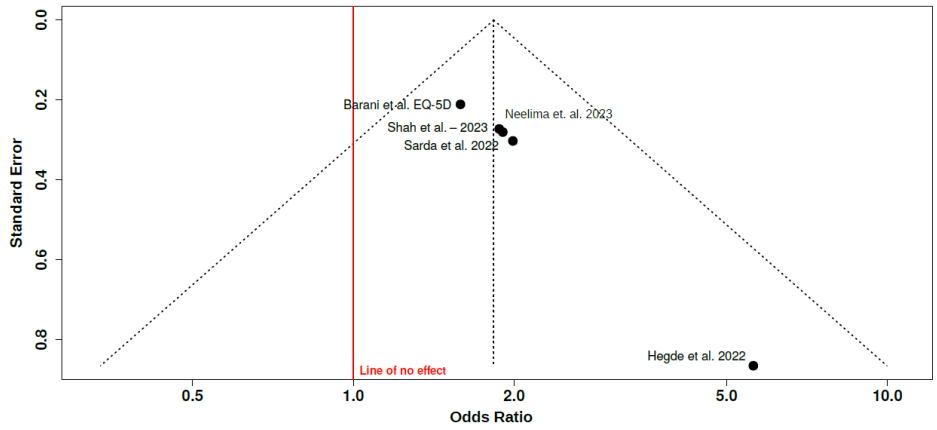
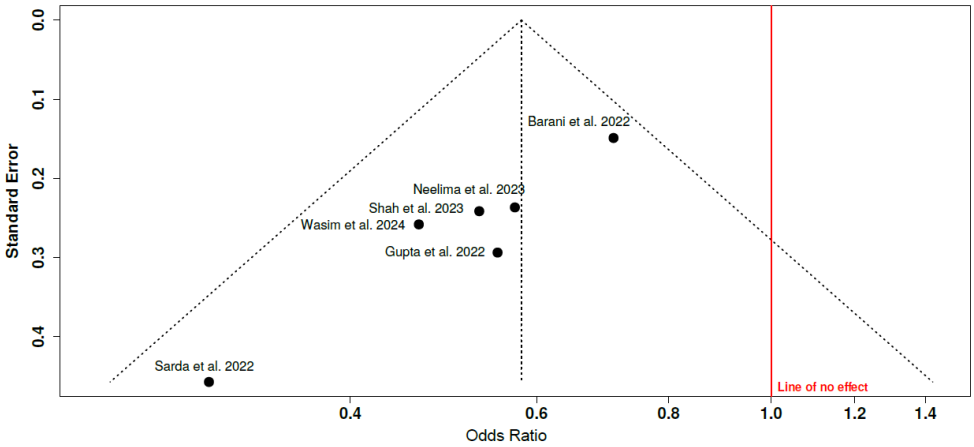
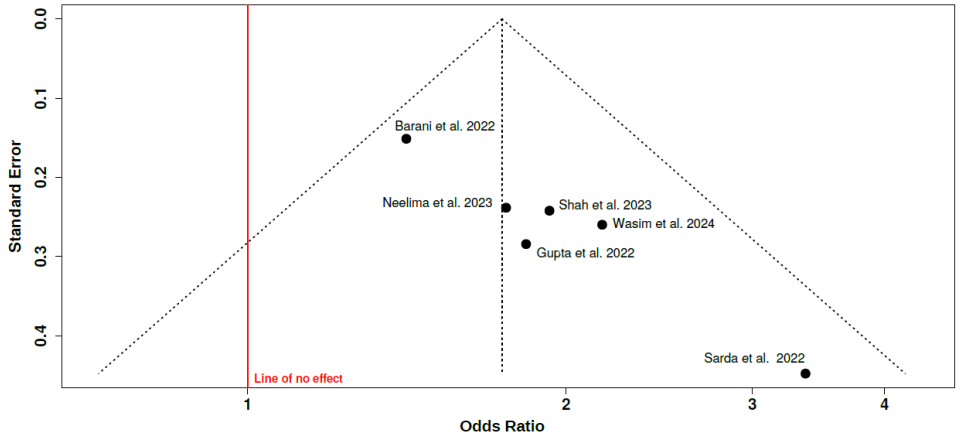


Supplementary Figure 1 Funnel plot of pooled odds ratios for age ≥ 60 years as a predictor of impaired health-related quality of life or persistent symptoms after coronavirus disease 2019.

