



# The Open Rheumatology Journal

Content list available at: <https://openrheumatologyjournal.com>

## Supplementary Material



## Questionnaire on COVID-19 Self-Reported Symptoms in a Cohort of Rheumatoid Arthritis and Systemic Lupus Erythematosus During the COVID-19 Quarantine Period

Evelyn O. Salido<sup>1</sup> , Cherica A. Tee<sup>1</sup> , Patrick Wincy C. Reyes<sup>2</sup> , Heizel Bernadette M. Reyes<sup>1</sup> , Geraldine T. Zamora<sup>1</sup> and Michael L. Tee<sup>1,\*</sup>

<sup>1</sup>College of Medicine and Philippine General Hospital, University of the Philippines Manila, Manila 1000, Philippines

<sup>2</sup>School of Statistics, University of the Philippines Diliman, Quezon City 1101, Philippines

### APPENDIX A:

Thank you very much for your willingness to participate in a study entitled “Psychological responses and associated factors during the 2019 coronavirus disease (COVID-19) epidemic among Filipinos with rheumatoid arthritis or systemic lupus erythematosus”.

Findings of this study may assist both government and non-government agencies and health professionals to safeguard the psychosocial well-being of persons with rheumatoid arthritis or systemic lupus erythematosus and the whole community during this time of the COVID-19 pandemic. Your response to this survey implies your consent for us to use the data you provided. Information collected for this study will be kept confidential and only anonymous data will be collected.

The entire survey will take about 20 minutes to complete.

This project and questionnaire received approval from the University of the Philippines Manila Research Ethics Board (UPMREB).

If you have any questions or complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a respondent, then you may contact:

UPMREB Address: 2/F Paz Mendoza Bldg, College of Medicine, UP Manila 547 Pedro Gil St., Ermita, 1000 Manila; Tel: +63 2 85264346 E-mail: [mltee@up.edu.ph](mailto:mltee@up.edu.ph)

Date of Survey (dd/mm/yyyy):

### Questionnaire on COVID-19

### Part A: Demographics and Rheumatic Disease

[1] What rheumatic disease were you diagnosed with?

- ☐ Lupus erythematosus
- ☐ Rheumatoid arthritis

[2] How long have you had this illness?

☐ < 2 years

☐ 2-5 years

☐ > 5 years

[3] Do you have other medical problems?

- ☐ High blood pressure
- ☐ Diabetes (high blood sugar)
- ☐ Asthma
- ☐ Others, please specify \_\_\_\_\_

[4] Is hydroxychloroquine one of your prescribed medicines?

- ☐ yes
- ☐ no

[5] Have you been able to regularly get your supply of hydroxychloroquine since the third week of March, 2020?

- ☐ yes
- ☐ no

[6] Is methotrexate one of your prescribed medicines?

- ☐ yes
- ☐ no

[7] Have you been able to regularly get your supply of methotrexate since the third week of March, 2020?

- ☐ yes
- ☐ no

[8] Have you been able to reach/contact your rheumatologist for any health concern or consultation since the third week of March, 2020?

- ☐ yes
- ☐ no

[9] If you replied yes to #8, when was your last/most recent contact with your rheumatologist?

Please specify the date,

[10] Gender: ☐ Male ☐ Female

- [11] Age: \_\_\_\_\_
- [12] Education attainment
- None/kindergarten
  - Primary school (Grades 1 – 6)
  - Lower secondary school (Grades 7 – 9)
  - Upper secondary school (Grades 10 – 12)
  - College
  - University: Bachelor
  - University: Master or PhD
- [13] Place of residence during the COVID-19 outbreak
- National Capital Region, please specify city  
\_\_\_\_\_
  - Luzon, please specify town and province  
\_\_\_\_\_
  - Visayas, please specify town and province  
\_\_\_\_\_
  - Mindanao, please specify town and province  
\_\_\_\_\_
  - Other, please specify \_\_\_\_\_
- [14] Marital status
- Single
  - Married
  - Divorced/separated
  - Widowed
- [15] Employment status
- Student
  - Employed, please specify current occupation  
\_\_\_\_\_
  - Unemployed
  - Housewife
  - Farmer
  - Retired
- [16] Parental status?
- Not applicable
  - No children
  - Has child 16 years or under
  - Has child older than 16 years
- [17] Household size:
- 1 person
  - 2 persons
  - 3-5 persons
  - 6 persons or more
- [18] Did you travel outside of your residential country during the first two weeks of March, 2020?
- No
  - Yes, please specify visited countries \_\_\_\_\_
- [19] Did you travel outside of your residential city or province during the first two weeks of March, 2020?
- No
  - Yes, please specify visited cities or towns \_\_\_\_\_
- Difficulty breathing
  - Dizziness
  - Coryza
  - Sore throat
  - Persistent fever and cough or difficulty breathing
  - Nausea, vomiting, diarrhea
  - Rash
  - Oral ulcer
  - Joint pain with or without swelling
  - Chest pain
  - Bubbly or foamy urine
  - Leg edema
  - Facial edema
  - Bleeding from any part of the body
  - Pallor
  - Convulsion
- [2] If with joint pain with or without swelling, which part of the body is painful? If you do not have joint pains, skip this question.
- Neck
  - Jaw
  - Shoulder
  - Elbow
  - Wrist
  - Fingers
  - Groin
  - Knee
  - Ankle
  - Toes
- [3] Did you see a doctor in the clinic in the past 14 days?
- No (skip to #6)
  - Yes
- [4] Were you admitted to the hospital in the past 14 days?
- No
  - Yes
- [5] Were you tested for COVID-19 / 2019-novel coronavirus in the past 14 days?
- No
  - Yes
- [6] Were you under quarantine by health authority in the past 14 days?
- No
  - Yes
- [7] Please self-rate your current health status
- Very good
  - Good
  - Fair
  - Poor
  - Very poor
- [8] Do you have medical insurance?
- Yes- Philhealth
  - Yes- Health maintenance organization (HMO)
  - Yes- Others \_\_\_\_\_
  - No

