

Online Supplement

Impact of Coronavirus Disease 2019 and Vaccination Attitudes on Alpha-1 Antitrypsin Deficiency

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AlphaNet Questionnaire

Questions Asked in December 2020

- If a vaccine to prevent COVID-19 were available today, would you....(only 1 response could be selected)
 - Definitely get the vaccine
 - Probably get the vaccine
 - Probably NOT get the vaccine
 - Definitely NOT get the vaccine
- Have you been diagnosed with COVID-19 in the past year? (only 1 response could be selected)
 - No
 - Yes
- If “yes” to having been diagnosed in the past year, the following question was asked:
 - Have you had symptoms lasting 3 weeks or longer? (only 1 response could be selected)
 - No
 - Yes
- If “yes” to symptoms lasting 3 weeks or longer, the following question was asked:
 - Which symptom was your most prominent symptom? (only 1 response could be selected)
 - Fatigue
 - Cough
 - Loss of taste
 - Loss of smell
 - Congestion
 - Dyspnea

- Chest pain
 - Confusion
 - Other
- If “other” is marked, the following question was asked:
 - Please list other symptom _____

Questions Asked on a Monthly Basis

- Have you or anyone in your immediate household been diagnosed with COVID-19? (only 1 response could be selected)
 - No
 - Yes
- If “yes”, the following questions were asked:
 - I have been diagnosed with COVID-19 (only 1 response could be selected)
 - No
 - Yes
 - If “yes”, date diagnosed _____
 - One or more members of my immediate household has been diagnosed with COVID-19 (only 1 response could be selected)
 - No
 - Yes
 - If “yes”, date first member diagnosed _____
- If the response was “yes” to “I have been diagnosed with COVID-19” the following questions were asked:
 - Over the past month, how many days have you had symptoms of COVID-19?
_____ days
 - How was your COVID-19 managed? (only 1 response could be selected)
 - I stayed at home
 - I was hospitalized, but did not spend time in the ICU
 - I spent time in the ICU
- Have you missed any of your scheduled augmentation therapy infusions due to COVID-19?
 - No
 - Yes
- If “yes”, the following options appeared (multiple responses could be selected)
 - Yes, due to concern that it would increase my health risk (for example, due to being in a medical facility for my infusion or being concerned about infusion nurse visits)
 - Yes, because I’ve switched to infusions longer than 1 week apart
 - Yes, because nursing and/or supplies were unavailable
 - Yes, because augmentation therapy was unavailable