IBD – Coronavirus -Survey

| Age: I live in the | state of: | | | |
|--|--|---------------------------------------|--|--|
| Sex: \Box female \Box male | today's date: | | | |
| Higheste educational d | egree: 🗆 Hauptschule 🗆 Realschule 🗆 |] High school 🗌 College degree | | |
| Profession: | | | | |
| Bowel disease: Croh | n's disease 🗆 Ulcerative colitis 🗆 othe | r: | | |
| Medical conditions: | | | | |
| Lung disease: 🗆 Asthm | a \Box COPD \Box other: | | | |
| Heart disease: 🗆 Coror | nary heart disease 🗆 Arterial hypertens | sion \Box other | | |
| Liver disease: 🗆 Prima | ry sclerosing cholangitis (PSC) \Box Liver o | cirrhosis 🗆 Fatty liver disease | | |
| Diabetes mellitus | | | | |
| 🗆 other | | | | |
| Current therapy: | | | | |
| Cortisole | | 🗌 Mesalazine (Salofalk, Pentasa etc.) | | |
| 🗆 Adalimumab (Humir | a, Imraldi, Amgevita, Hyrimoz etc.) | 🗌 Vedolizumab (Entyvio) | | |
| 🗌 Infliximab (Remicad | e, Remsima, Flixabi etc.) | 🗌 Ustekinumab (Stelara) | | |
| 🗌 Tofacitinib (Xeljanz) | | Methotrexat | | |
| 🗆 Azathioprin / 6-Mer | captopurin (Puri Nethol) | | | |
| □ Other: | | | | |
| I have been vaccinated | against the flu in the last 12 months | 🗆 yes 🗆 no | | |
| I smoke a cigarette at le | east one day a week | 🗆 yes 🔲 no | | |
| My inflammatory bow | el disease is momentarily: | | | |
| \Box quiet \Box mild | ly active \Box chronically | active \Box in a flare | | |
| I get guidance for my b important sources): | ehaviour concerning the Coronavirus | from (Please name the two most | | |
| | □ Robert-Koch-Institut | □ IBD forums | | |
| \Box Television | \Box News sites (Internet) | Friends/Family | | |
| □ regional newspaper | nationwide newspaper | 🗌 Physician | | |

| Please rate the following statements as follows: | | | | | | | | |
|--|-------------------|-----------------|-------------|-----------------|----------|--|--|--|
| | Strongly | Disagree | Neutral | Agree | Strongly | | | |
| | Disagree | □ 2 | □ 3 | □ 4 | agree | | | |
| I am scared to get infected with the Coronavirus | | | | | | | | |
| | | | □ 3 | □ 4 | □ 5 | | | |
| I am afraid that my medication could worsen a Coronavirus infection | | | | | | | | |
| | | | | | □ 5 | | | |
| I am afraid to get infected in the hospital | | | | | | | | |
| | □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | | | |
| I am afraid to get infected in the private practice | | | | | | | | |
| | □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | | | |
| I am afraid to get infected in the supermarket | | | | | | | | |
| | □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | | | |
| I would prefer a video consultation over a consultation in person | | | | | | | | |
| | □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | | | |
| I leave the house less frequently than before the Coronavirus pandemic | | | | | | | | |
| | | □ 2 | □ 3 | □ 4 | □ 5 | | | |
| I leave the house less | frequently than | my partner/flat | tmate | | | | | |
| | □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | | | |
| | | | | | | | | |
| Please answer the following questions with yes or no | | | | | | | | |
| I was infected with th □ yes □ no | | | | | | | | |
| I had exposure to a C | | ted person | | | | | | |
| □ yes □ no | | | | | | | | |
| I reduced my medication on my own account | | | | | | | | |
| - | - if yes, which o | | | | | | | |
| I wear personal protective gear when leaving the house | | | | | | | | |
| □ yes □ no | | | | | | | | |
| If yes, did you handcraft your facemask? | | | | | | | | |
| □ yes □ no | • | | | | | | | |
| I wash my hands more frequently than before | | | | | | | | |
| yes □ no | • • | | | | | | | |
| I tried to contact my physician to talk about the Coronavirus | | | | | | | | |
| □ yes □ no | | | | | | | | |
| , | | Family phys | ician 🗆 Gae | troenterologist | | | | |
| If yes, which physician: | | | | | | | | |
| If no, why weren't you successful?: | | | | | | | | |