

Suppl. File 1. The Survey

We used SurveyMonkey® to conduct the survey. The survey was designed as an open survey, the link to the questionnaire was distributed via e-mails, newsletters and social media. The survey was piloted for usability and technical functionality by the EULAR working group and by a group of 28 rheumatologists invited personally by the EULAR working group members. No incentive was provided to the recipients of the survey; however, national EULAR societies was offered to receive country-specific data on request.

All questions appeared in the same order to all respondents, i.e. items were not randomized. No adaptive questioning was used, mandatory items were highlighted. Respondents were able to review and change their answers by using the back button. The IP address of the client computer has been used by SurveyMonkey® to prevent potential duplicate entries from the same user.

The full questionnaire including the introduction text as displayed on SurveyMonkey® is depicted below:

Page 1 : Introduction

Title: EULAR survey on Impact of COVID-19 on care of RMD

Please help EULAR to prepare for future waves of COVID-19 pandemic!

EULAR is conducting this survey to investigate how the COVID-19 pandemic influences management decisions of rheumatologists toward patients with inflammatory rheumatic and musculoskeletal diseases (RMD). The data obtained from this project will help EULAR to prepare for future waves of COVID-19 pandemic.

Please help us by filling out the following questionnaire. It consists of 37 questions divided into 3 sections. It will take less than 10 minutes to complete the questionnaire.

Page 2 : Section 1 – Professional background:

- 1) What is your profession?
 - a) Rheumatologist (or other specialist primarily managing patients with inflammatory rheumatic and musculoskeletal diseases (RMDs))
 - b) Rheumatologist in training (or other specialist primarily managing patients with inflammatory RMDs)
 - c) Health Professional in Rheumatology
 - d) Patient or health professional not directly involved in care of patients with RMD
(in survey monkey this will go directly to the end of the survey)
 - e) Other

Page 3:

- 2) What is your main affiliation? (please complete the survey from that perspective)
 - a) University hospital
 - b) Community based hospital
 - c) Private practice
 - d) Other:
- 3) In which country do you practice?
 - a) Drop down menu
- 4) What is your age?
 - a) Age ranges (<30, 30-39, 40-49, 50-59, 60-69, ≥70)
- 5) What is your gender?
 - a) Male
 - b) Female
 - c) Other
- 6) What is the number of patients with inflammatory RMD you normally see in a week?
 - a) Ranges (<30, 30-59, 60-99, 100-129, ≥130)

Page 4: Section 2 – Influence of containment measures on organisation of care for patients with inflammatory rheumatic and musculoskeletal diseases (RMD):

- 7) How long did partial or complete closure of your rheumatology clinic/practice last due to COVID-19? (multiple responses)
 - a) No closure
 - b) Partial closure (e.g. open only for emergency visits) (field for a number in weeks)
 - c) Complete closure (field for number in weeks)
- 8) How much of your working time have you been reallocated to other services (emergency department, infectious disease / COVID-19 unit or other) in the last weeks?
 - a) 0-100% of the overall working time spent in that service (Slider)
- 9) What percentage of face-to-face visits of new patients with (suspected) inflammatory RMD did you have to postpone or cancel in the last weeks? (Several answers possible)
 - a) None, conducted all face-to-face visits scheduled
 - b) Yes, without remote consultation, 0-100%
 - c) Yes, converted into remote consultations, 0-100%

- 10) What percentage of face-to-face follow-up visits of patients with inflammatory RMD did you have to postpone or cancel in the last weeks? (Several answers possible)
- None, conducted all face-to-face visits scheduled
 - Yes, without remote consultation, 0-100%
 - Yes, converted into remote consultations, 0-100%

