

Email address \*

Name  \*

Gender \*  Male  Female

University/Institution \*

Years of experience as a Rheumatologist

Academic Rank \*

Active Member of Which Rheumatology Societies?

(1) Which Rheumatic Disease(s) has (have) priority to be vaccinated? \*

- |                                       |  |                               |                                    |                                     |
|---------------------------------------|--|-------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> RA           | <input type="checkbox"/> OA              | <input type="checkbox"/> SLE  | <input type="checkbox"/> SSc       | <input type="checkbox"/> Vasculitis |
| <input type="checkbox"/> BD           | <input type="checkbox"/> SpA             | <input type="checkbox"/> AS   | <input type="checkbox"/> PsA       | <input type="checkbox"/> IIM        |
| <input type="checkbox"/> FMS          | <input type="checkbox"/> Gout            | <input type="checkbox"/> JIA  | <input type="checkbox"/> SS        | <input type="checkbox"/> MCTD       |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> None | <input type="checkbox"/> Dont Know |                                     |

(2) Which of the following medications you would rather avoid for a rheumatic disease (RD) PATIENT that will be vaccinated? (or temporarily stop) \*

- BIOLOGICs: Abatacept (Orencia)/ Apremilast (Otezla)/ Belimumab (Benlysta)/ IL-1 inhibitors (anakinra)/ IL-6 inhibitors (tocilizumab, sarilumab)/ IL-12/23 inhibitors (ustekinumab)/ IL-17 inhibitors (secukinumab)/ JAK inhibitors (tofacitinib, baricitinib)/ Rituximab/ TNF-inhibitors (infliximab, etanercept, adalimumab, golimumab, certolizumab)
- DMARDs: MTX/HCQ/CYC/AZA/Colchicine/steroids/SAZ/LFN/MMF  NSAIDs
- Anti OP: Denosumab (Prolia)/ Teriparatide (Forteo)/ Bisphosphonates  BIOSIMILARs
- Intravenous immunoglobulin (IVIG)  Others  None  Dont Know

If you want to specify your choice for Q2

(3) Which of the following co-morbidities would be considered in your RD PATIENTS to avoid having him/her vaccinated? \*

- |   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> Cancer                 | <input type="checkbox"/> Chronic Fatigue Syndrome | <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Heart Disease              | <input type="checkbox"/> HIV/AIDS      |
| <input type="checkbox"/> Hepatitis              | <input type="checkbox"/> Hypertension             | <input type="checkbox"/> Immunodeficiency | <input type="checkbox"/> IBD                        | <input type="checkbox"/> Liver Disease |
| <input type="checkbox"/> Lung Disease           | <input type="checkbox"/> Neurological             | <input type="checkbox"/> Obesity          | <input type="checkbox"/> Organ transplant recipient | <input type="checkbox"/> Psoriasis     |
| <input type="checkbox"/> Pulmonary hypertension | <input type="checkbox"/> Renal Disease            | <input type="checkbox"/> None             | <input type="checkbox"/> Dont Know                  |  |

(4) If one of the approved vaccines to prevent COVID-19 was available to you right now at no cost, would you agree to be vaccinated? \*

- |   |  |
|---|--|
| <input type="checkbox"/> Yes, I have already received at least one dose | <input type="checkbox"/> Yes, I will get it when it is available |
| <input type="checkbox"/> No   | <input type="checkbox"/> Unsure                                  |

(5) If one of the approved vaccines to prevent COVID-19 was available to your RD PATIENTS, would you agree to have them vaccinated? \*

- Yes                       No                       Unsure

(6) How willing are you to receive the COVID-19 vaccine? If you already received the COVID-19 vaccine, please answer what your willingness was prior to the vaccine. On a scale of 1-10 (10=very willing) \*

- 0      1      2      3      4      5      6      7      8      9      10
- 

(7) How willing are you to prescribe the COVID-19 vaccine to your RD PATIENT? On a scale of 1-10 (10=very willing) \*

- 0      1      2      3      4      5      6      7      8      9      10
- 

(8) What would increase your willingness to be vaccinated with a COVID-19 vaccine? (Check all that apply) \*

- If someone I know and trust receives the vaccine safely
- I need to have more information about what can happen from the vaccine
- Once more people have had it, I can judge if it is worth receiving
- If more vulnerable people get their vaccine before me
- Nothing will increase my willingness to be vaccinated
- Others

If you want to specify 'Others' for Q8



(12) Please rate the following statements from Strongly disagree (1) – Disagree (2) – NEUTRAL (3) \*  
– Agree (4) – Strongly agree (5). Don't know (0)