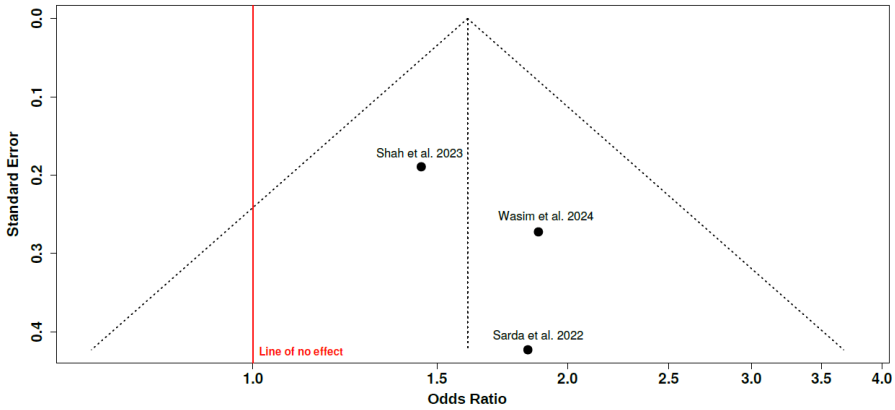


Supplementary Figure 2 Funnel plot of pooled odds ratios for male sex as a predictor of impaired health-related quality of life and persistent symptoms after coronavirus disease 2019.

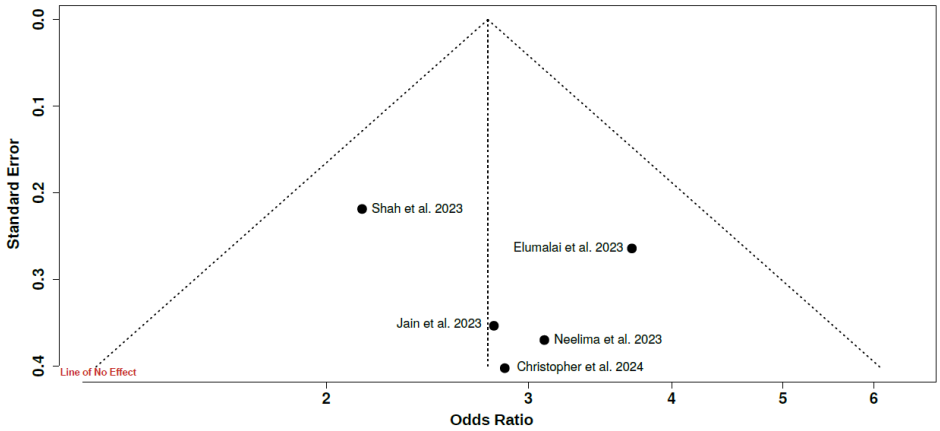


Supplementary Figure 3 Funnel plot of pooled odds ratios for female sex as a

predictor of impaired health-related quality of life and persistent symptoms after coronavirus disease 2019.



Supplementary Figure 4 Funnel plot of pooled odds ratios for non-vaccinated status as a predictor of long coronavirus disease or persistent symptoms after coronavirus disease 2019.



Supplementary Figure 5 Funnel plot of pooled odds ratios for severe coronavirus disease 2019 or intensive care unit-level illness as a predictor of impaired health-related quality of life after recovery.

Supplementary Table 1 Summary of patient care involving hospitalization data, length of stay, and additional care information, *n* (%)

Ref.	When were the participants recruited	Hospitalization	Length of hospitalisation	Additional care (ICU, ventilation support, *etc.*)
Barani *et al*[30],	within 30 days of	Govt hospital:	NR	ICU: 3.8%. Mechanical

2022	conformed infection	41.4%. Private hospital: 31.5%		ventilation : 2.9%. Oxygen suppl :3.8%
Christopher *et al*[34], 2024	After recover from Covid infection	NR	NR	NR
Elumalai *et al*[35], 2023	COVID-19 patients admitted in 36 SCCCs, irrespective of their time of infection	NR	NR	NR
Gupta *et al*[32], 2022	Study conducted during extended postpartum period (between 6 and 7 months after delivery)	NR	< 1 day: 58.96%; 1-2 days: 39.88%; > 2 days: 1.16%	Ventilator: 1.16%. Need for oxygen: 96.53%
Hegde *et al*[27], 2022	Discharged from hospital, assessments were made at discharge, 4 weeks and 8 weeks	All	NR	NR
Jain *et al*[29], 2023	Infected patients admitted to the ICU because of severe COVID-19 and had elapsed at least one and a half year since their discharge	All	< 10 days: 32%; 10-20 days: 40%; > 20 days: 28%	ICU <3 days:19.9%. ICU 3-7 days: 54.2%. ICU >7 days: 25.8%. Mean duration of ICU stay: 8.72 ± 2.85 days. Invasive mechanical ventilation: 22.2%
Neelima and Chivukula[31], 2023	During admission in ICU	All	NR	Mean duration of ICU stay: 12.29 ± 12.17 days
Revathishree *et al*[25], 2022	Contacted during there hospitalization period	All	NR	Respiratory ICU: 5.2%