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- 11) Who conducted remote consultations? (several answers possible)
- Rheumatologist (or other specialist primarily managing patients with inflammatory RMDs)
 - Rheumatologist in training (or other specialist primarily managing patients with inflammatory RMDs)
 - Health care professional in rheumatology
 - Other, specify
 - Not applicable
- 12) Which tools did you use for remote consultation? (Several answers possible)
- Phone call via landline or mobile
 - Video-consultation
 - Email
 - Mobile application dedicated to monitoring of RMD (e.g. with self-assessment)
 - Other, specify
 - Not applicable
- 13) Have you developed in your hospital/practice standards how to prioritize patients for face-to-face visits? (several answers possible)
- No specific plan
 - Yes, patients with suspected inflammatory RMD
 - Yes, patients with bDMARDs or tsDMARDs
 - Yes, patients with previously instable or active disease
 - Yes, patients with ongoing intravenous infusion therapy
 - Yes, patients on >7.5 mg prednisone equivalent
 - Yes, elderly people (e.g. >age of 70 years)
 - Yes, other, please specify
- 14) Have you developed in your hospital/practice standards how to prioritize patients for remote consultation? (several answers possible)
- No specific plan
 - Yes, patients with biological DMARDs (bDMARDs) or targeted synthetic DMARDs (tsDMARDs)
 - Yes, patients with previously instable or active disease
 - Yes, patients with previously stable disease
 - Yes, patients on >7.5 mg prednisone equivalent

- f) Yes, elderly people (e.g. >age of 70 years)
- g) Yes, other, please specify:

15) Have you been contacted in the last weeks by patients who had a suspected flare?

- a) No
- b) Yes, less than usually
- c) Yes, equally as usually
- d) Yes, more than usually

16) **If yes**, how did you manage these patients? (several answers possible)

- a) Invited them to a face-to-face visit
- b) Sent them to hospital for day-care or in-patient treatment
- c) Remote consultation using telephone/E-mail/video or similar
- d) Sent them to another rheumatologist or specialist
- e) Sent them to the emergency department
- f) Other
- g) Not applicable

17) Do you have the impression that disease activity of your patients was higher in the last weeks as compared to the period before COVID-19 crisis?

- a) No, better
- b) No, equal
- c) Yes, somewhat higher
- d) Yes, considerably higher
- e) Don't know

18) Do you have the impression that the interval between symptom onset and a first rheumatological visit was longer in the last weeks as compared to the time before COVID-19 crisis?

- a) No, shorter
- b) No, equal
- c) Yes, somewhat longer
- d) Yes, considerably longer
- e) Don't know

19) Have you had in the last weeks difficulties to arrange diagnostic tests (e.g. ultrasound, x-ray, laboratory tests) for your RMD patients? (several answers)

- a) No
- b) Yes, non-urgent tests were cancelled or postponed
- c) Yes, patients themselves cancelled or postponed tests
- d) Other:

- 20) **If yes**, did this influence your decisions how to manage patients with RMD?
(several answers)
- a) No
 - b) Yes, management was mostly based on history and clinical examination
 - c) Yes, treatment decisions have been postponed
 - d) Other
 - e) Not applicable

Page 6: Section 3 – Role of drugs used in rheumatology and to treat COVID-19:

- 21) Have patients with COVID-19 in your hospital/practice been treated with (hydroxy)chloroquine for the COVID-19 indication?
- a) No
 - b) Yes
 - c) Don't know
- 22) **If YES**, which patient groups? (several answers)
- a) Patients with suspected COVID-19 managed on an out-patient basis
 - b) Patients with confirmed COVID-19 managed on an out-patient basis
 - c) Patients with suspected/confirmed COVID-19 admitted to hospital
 - d) Patients with suspected/confirmed COVID-19 admitted to intensive care unit
 - e) Other groups (specify)
 - f) Don't know or not applicable
- 23) Have health workers or other groups in your hospital/practice systematically received (hydroxy)chloroquine as prophylaxis against COVID-19 infection?
(several answers)
- a) No
 - b) Health workers
 - c) Other groups: specify
 - d) Don't know
- 24) Have you added to your patients with inflammatory RMD (hydroxy)chloroquine as prophylaxis against COVID-19?
- a) No
 - b) Yes, 0-100%, specify which groups
- 25) Have you noticed in the last weeks a shortage of supply with (hydroxy)chloroquine in your hospital/practice?
- a) No
 - b) Yes
- 26) **If YES**, in what percentage of your patients with RMD have you changed or stopped treatment with (hydroxy)chloroquine due to shortage of the drug?

