

Online Supplement

Impact of Coronavirus Disease 2019 on Hospital Admissions, Health Status, and Behavioral Changes of Patients with COPD

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Patient questionnaire

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Patient questionnaire

In the following section we are interested in your current state of health and your health behavior during the COVID-19 pandemic.

In the second section, we ask you to fill out the standardized questionnaires. It can happen that some questions are asked twice/are very similar.

Please tick the correct box in the table columns or circles provided! There is only one possible answer at a time.

1. Information COVID-19 disease and symptoms

1.1 Have you had the following symptoms in the last 3 months:

	not at all	a little	moderately	quite	a lot
Cough					
Shortness of breath					
Loss of consciousness / confusion / disorientation					
Stomach pain					
Vomiting					
Nausea					
Loss of appetite					
Diarrhea					
Conjunctivitis					
Skin changes					
Other					

1.2 How often have you been tested with a rapid antigen test or PCR test in the last 7 days?

1.3 Where was the test conducted?

Hospital	Doctor's office	Public test sites	Others

1.4 Have you been diagnosed with antibodies against COVID-19?

I have not been tested	I have been tested, the test result is still pending.	I tested positive.

1.5 Have you had contact with a confirmed COVID-19 case in the last 3 months?

Spouse, life partner, children, parents	Friends, relatives	Others

1.6 Have you been sick with COVID-19?

- Yes
 - Date:
 - Duration:
 - Course of the disease:
 - No symptoms
 - Mild course
 - Severe course
 - Disease with virus mutant? (B.1.1.7 United Kingdom, B.1.351 South Korea, B.1.1.28 P.1 Brazil) - if known:
- No

1.7 Have you been hospitalized due to COVID-19 disease?

- Yes
 - Normal ward
 - Intensive care
- No

1.8 Have you already received a vaccination against COVID-19?

- Yes
 - mRNA-Vaccine:
 - Vector Vaccine
- No

2. Information on the current living and working situation

2.1 What is your current marital status?

- Married
- Permanent partnership
- Single
- Other

2.2 Do you currently live alone?

- Yes
- No, together with family/relatives
- No, together in a care facility/flat share

2.3 Do you receive support from an ambulant nursing?

- Yes
- No

2.4 What is your current job?

- Employed/self-employed
 - Do you currently work from home?
- Retired
- Unemployed
- Other

2.5 Were you socializing before the COVID-19 pandemic?

not at all	a little	moderately	quite	a lot

2.6 Have you reduced your social contacts during the COVID-19 pandemic?

not at all	a little	moderately	quite	a lot

2.7 Have you reduced your social contacts even further compared to spring 2020 and winter 2020/21?

not at all	a little	moderately	quite	a lot

2.7.1 Do you now have more social contacts compared to spring 2020 and winter 2020/21?

not at all	a little	moderately	quite	a lot

2.8 Have you consciously reduced your daily errands/shopping during the COVID-19 pandemic?

not at all	a little	moderately	quite	a lot

2.9 Have you been hired other people for errands/shopping in the last 3 months?

- Yes
- No

2.10 Before the COVID-19 pandemic, how often did you leave your apartment/house?

Every day	Weekly	Monthly	never

2.11 How often do you currently leave your apartment/house?

Every day	Weekly	Monthly	never

2.12 Did you leave your apartment/house less or more often than in spring 2020 and winter 2020/21?

- Less
- More often

3. Information on the current state of health

3.1 How many exacerbations of COPD have you had in the past year?

3.2 Have you had an increase in the symptoms of COPD in the last 3 months?

- Yes
 - How often per month?
- No

3.3 Have you received treatment for the increase in symptoms during the COVID-19 pandemic?

- Yes
 - Outpatient
 - Hospital
- No

3.4 How were you treated? (cortison, antibiotics,...)

3.5 Information on shortness of breath

In the last 2-4 weeks	not at all	a little	moderately	quite	a lot
Feeling of shortness of breath					
I get out of breath when I climb stairs					
Do I get out of breath walking 10 steps on the flat at a normal pace?					
I get out of breath when I get dressed					
Do I get out of breath when I get up from the bed or chair?					

3.6 Information on physical functioning:

In the last 2-4 weeks	not at all	a little	moderately	quite	a lot
Can you do housework, e.g. Vacuuming or gardening?					
Can you walk up and down stairs at a normal pace?					
Can you walk for at least 15 minutes?					
Can you run errands and go shopping?					

3.7 Mental health information:

In the last 2-4 weeks	not at all	a little	moderately	quite	a lot
I was afraid.					

I found it hard to pay attention to anything other than my fear.					
My worries overwhelmed me.					
I felt uneasy.					

In the last 2-4 weeks	not at all	a little	moderately	quite	a lot
I felt worthless.					
I felt helpless.					
I felt down.					
I felt hopeless.					

3.8 Information on feelings of exhaustion:

In the last 2-4 weeks	not at all	a little	moderately	quite	a lot
I am exhausted.					
It's hard for me to start anything because I'm tired.					
In general, how drained did you feel?					
How tired are you in general?					

4 Information on current health behavior

4.1 How much has your current life situation changed due to the COVID-19 pandemic?

not at all	a little	moderately	quite	a lot

4.2 Has your current living situation changed compared to spring 2020 and winter 2020/21?

not at all	a little	moderately	quite	a lot

4.3 Do you avoid doctor's offices/hospitals because you are afraid of getting COVID-19?

not at all	a little	moderately	quite	a lot

4.4 Are you avoiding public places because you are afraid of getting COVID-19?

not at all	a little	moderately	quite	a lot

4.5 Are you having trouble getting medical supplies (e.g. prescriptions, medicines, supplies) due to social distancing measures?

not at all	a little	moderately	quite	a lot

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4.6 Do you feel that your access to medical care has been made more difficult since the COVID-19 pandemic?

not at all	a little	moderately	quite	a lot

4.7 Do you feel that your access to medical care is made more difficult compared to spring 2020 and winter 2020/21?

not at all	a little	moderately	quite	a lot

4.8 Has your general health subjectively gotten worse since the beginning of the COVID-19 pandemic?

not at all	a little	moderately	quite	a lot

4.9 Has your general state of health subjectively worsened compared to spring 2020 and winter 2020/21?

not at all	a little	moderately	quite	a lot

4.10 Have you avoided physical activity in the past 3 months?

not at all	a little	moderately	quite	a lot

4.11 Have you been able to participate in lung sports groups in the last 3 months?

- Yes
- No

4.12 Have you received physical therapy (e.g. respiratory therapy) in the last 3 months?

- Yes
- No

4.13 Have you exercised independently (e.g. with the help of online offers) in the last 3 months?

- Yes
- No

4.14 Do you get more shortness of breath when wearing the FFP2 mask?

- Yes
- No

4.15 Does wearing the FFP-2 mask affect your everyday life (e.g. shopping, visiting the doctor)?

not at all	a little	moderately	quite	a lot
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