

**Supplementary Materials:** Covid MS questionnaire.

Date of birth:

Sex: female

male

Marital status: Single

Stable relationship

Married

Divorced

Widowed

Children : YES/NO ; If YES – how many

Place of residence: big city (> 100 000 inhabitants)

Small town (< 100 000 inhabitants)

Village

Level of education: primary school

Vocational school

High school diploma

University degree

Occupational status: employed (full-time)

Employed (part-time)

Self-employed

Unemployed

Retired

Disability pensioner

Student

**II. MS-related items:**

1. When did the first symptoms of MS occur? (year)
2. When were you diagnosed with MS? (year)
3. What type of MS do you have:

Relapsing-remitting

Secondary or primary progressive

I do not know

4. Which of the MS symptoms listed below are the most debilitating for you (please mark up to 3):

- Disturbed gait
- Weakness or discoordination of upper limbs
- Visual deficit
- Vertigo/balance problems
- Sensory impairment (sensory loss, tingling/burning sensations, pain)
- Bowel and/or bladder problems
- Fatigue
- Cognitive impairment (problems with memory, attention etc)
- Other, please specify.....

5. Please choose ONE from the following options, which best describes your mobility:

- I can walk any distance without rest
- I can walk a limited distance, then I have to rest
- I can only walk using an assistive device (cane, crutch, walker etc) or with accompanying person
- I use a wheelchair

6. What kind of treatment do you receive because of MS:

- disease-modifying treatment (DMT) within therapeutic program
- experimental therapy within clinical trial
- other treatment

7. Please provide the name(s) of your MS medications and how long you receive them

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8. Apart from MS, do you have any other diseases recognized? YES/NO

If YES, please specify

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### **III. MS course during the pandemic (from March 2020 until now):**

1. Have you experienced a relapse of MS? YES/NO

If YES,

- Was it confirmed by a neurologist? YES/NO
- Were you admitted to hospital? YES/NO
- Were you treated with infusions of corticosteroids? YES/NO
- Were you treated with oral corticosteroids? YES/NO

2. Were your most debilitating MS symptoms more frequent or more severe? YES/NO

If YES, which of the following ones?

- Disturbed gait
- Weakness or discoordination of upper limbs
- Visual deficit
- Vertigo/balance problems
- Sensory impairment (sensory loss, tingling/burning sensations, pain)
- Bowel and/or bladder problems
- Fatigue
- Cognitive impairment (problems with memory, attention etc)

3. Have you experienced any new symptoms (other than listed above) YES/NO

If YES, please specify.....

4. Have you had any problems

- with access to a neurologist/MS care center? YES/NO
- With access to a primary care physician or other specialist? YES/NO
- With access to rehabilitation? YES/NO
- With access to any relevant information concerning MS and pandemic? YES/NO

5. Because of pandemic, have you had any problems:

- With continuation of treatment? YES/NO
- With starting DMT? YES/NO
- With switch of DMT? YES/NO

6. Have you cancelled any scheduled visit to the hospital or MS center because of fear of infection? YES/NO

If YES, were you offered remote consultation (tele-consultation, phone call etc)?

7. During the pandemic, did you need any additional help or care? YES/NO

#### **IV. Exposure to COVID-19 (since March 2020 till now)**

1. Were you tested for COVID-19? YES/NO

2. Were you found positive for COVID-19? YES/NO

If YES, were you admitted to hospital? YES/NO

3. Did you undergo a quarantine?

4. Was any of your family or friends found positive for COVID-19? YES/NO

#### **V. Other consequences of pandemic**

During the pandemic (since March 2020 till now):

1. Have you experienced any work-related problems? YES/NO

If YES, please choose all that apply:

- Limited or suspended schedule of work
  - Loss of job
  - Problems with remote work/studying
  - Fear from infection at workplace
  - Increased range of responsibilities
2. Have you experienced any financial problems? YES/NO
3. Have you experienced any problems associated with family/close persons? YES/NO

If YES, please choose all that apply:

- COVID-19 infection in close person
  - Concern about health of close persons
  - Need to provide additional care/help for close person
  - Helping children with e-learning
  - Organizing remote work and studying for all the family members
  - Other conflict situations associated with staying at home during lockdown
  - Limited contacts with close persons
4. Have you experienced any problems with your daily activities? YES/NO

If YES, please choose all that apply:

- Shopping
  - Household duties (cleaning etc)
  - Small repairs
  - Pet care
  - Other, please specify.....
5. Because of pandemic, did you have to cancel or postpone any important life event (travel, celebration etc)? YES/NO