- Letting infection run through the population is the best way to deal with the pandemic
- COVID-19 is not dangerous for RD patients
- The vaccine will help us return to how life was before COVID-19
- Being vaccinated will alleviate the fears and worries about the pandemic
- I want to protect myself and my family from COVID-19
- I believe in natural or traditional remedies for COVID-19 FOR ME
- I believe in natural or traditional remedies for COVID-19 FOR RD PATIENTS
- The vaccine will lessen the financial hardships of the pandemic
- Wearing masks and social distancing are important ways to control COVID-19

| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

(13) If you got the COVID-19 vaccine, how likely do you think that it would lead to serious side effects? (0 = Dont Know - 1 = least likely ----5 = very likely)

| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

(14) Please rate the following statements from Strongly disagree (1) – Disagree (2) – NEUTRAL (3) \*  
– Agree (4) – Strongly agree (5). Don't know (0)

- Stop the regular RD medication(s) for a short time to take the COVID-19 vaccine
- Taking the COVID-19 vaccine will cause a flare of the RD
- There is concern about being exposed to COVID-19 at the facility to get a vaccine

| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

(15) Do you regularly get the influenza immunization (flu shot)?

- Yes     No     Not sure     Prefer not to say

(16) Do you recommend that RD patients get the Pneumococcal (pneumonia shot)?

- Yes     No     Not sure     Prefer not to say

(17) Has any of the following vaccine(s) (NOT for COVID-19) caused serious reaction(s) to the RD patients? (Check all that apply)

- Tetanus     Hepatitis B     Zoster/Shingles     Influenza (flu shot)  
 Pneumococcal (pneumonia shot)     Dont Know     Others

(18) Which of the following side effects has been reported by those rheumatology staff members who got vaccinated? Please rate from 0-100%. (DK) Dont Know

- |  |  |  |  |   |  |
|--|--|--|--|---|--|
| Anaphylaxis <input type="button" value="v"/> | Other allergy <input type="button" value="v"/> | Rash <input type="button" value="v"/>        | Fever/Chills <input type="button" value="v"/>  | Arthralgia <input type="button" value="v"/> | Myalgia <input type="button" value="v"/>       |
| Fatigue <input type="button" value="v"/>     | Sleepiness <input type="button" value="v"/>    | Headache <input type="button" value="v"/>    | Nausea <input type="button" value="v"/>        | Vomiting <input type="button" value="v"/>   | Poor appetite <input type="button" value="v"/> |
| Chest pain <input type="button" value="v"/>  | Palpitations <input type="button" value="v"/>  | Flare of RD <input type="button" value="v"/> | New RD or AID <input type="button" value="v"/> | Others <input type="button" value="v"/>     |  |

If possible Specify the vaccine: Sinopharm or AstraZeneca for Q18 \*

Short answer text

If possible Specify the new RD or AID for Q18

Short answer text

If possible Specify the 'Others' for Q18

Short answer text

(19) If a RD patient got vaccinated and consequently had a flare or worsening, will this require change in treatment (increasing dosages, adding new medications)? \*

Yes  No  Not sure

(20) What is the approximate % of rheumatology colleagues in your department who were infected by COVID-19? \*

CONFIRMED INFECTION

SUSPICIOUS INFECTION

(21) What is the approximate % of rheumatology colleagues who were vaccinated for COVID-19? \*

(22) Which vaccine was received by the rheumatologists in your department? \*

Specify the % for each vaccine?

Short answer text

Sinopharm (China)

AstraZeneca (Oxford)

(23) Which of the following vaccines would you prefer to provide to your RD patient (if available)?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Sinopharm (China) | <input type="checkbox"/> AstraZeneca (Oxford) | <input type="checkbox"/> Pfizer (USA) (mRNA)           |
| <input type="checkbox"/> Sinovac (China)   | <input type="checkbox"/> Sputnik (Russia)     | <input type="checkbox"/> Moderna (USA) (mRNA)          |
| <input type="checkbox"/> Cansino (China)   | <input type="checkbox"/> Covivax (Egypt)      | <input type="checkbox"/> Janssen (Johnson and Johnson) |
| <input type="checkbox"/> Novavax (USA)     | <input type="checkbox"/> Not Sure             | <input type="checkbox"/> Others <input type="text"/>   |

(24) Of the 2 available vaccines in Egypt, which would you prefer for the RD patients?

Sinopharm (China)  AstraZeneca (Oxford)  None

(25) What is your greatest concern about temporarily stopping the medications for the RD patients to give the COVID-19 vaccine?

- Disease flare  
 Withdrawal effect  
 Side effect  
 Reduced efficacy when re-introduced  
 No concern

How long did you take to fill in the survey?

Short answer text