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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
- \circ No
- Yes, and I still have a fever
- At worst, how disabling was your coronavirus infection?
- It was not disabling at all
- o I was unwell, but I could look after myself
- o I received help for everyday activities even before the infection, and my needs did not change
- o I received more help from my family/friends/carer, but I could have done without help
- o 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
- o My MS symptoms were worse during the coronavirus infection, but it was the same as my last infection
- o 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
o 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
o A week
○ Two weeks
• Three weeks
o 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
o 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
O Three weeks
○ Four weeks
O More than four weeks
- What was the outcome of these new symptoms?
☐ Treated with a steroid
□ Admitted to hospital
□ I self-managed
□ Other