

## Supplementary Material

### Table S1. Questionnaire

#### A1. COVID-specific questions – pLTC and np-LTC group

- Did you have a proven COVID-19 infection?  
☐ Yes, with symptoms.      ☐ Yes, without symptoms.      ☐ No.
- Would you like to get the vaccination against COVID-19?  
☐ Yes, I am already vaccinated.      ☐ Yes, I wish to.      ☐ Maybe.      ☐ No.
- Did you recognize a worsening of your Parkinson's disease during the COVID-19 pandemic?  
Not at all      Very much  
☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10
- Overall, how concerned are you about the COVID-19 pandemic?  
Not at all      Very much  
☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10
- How strong is the impact of the COVID-19 pandemic on your everyday life?  
No impact      Very strong  
☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10
- Have there been any phases during the COVID-19 pandemic in which you felt less supported in everyday life as compared to before?  
Not at all      Very frequently  
☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10
- Which impairments did you perceive during the COVID-19 pandemic? Multiple answers possible.
  - ☐ No impairment
  - ☐ Less contact with or care by family/relatives/friends/third parties
  - ☐ Less contact with or care by medical staff/doctors
  - ☐ Less contact with or care by therapists (e.g., physiotherapy)
  - ☐ Less contact with or care by nursing staff
  - ☐ Not leaving the house/room

☐ Others, please specify: .....

- Could you use telemedicine (telephone or internet-based visits) during the COVID-19 pandemic?

Not at all

Very frequently

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

- Would you like to use telemedicine (telephone or internet-based visits) on a regular base?

☐ Yes, but only additionally to personal doctor's visit.

☐ Yes, as an alternative to personal doctor's visit.

☐ No.

- Do you have the technical options to perform telemedicine?

☐ Yes, telephone & internet.

☐ Yes, telephone only.

☐ Yes, internet only.

☐ No.

## A2. COVID-specific questions – p-LTC group only

- How well protected against COVID-19 do you feel by the sanitary measures of your professional care?

Not at all

Very well

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

- How well informed are you by your professional care about the current sanitary measures?

Not at all

Very well

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

- Which sanitary measures are used during your professional care sessions?

☐ Distance

☐ Hand hygiene (washing and disinfection of hands on a regular base)

☐ General hygiene measures (e.g., coughing / sneezing in the crook of the arm)

☐ Nursing staff wears a mask during care sessions

☐ Me, the patient, wears a mask during care sessions

☐ My family/relatives wear masks when come to visit me

☐ Limitation/interdiction of visitations

☐ Room ventilation

☐ Testing for COVID-19 in patients and/or nursing staff (e.g., PCR, quick tests)

☐ Don' t know

☐ Others, please specify: .....