## Part B: Symptoms and physical health status

- [1] Symptoms of body discomfort in the past 14 days (please check all that apply)
- Persistent fever ( $>38^{\circ}\text{C}$  for at least 1 day)
  - Chills
  - Headaches
  - Myalgia
  - Cough

## Part C: Contact history

- [1] Have you directly or indirectly contacted patients

suffering from COVID-19?

- No (skip to Part D)
  - Yes
- [2] Extent of direct and indirect contact history of COVID-19 patients (please check all that apply)
- Close contact with a confirmed case
  - Indirect contact with a confirmed case (“contact of direct contact”)
  - Contact with a suspected case
  - Contact with infected materials

#### Part D: Knowledge and belief about COVID-19.

1. Does the COVID-19 transmit through...	Agree	Disagree	Don't know
a. Droplets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Contact via contaminated objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Airborne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- [1] How satisfied you are with the amount of health information available about COVID-19?
- Very satisfied
  - Satisfied
  - Dissatisfied
  - Very dissatisfied
  - Don't know

3. Have you heard of the following...	Heard	No heard
a. Number of cases infected by COVID-19	<input type="checkbox"/>	<input type="checkbox"/>
b. Number of deaths infected by COVID-19	<input type="checkbox"/>	<input type="checkbox"/>
c. Number of recovered cases infected by COVID-19	<input type="checkbox"/>	<input type="checkbox"/>

- [1] How do you mainly obtain health information?
- Social media (go to 4a)
  - Internet news agencies
  - Television
  - Radio
  - Newspaper
  - Family members
  - Other, please specify

4a. if social media was chosen, ask...

How many hours per day do you spend on social media to obtain information about the 2019 coronavirus outbreak?  
hours

- [1] How confident are you in your own doctor's ability to diagnose or recognize COVID-19?
- Very confident
  - Somewhat confident
  - Not very confident
  - Not at all confident
  - Don't know

- [1] Please rate your concerns about other family members getting COVID-19.
- Don't have family member

- Very worried
- Somewhat worried
- Not very worried
- Not worried at all

[1] Please rate your concerns about child younger than 16 years getting COVID-19.

- Don't have child
- Very worried
- Somewhat worried
- Not very worried
- Not worried at all

6. Please rate your likelihood of ...	Very likely	Somewhat likely	Not very likely	Not likely at all	Don't know
a. Contracting COVID-19 during the current outbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Surviving COVID-19 if infected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Part F: Pre-cautionary measures in past 14 days.

Do you do the following in the past 14 days...	Always	most of the time	sometime	occasional	Never
1. Covering mouth when coughing and sneezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Avoid sharing utensils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Washing hands with soap and water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Washing hands immediately after coughing, rubbing nose or sneezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Wearing mask regardless the presence or absence of symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Washing hands after touching contaminated objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Part F: Pre-cautionary measures in past 14 days

- [1] Do you feel that too much fuss has been made about COVID-19?
- Always
  - Most of the time
  - Sometime
  - Occasional
  - Never
- [2] How many extra hours per day do you stay at home to avoid COVID-19?  
hours

#### Part G Additional information about COVID-19

- [1] Would you like to receive additional information about COVID-19?
- Yes
  - No (Skip to DASS-21)

