



## **COVID-19 Screening Questionnaire for Patients with Multiple Sclerosis (MS) and Neuromyelitis Optica Spectrum Disease (NMOSD)**

Dear Sir or Madam,

You are being asked to participate in a research survey launched by our MS/NMOSD working group in the Chinese Medical Network for Neuroinflammation (CMNN). This survey is being conducted to learn about the life and social status of MS/NMOSD patients during the outbreak of COVID-19. Your participation is voluntary and you may withdraw your participation at any time for any reason. If you agree to participate in this survey, you will be asked to a few questions online regarding COVID-19 symptoms and about your age, gender, education, health, disease status, work and social distancing behaviors. The survey should take less than 10 minutes to complete. If we do not receive your reply in one week, we may call you over the phone.

Thank you very much for your time and participation.

Fu-Dong Shi, MD, PhD

President of CMNN

On behalf of CMNN MS/NMOSD working group



1. Gender:

A. Male; B. Female

2. Age: \_\_\_\_\_

3. Education:

. Elementary school; . Middle school; . High school; . Community College; . Undergraduate;  
E. Graduate.

4. Occupations:

. Clerk; . Worker; . Farmer; . Self-employed; . Unemployed; . Student; . Miscellaneous.

5. Your working status during COVID-19 outbreak:

. Work as usual; . Work/study from home; . Infected with COVID-19; . Quarantined due to close contact with the person with COVID-19; . Not working and stay at home.

6. Diagnosis:

. Multiple Sclerosis; . Neuromyelitis Optica Spectrum Disease;  
. MOG-Ab related demyelinating diseases; . Other unclassified demyelinating diseases.

7. Which city did you live during COVID-19 outbreak (within the past month):

Province: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

8. Your major source to obtain knowledge of COVID-19 pneumonia (single choice):

. TV; . Newspapers; . Cell phones and internet; . Friends and relatives.

9. Major symptoms of COVID-19 pneumonia that you may know (multiple choices):

. Stuffy nose; . Fever; . Cough; . Dyspnea; . Fatigue; . Diarrhea.

10. The major transmission routes of COVID-19 that you may know (multiple choices):

. Respiratory droplets; . Aerosols; . Contact; . Fecal-oral route.

11. What measures do you know to prevent new coronavirus infection (multiple choices):

. Wear a mask when go out; . Pay attention to hand hygiene, wash hands frequently when necessary and disinfect hands; . Pay attention to indoor ventilation; . Preventive use of medication; . Keep healthy life style; . No special protection required.

12. Which of the following COVID-19 information are you more concerned about (limited to 2 choices):

. The latest prevalence numbers; . COVID-19 pneumonia related knowledge and research progress; . COVID-19 prevention measures; . Whether there are patients with COVID-19 pneumonia in community.

13. Your current status related to COVID-19 pneumonia in a month:

. Diagnosed; . Contact or close contact; . No contact.



-If you were diagnosed with COVID-19 pneumonia:

a. Did you have nucleic acid test for COVID-19? . Yes; . No.

b. If yes, is the result positive? . Yes; . No.

c. Is your CT scan positive? . Yes; . No.

d. Were you hospitalized? . Yes; . No.

e. Did you stay an ICU? . Yes; . No.

f. Did you have intubation? . Yes; . No.

14. Has your demyelinating disease recurred since the outbreak of COVID-19? . Yes; . No.

15. Before the outbreak of COVID-19, did you take any relapse prevention drugs?

. No drugs were used for prevention; . Azathioprine; . Mycophenolate mofetil; . Cyclosporine;  
. Cyclophosphamide; . Tacrolimus; . Rituximab; . Fingolimod; . Teriflunomide; . Chinese  
medicine; . Interferon B

16. Has your treatment been affected since the outbreak of COVID-19?

. Not affected, continue to the previous plan;  
. Affected, change the plan (please write it yourself:\_\_\_\_)  
. Affected, interrupt treatment.

17. Since the outbreak, have you experienced all or part of the following symptoms or the severity of the original symptoms has changed (single choice):

. Easy to be nervous, feel frightened or even panicked for no reason, anxious, overly worried;  
. No obvious increase;  
. Mildly increased;  
. Significantly increased.

18. Has your inspection and re-examination (blood drawing or imaging examination) been affected since the outbreak of COVID-19?

. Not affected as planned;  
. Partially affected, and the relevant review was delayed;  
. During the epidemic period, no related items were reviewed.

19. Has your disease-related rehabilitation training been affected since the outbreak?

. Not affected, continue to carry out rehabilitation in hospital;  
. Not affected, continue home rehabilitation training;  
. Partially affected, switched to home rehabilitation training;  
. Affected and rehabilitation training is interrupted.



20. Since the outbreak, have you experienced all or part of the following symptoms or the severity of the original symptoms has changed (single choice):

- Depressed, decreased interest, slow thinking, loss of appetite;
- No obvious increase;
- Mildly increased;
- Significantly increased.

21. Your sleep quality since the outbreak:

- No change;
- Changed, increased sleep than before the outbreak;
- Changed, less than before the outbreak, insomnia, dreaminess, and easy to wake up.

22. After the outbreak, did you experienced the following issues?

- More susceptible to COVID-19 pneumonia than others;
- During the outbreak of COVID-19, the original disease is more likely to recur;
- Anxiety and fear of death;
- As usual, no worry.

23. Since the outbreak, did you have hospital visits?

- Yes, continue to visit the hospital as usual;
- Yes, changed the hospital, see the nearest one
- Did not go to hospitals for treatment.

24. Since the outbreak, have you ever seen a doctor online?

- Video visit;
- VoIP, voice over Internet;
- Online browsing and consultation;
- Did not use online medical service.

25. Did you watch the online lecture video of the Multiple Sclerosis group before filling in the form?

- Yes;  No.

If yes, please rate this video based on your actual knowledge gained from their lectures (score: 0-10 most satisfied):

COVID-19 infection knowledge\_\_\_\_\_

COVID-19 infection prevention measures\_\_\_\_\_

Self-willingness to adhere to treatment plans\_\_\_\_\_

Medical treatment process when the disease recurs or the symptoms worsen\_\_\_\_\_