Sarda *et al*[33], 2022	Patients in home isolation were contacted telephonically after minimum 28 days of diagnosis	Excluded	NR	NR
Shah *et al*[26], 2023	Patients were selected during their hospitalization and were followed up at 1 and 3 months after discharge	All	Range, mean: 1-28 days ,6.13	ICU Duration of stay (Range, mean): 0-28 days, 1.34. Length of oxygen req. (Range, mean): 0-29 days, 6.21
Wasim and Kuriakose[28], 2024	Individuals who tested positive for COVID-19 once and were currently COVID-19 negative were selected for the study	NR	NR	NR

Supplementary Table 2 Summary of health-related quality of life/quality of life findings from the systematic review, mean (SD)/*n* (%)

Ref.	Assessment tool	Range	Time of measurement	of the HRQoL	Mean EQ-VAS score	Mobility	Self-care	Usual activities	Pain/discomfort	Anxiety/depression	ED-5D-3L index
Barani *et al*[30], 2022	EQ-5D-5L	0-1 (Utility Score); 0-100 (VAS Score)	unclear specific post-recovery intervals	0.925 ± 0.150	90.68 ± 11.81						
Christopher *et al*[34], 2024	St George's Respiratory questionnaire (SGRQ)	More symptomatic (SGRQ ≥25) and less symptomatic (SGRQ < 25)	63 days (~2 months) post-symptom onset	84 (41.0%) (more symptomatic group)							
Elumalai *et al*[35], 2023	EQ-5D-5L and EQ-VAS	0-1 (Utility Score); 0-100 (VAS Score)	Assessed retrospectively for participants, unspecified time point during or after this period	0.98 ± 0.05	92.14 ± 0.39						
Gupta *et al*[32], 2022	EQ-5D-5L	0-1 (Utility Score)	6–7 months post-discharge (extended postpartum period).	-	-	NP: 96.53%; SP: 3.46%	NP:100%	NP: 94.8%; SP: 5.2%	NP: 92.48%; SP: 7.52%	NP: 91.9%; SP: 8.1%; MP: 1.73%	
Hegde *et al*[27], 2022	EuroQol-5D-5L scale	0-1 (Utility Score)	At discharge, 4 weeks, and 8 weeks post-discharge			Discharge: 12 (9.8%); 4 weeks post-discharge: 10	Discharge: 6 (4.9%); 4 weeks post-discharge: 4 (3.3%); 8 weeks	Discharge: 11 (8.9%); 4 weeks post-discharge: 7 (5.7%); 8 weeks	Discharge: 15 (12.2%); 4 weeks post-discharge: 8 (6.5%); 8 weeks post-discharge: 5 (4.1%)	Discharge: 39 (31.7%); 4 weeks post-discharge: 5 (4.07%); 8 weeks post-discharge: 1 (0.8%)	

						(8.1%); 8 weeks post-discharge: 6 (4.9%)	post-discharge: 1.6%	post-discharge: 4 (3.3%)
Jain *et al*[29], 2023	EUROHIS-QOL 8	5-Point Likert Scale	561 days (~18 months) post-discharge	3.28 ± 0.98				
Neelima and Chivukula[31], 2023	EQ-5D-5L	0-1 (Utility Score); 0-100 (VAS Score)	Between 1 to 6 months post-recovery	0.51 ± 0.43	68.97 ± 22.27			
Revathishree *et al*[25], 2022	FCV-19S	4 points likert scale; 2 components: hospital anxiety and depression scale (14-item), Perceived Vulnerability to Disease Scale (15-item)	Pre-treatment, post-treatment	12.32 ± 3.64				
Sarda *et al*[33], 2022	FSS, WHO-BREF	FSS: 7-point Likert scale WHOQOL-BREF: 5-point Likert scale	After 1 month of diagnosis	68.5 ± 10.6				
Shah *et al*[26], 2023	EQ-5D-3L scale	0-1 (Utility Score); 0-100 (VAS Score)	1 month and 3 months post-discharge		After 1 month: 80.34 (12.77). After 3 months: 91.69 (12.34)			After 1 month: 11.55 (3). After 3 months: 8.54 (2.62)
Wasim and Kuriakose[28], 2024	SF-36 (RAND 36-Item Health Survey Instrument) questionnaire		Variable durations of symptoms, including assessments	67.65 ± 4.88				