2. I would like to receive additional information about COVID-19 on ...	Yes	No
a. Details on symptoms	<input type="radio"/>	<input type="radio"/>
b. Advice on prevention	<input type="radio"/>	<input type="radio"/>
c. Advice on treatment	<input type="radio"/>	<input type="radio"/>
d. Regular updates for latest information	<input type="radio"/>	<input type="radio"/>
e. Regular updates for the Outbreaks	<input type="radio"/>	<input type="radio"/>
f. Advice for people who might need more tailored information, such as those with pre-existing illness	<input type="radio"/>	<input type="radio"/>
g. Availability and effectiveness of medicine/vaccine	<input type="radio"/>	<input type="radio"/>
h. How many people are affected/where it is affected	<input type="radio"/>	<input type="radio"/>
i. Travel advice	<input type="radio"/>	<input type="radio"/>
j. How COVID-19 is spread	<input type="radio"/>	<input type="radio"/>
k. What other countries are doing	<input type="radio"/>	<input type="radio"/>

3. Please specify other information you would like to receive about COVID-19

#### DASS21

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week**. There is no right or wrong answer. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all

1 Applied to me to some degree, or some of the time

2 Applied to me to a considerable degree or a good part of time

3 Applied to me very much or most of the time

1 (s)	I found it hard to wind down	0	1	2	3
2 (a)	I was aware of dryness of my mouth	0	1	2	3
3 (d)	I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a)	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d)	I found it difficult to work up the initiative to do things	0	1	2	3
6 (s)	I tended to over-react to situations	0	1	2	3
7 (a)	I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s)	I felt that I was using a lot of nervous energy	0	1	2	3
9 (a)	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d)	I felt that I had nothing to look forward to	0	1	2	3
11 (s)	I found myself getting agitated	0	1	2	3
12 (s)	I found it difficult to relax	0	1	2	3
13 (d)	I felt down-hearted and blue	0	1	2	3
14 (s)	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a)	I felt I was close to panic	0	1	2	3
16 (d)	I was unable to become enthusiastic about anything	0	1	2	3
17 (d)	I felt I wasn't worth much as a person	0	1	2	3
18 (s)	I felt that I was rather touchy	0	1	2	3
19 (a)	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20 (a)	I felt scared without any good reason	0	1	2	3
21 (d)	I felt that life was meaningless	0	1	2	3

## APPENDIX B: IMPACT OF EVENTS SCALE- Revised (IES-R)

## IMPACT OF EVENTS SCALE-Revised (IES-R)

INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to \_\_\_\_\_ (event) that occurred on \_\_\_\_\_ (date). How much have you been distressed or bothered by these difficulties?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Any reminder brought back feelings about it	0	1	2	3	4
2. I had trouble staying asleep	0	1	2	3	4
3. Other things kept making me think about it.	0	1	2	3	4
4. I felt irritable and angry	0	1	2	3	4
5. I avoided letting myself get upset when I thought about it or was reminded of it	0	1	2	3	4
6. I thought about it when I didn't mean to	0	1	2	3	4
7. I felt as if it hadn't happened or wasn't real.	0	1	2	3	4
8. I stayed away from reminders of it.	0	1	2	3	4
9. Pictures about it popped into my mind.	0	1	2	3	4
10. I was jumpy and easily startled.	0	1	2	3	4
11. I tried not to think about it.	0	1	2	3	4
12. I was aware that I still had a lot of feelings about it, but I didn't deal with them.	0	1	2	3	4
13. My feelings about it were kind of numb.	0	1	2	3	4
14. I found myself acting or feeling like I was back at that time.	0	1	2	3	4
15. I had trouble falling asleep.	0	1	2	3	4
16. I had waves of strong feelings about it.	0	1	2	3	4
17. I tried to remove it from my memory.	0	1	2	3	4
18. I had trouble concentrating.	0	1	2	3	4
19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.	0	1	2	3	4
20. I had dreams about it.	0	1	2	3	4
21. I felt watchful and on-guard.	0	1	2	3	4
22. I tried not to talk about it.	0	1	2	3	4

Total IES-R Score: \_\_\_\_\_

INT: 1, 2, 3, 6, 9, 14, 16, 20  
 AVD: 5, 7, 8, 11, 12, 13, 17, 22  
 HYP: 4, 10, 15, 18, 19, 21

Weiss, D.S. (2007). The Impact of Event Scale-Revised. In J.P. Wilson, & T.M. Keane (Eds.) *Assessing psychological trauma and PTSD: a practitioner's handbook* (2<sup>nd</sup> ed., pp. 168-189). New York: Guilford Press.

AETR2N

22

1/13/2012

Thank you for your response. If you have apprehensions about the way this survey is being conducted, you may opt out by not pressing the submit button.

If you want to receive a feedback, you may give us your email address \_\_\_\_\_

For any mental health assistance, the link <http://www.silakbo.ph/help/> will provide you a listing of government and non-government mental health resources nearest you.