxiety, mood disorders, and sleep disturbance); (6) dysgeusia or hyposmia; (7) cognitive dysfunction (including impaired memory, disorientation, and concentration difficulties), 8) pulmonary symptoms (including shortness of breath and dyspnea); (9) cardiovascular symptoms (including palpitations, chest pain, and cardiac arrhythmia); (10) digestive symptoms (including vomiting, nausea, diarrhea, and indigestion/heartburn); and (11) others. Multiple selections were possible. Frequently used treatments were classified into: (1) herbal decoction; (2) herbal powder (not covered by medical insurance); (3) herbal powder (covered by medical insurance); (4) acupuncture; (5) electroacupuncture; (6) moxibustion; (7) cupping; (8) pharmacopuncture; (9) Chuna; and (10) others. The most-used treatment and the second most-used treatment were also investigated. When herbal decoction and herbal powder (not covered by medical insurance) were selected as the most frequently used treatments, the duration of a single prescription for herbal decoction/powder, as well as the three most frequently prescribed herbal decoction/herbal powders were investigated.

For the questions on the average number of treatments per patient and treatment duration, KMD participants were asked to enter the number of visits and the duration (in weeks) into the following question: “On average, how many times did one patient with long COVID visit the hospital for treatment of long COVID?” and “During treatment of long COVID, how do you explain the total treatment duration to the patient?” For treatment goals, the question was “What is the main treatment goal that you explain to patients during KM treatment for long COVID?” KMDs responded to the following options: (1) fast resolution of symptoms; (2) enhanced immunity; (3) improvement in quality of life; (4) rapid return to pre-pandemic health conditions and lifestyle; and (5) others. In terms of important prognostic factors, the KMD participants were asked to select two options from among the following: (1) age; (2) underlying diseases; (3) severity of COVID-19 conditions; (4) vaccination status; (5) clinical condition of the patient at diagnosis; and (6) others.

**3. Effects of KM treatments for patients with long COVID**

In this part of the questionnaire, the effects of KM treatments for long COVID, symptoms for which KM treatment was most effective, and effective treatments were investigated. For the assessment of KM treatments, the following 5-point Likert scale was used: (1) very effective; (2) effective; (3) neutral; (4) not very effective; and (5) not effective at all. For symptoms which KM treatment was the most effective, the same classification was used as for the chief complaint of the patient and frequently used treatment, and multiple selections were allowed.

**4. Patient satisfaction**

In this part of the questionnaire, patient satisfaction, reasons for patient satisfaction, reasons for patient dissatisfaction, and the main reasons for patients with long COVID not visiting Korean medical institutions were investigated. To assess patient satisfaction, the question, “What is the overall level of patient satisfaction with KM treatments of long COVID?” was asked. The following 5-point Likert scale was used for response: (1) very satisfied; (2) satisfied; (3) neutral; (4) dissatisfied; and (5) very dissatisfied. In answering the question, “If the patient was satisfied, what was the reason?” the KMD participants selected among the following options: (1) symptomatic improvement; (2) holistic functional improvement and not limited to improvement of a single symptom; (3) availability of multiple treatment methods, such as acupuncture, in addition to herbal medicine; (4) treatments through KM for symptoms not improved by treatments at other medical institutions; and (5) others. In answering the question, “If the patient was dissatisfied, what was the reason?” the KMD participants selected among the following options: (1) no significant improvement in symptoms; (2) cost burden; (3) prolonged treatment duration; and (4) others. In answering the question, “Please select what you think is the main reason for patients with long COVID not often visiting Korean medicine institutions,” the respondents selected among the following options: (1) Lack of promotion of the effects of KM treatment on long COVID; (2) inadequate institutional support, including no medical insurance coverage of herbal medicine for treatment of long COVID; (3) Scattered distribution of medical institutions for visits due to diversity in long COVID; (4) No incentives to visit KM institutions due to inadequate governmental support, apart from face-to-face care management fee for KM treatment for confirmed cases of COVID-19; and (5) others.

**5. Korean Medicine Clinical Practice Guideline**

This section investigated the awareness and utilization of the COVID-19 Korean Medicine Clinical Practice Guideline (KMCPG) Version 2.1, published in March 2020. The status of awareness was classified into: (1) awareness of the existence of the KMCPG and its content; (2) awareness of the existence of KMCPG (aware of the presence of KMCPG, but not well aware of the content); and (3) unknown. In terms of utilization of KMCPG, the options were: (1) active utilization; (2) used as a reference but not actively utilized; and (3) not used in treatment. The response to the question on utilization status was asked when Option 1 was selected for the question on the status of awareness.