																			beyond 5 months post-recovery

Supplementary Table 3 Summary of reported comorbidities of the coronavirus disease-infected patients

Ref.	Comorbidities reported	DM	HT	CVD	CKD	RD	Thyroid	Cancer	IHD	MSD	Anemia	PE	APE	Fatigue	GID	THB	SHT	ND	SD	Other
Barani *et al*[30], 2022	DM, HT, CVD, CKD, RD, Cancer	19.4%	12.4%	2.4%	0.8%	0.8%	-	0.3%	-	-	-	-	-	-	-	-	-	-	-	2.9%
Christopher *et al*[34], 2024	DM, HT, IHD, RD, CKD Cancer	37.7%	33.3%		1.9%	29.0%	-	4.3%	8.2%	-	-	-	-	-	-	-	-	-	-	21.3%
Elumalai *et al*[35], 2023	DM, HT CVD, RD, Thyroid	12.8%	9.8%	1.9%		1.0%	1.2%	-	-	-	-	-	-	-	-	-	-	-	-	3.9%
Gupta *et al*[32], 2022	Anemia, PE, APE, Hypothyroidism	-	-	-	-	-	2.89%	-	-	-	7.5%	6.35%	3.47%	-	-	-	-	-	-	3.5%
Neelima and Chivukula[31], 2023	DM, HT, Asthma, Thyroid	52.3%	39.20%	-	-	6.50%	3.70%	-	-	-	-	-	-	-	-	-	-	-	-	-
Revathishree *et al*[25], 2022	DM, HT, Asthma, Thyroid, CAD	19.2%	15.2%	3.6%	-	4.4%	5.2%	-	-	-	-	-	-	-	-	-	10%	-	-	-
Sarda *et al*[33], 2022	DM, HT, CVD, ND Thrombosis	3.09%	35%	3.09%	-	-	-	-	-	-	-	-	-	-	-	0.25%	-	-	-	-

Supplementary Table 4 Assessment of the quality of studies using JBI critical appraisal tool. (to be attached in annexures)

Ref.	CS-Q1	CS-Q2	CS-Q3	CS-Q4	CS-Q5	CS-Q6	CS-Q7	CS-Q8	Quality score (1-3 – Poor, 4-6- Fair, 7-8- Good)

Barani *et al*[30], 2022	●	●	●	●	●	●	●	●	Good
Christopher *et al*[34], 2024	●	●	●	●	○	○	●	●	Fair
Elumalai *et al*[35], 2023	●	●	●	●	●	●	●	●	Good
Gupta *et al*[32], 2022	●	●	●	●	●	●	●	●	Good
Hegde *et al*[27], 2022	●	●	●	●	●	●	●	●	Good
Jain *et al*[29], 2023	●	●	●	●	●	●	●	●	Good
Neelima and Chivukula[31], 2023	●	●	●	●	●	●	●	●	Good
Revathishree *et al*[25], 2022	●	●	●	●	●	●	●	●	Good
Sarda *et al*[33], 2022	●	●	●	●	●	●	●	●	Good
Shah *et al*[26], 2023	●	●	●	●	●	●	●	●	Good
Wasim and Kuriakose[28], 2024	●	●	●	●	●	●	●	●	Good

CS-Q1. Were the criteria for inclusion in the sample clearly defined?

CS-Q2. Were the study subjects and the setting described in detail?

CS-Q3. Was the exposure measured in a valid and reliable way?

CS-Q4. Were objective, standard criteria used for measurement of the condition?

CS-Q5. Were confounding factors identified?

CS-Q6. Were strategies to deal with confounding factors stated?

CS-Q7. Were the outcomes measured in a valid and reliable way?

CS-Q8. Was appropriate statistical analysis used?

● - YES. ○ - UNCLEAR. ⊕ - NO