

Supplementary File 1: initial, and daily, questions on web-app

- (i) We would like to ask a couple of questions about you and do a short activity test. This shouldn't take long:
1. How old are you (select age from drop down menu)
 2. Are you male or female
 3. How active are you?
 - Active (At least 150 minutes of moderate activity e.g. could talk but not sing while performing; or 75 minutes of vigorous activity, could not talk while performing per week).
 - Not very active (Less than 150 minutes of moderate activity e.g. could talk but not sing while performing; or less than 75 minutes of vigorous activity, could not talk while performing, but more than 30 minutes of activity per week)
 - Inactive (less than 30 minutes of physical activity per week).
 4. Have you suffered any illness within the last year? Yes/ No
 5. Was the illness COVID-19? Yes/ No
 6. How long ago did your symptoms subside?
 - Less than 2 months ago
 - Between 2 and 6 months ago
 - Between 1 year and 6 months ago
 - Over 1 year ago
 7. What is your job/occupation <free text>
- (ii) Please provide an email address. This will be used to provide you with daily notifications to complete the daily check-in. This will be securely stored, and will not be shared with anyone else. Once the study is completed, it will be deleted.

Daily wellbeing questions

Have you developed any new symptoms? Yes/No

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These can include obvious symptoms like cough, fever or chest pains, to other, less obvious ones, like lethargy or exhaustion (*we will expand this text to include other symptoms to better guide the individual*)

How was your sleep?

1: I slept very, very well 4: I slept ok 7: I slept very, very poorly

How fatigued are you?

1: I do not feel fatigued at all (fatigue levels are very, very low) 4: I feel a bit fatigued 7: I feel very, very fatigued

How emotionally stressed has today's activity made you feel?

1: I do not feel stressed at all (not) 4: I feel a bit stressed 7: I feel very, very stressed (elastic band completely stretched, feel anxious, panicked)

How sore are you?

1: My muscles are not sore at all 4: My muscles are a bit sore 7: My muscles are very, very sore

How recovered do you feel (to be able to do day to day activities)?

1: I feel completely recovered and can do all activities as normal (battery completely charged) 4: I haven't recovered completely (battery on half) 7: I haven't recovered at all and feel unable to do most or all day to day activities (battery completely depleted)