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/carer, 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