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Appendix A



Your MS and COVID-19 Questionnaire

You had previously reported that you have experienced symptoms of coronavirus infection.

In this brief questionnaire, we would like to ask you about your recovery.

- As part of your coronavirus infection, did you experience fever?

- ☐ Yes, but I have recovered now
- ☐ No
- ☐ Yes, and I still have a fever

- At worst, how disabling was your coronavirus infection?

- ☐ It was not disabling at all
- ☐ I was unwell, but I could look after myself
- ☐ I received help for everyday activities even before the infection, and my needs did not change
- ☐ I received more help from my family/friends/carers, but I could have done without help
- ☐ I needed more help and could not have managed without it

- Most people with MS experience some worsening of their pre-existing MS symptoms

during infections such as a cold, flu, or urinary infection. Compared to the last infection you remember before the coronavirus, how did your coronavirus infection affect your pre-existing MS symptoms:

- ☐ My MS symptoms were no worse during the coronavirus infection
- ☐ My MS symptoms were worse during the coronavirus infection, but it was the same as my last infection
- ☐ My MS symptoms were worse during the coronavirus infection, but it was less than my last infection

☐ My MS symptoms were worse during the coronavirus infection, and it was worse than my last infection

☐ I cannot remember

- Have your pre-existing MS symptoms gone back to how they were before the coronavirus infection?

☐ Yes

☐ No

If “Yes”: How long did the worsening of your pre-existing MS symptoms last before improving to the state before the coronavirus infection?

☐ 1-3 days

☐ 4-6 days

☐ A week

☐ Two weeks

☐ Three weeks

☐ Four weeks

☐ More than four weeks

- Did you experience any new MS symptoms during/since your coronavirus infection that you had not experienced before?

☐ Yes

☐ No

If “Yes”: What were the new MS symptoms? (please tick only those symptoms that are new, and you had not experienced before, and please tick all that apply)

☐ New weakness

Was this new weakness:

☐ Mild (did not limit my daily activities)

☐ Moderate (limited my daily activities, but less than 50%)

- Severe (limited my daily activities more than 50%)
- New sensory symptoms (numbness, pins and needles, pain)
 - Were these new sensory symptoms (numbness, pins and needles, pain)
 - Mild (did not limit my daily activities)
 - Moderate (limited my daily activities, but less than 50%)
 - Severe (limited my daily activities more than 50%)
- New loss of balance
 - Was this new loss of balance:
 - Mild (did not limit my daily activities)
 - Moderate (limited my daily activities, but less than 50%)
 - Severe (limited my daily activities more than 50%)
- New bladder/bowel problems
 - Were these new Bladder/bowel problems:
 - Mild (did not limit my daily activities)
 - Moderate (limited my daily activities, but less than 50%)
 - Severe (limited my daily activities more than 50%)
- New problems with eyesight (blurred vision, double vision)
 - Were these new problems with eyesight (blurred vision, double vision):
 - Mild (did not limit my daily activities)
 - Moderate (limited my daily activities, but less than 50%)
 - Severe (limited my daily activities more than 50%)
- New fatigue (Not worsening fatigue)
 - Was this new fatigue (not worsening fatigue):
 - Mild (did not limit my daily activities)
 - Moderate (limited my daily activities, but less than 50%)
 - Severe (limited my daily activities more than 50%)
- New memory problems
 - Were these new memory problems:
 - Mild (did not limit my daily activities)
 - Moderate (limited my daily activities, but less than 50%)
 - Severe (limited my daily activities more than 50%)
- New mobility problems

Were these new mobility problems:

- Mild (did not limit my daily activities)
- Moderate (limited my daily activities, but less than 50%)
- Severe (limited my daily activities more than 50%)
- ☐ Other (If your new MS symptom is not list above, please let us know more)

Were these new other MS symptoms:

- Mild (did not limit my daily activities)
- Moderate (limited my daily activities, but less than 50%)
- Severe (limited my daily activities more than 50%)

- Have you recovered from these new MS symptoms?

- Yes
- No

- How long did these new MS symptoms go on for?

- Less than a day
- 1-3 days
- 4-6 days
- A week
- Two weeks
- Three weeks
- Four weeks
- More than four weeks

- What was the outcome of these new symptoms?

- ☐ Treated with a steroid
- ☐ Admitted to hospital
- ☐ I self-managed
- ☐ Other