- a) No
b) Yes, 0-100%, specify which groups
- 27) Has it been less likely in the last weeks that you started a biological or targeted synthetic DMARD in your RMD patients due to COVID-19 pandemic? (several answers)
- a) No
b) Yes, because of financial restrictions (e.g. lack of insurance coverage)
c) Yes, because of decreased availability of rheumatological services
d) Yes, because of limited availability of screening procedures (e.g. chest X-ray, tuberculosis testing)
e) Yes, because of drug shortage
f) Yes, because of patient's fear to start such a treatment during COVID-19 pandemic
g) Other:
- 28) Have patients with COVID-19 in your hospital/practice been treated with tocilizumab for COVID-19 indication? (Several answers)
- a) No
b) Yes, in the setting of a clinical trial
c) Yes, off-label (not in a trial)
d) Don't know
e) Not applicable
- 29) If **YES**, which patient groups? (several answers)
- a) Patients with suspected/confirmed COVID-19 plus hyperinflammation who are managed on an out-patient basis
b) admitted to the hospital
c) admitted to the intensive care unit
d) Other groups (specify)
e) Don't know
f) Not applicable
- 30) Have you noticed in the last weeks a shortage with supply of tocilizumab in your hospital/practice?
- a) No
b) Yes
- 31) Did the shortage/expected shortage influence your decision to start tocilizumab de novo in patients with rheumatoid arthritis?
- a) No
b) Yes, therefore another biological or targeted synthetic DMARD was preferred
c) Yes, treatment start was postponed
d) Not applicable

- 32) Did the shortage/expected shortage influence your decision to start tocilizumab de novo in patients with giant cell arteritis?
- No
 - Yes, therefore methotrexate or another DMARD was preferred
 - Yes, therefore sarilumab was used off-label
 - Yes, treatment start was postponed
 - Not applicable
- 33) Have you in the last weeks changed current treatment with tocilizumab in patients with rheumatoid arthritis and stable disease due to drug shortage/expected shortage? (several answers)
- No
 - Yes, prolonged the interval between tocilizumab administrations
 - Yes, changed from intravenous to subcutaneous administration of tocilizumab
 - Yes, changed from tocilizumab to sarilumab
 - Yes, changed from tocilizumab to another DMARD
 - Not applicable
- 34) Have you in the last weeks changed current treatment with tocilizumab in patients with giant cell arteritis and stable disease due to drug shortage/expected shortage? (several answers)
- No
 - Yes, prolonged the interval between tocilizumab administrations
 - Yes, changed from intravenous to subcutaneous administration of tocilizumab
 - Yes, changed from tocilizumab to another DMARD
 - Not applicable
- 35) Are other biological or targeted synthetic DMARDs used in your hospital/practice to treat patients with COVID-19? (several answers)
- No
 - Yes, sarilumab
 - Yes, baricitinib
 - Yes, canakinumab
 - Yes, anakinra
 - Yes, other (specify)
 - Don't know
- 36) Do you generally recommend your patients with RMD to stop/decrease intake of NSAIDs even when they do NOT have COVID-19 symptoms in order to decrease the possible risk for a worse outcome of COVID-19?
- No
 - Yes, decrease the dose / frequency of intake
 - Yes, stop it completely

- 37) Do you generally recommend your patients with RMD to stop/decrease intake of glucocorticoids even when they do NOT have COVID-19 symptoms in order to decrease the possible risk for a worse outcome of COVID-19?
- a) No
 - b) Yes, decrease the dose / frequency of intake
 - c) Yes, stop it completely