

## SUPPLEMENTARY MATERIAL

### Methods

Beyond the gathering of demographic and clinical data [i.e., Movement Disorder Society – Unified Parkinson Disease Rating Scale, motor score (MDS-UPDRSIII), and Hoehn and Yahr (HY) scale], all patients were evaluated using a structured set of questionnaires/scales, as follows:

1) From 0 (not at all) to 10 (very much so), how much would you rate your level of worries regarding the COVID-19 pandemic in general terms (for example about the socio-economical consequences, loved ones being infected, etc.)?

2) From 0 (not at all) to 10 (very much so), how much would you rate your level of worries regarding the effect that COVID-19 pandemic might have on your condition (i.e., Parkinson's disease)?

3) Brief Resilience Scale<sup>1</sup>

4) A modified version of the Trauma Screening Questionnaire (TSQ):<sup>2</sup>

Please consider the following reaction which sometimes occur after a traumatic event. This questionnaire is concerned with your personal reactions to the COVID-19 pandemic. Please indicate whether or not you have experienced any of the following at least twice in the past week:

a) Upsetting thoughts or memories about the COVID-19 that have come into your mind against your will

b) Upsetting dreams about COVID-19

c) Feeling upset by reminders of the COVID-19 pandemic

d) Bodily reactions (such as fast heart beating, stomach churning, sweatiness, dizziness) when reminded of COVID-19

e) Difficulty falling or staying asleep (more than before the COVID-19 occurred)

f) Irritability or outbursts of anger (more than before the COVID-19 occurred)

g) Difficulty concentrating (more than before the COVID-19 occurred)

h) Heightened awareness of potential dangers to yourself or others

i) Being jumpy or being startled at something unexpected

5) EQ-5D and EQ-VAS<sup>3</sup>

### Statistical analysis

After checking for normality distribution with the Shapiro Wilk test, PD patients with BRS score  $\leq 2.3$  vs. and  $> 2.3$  were compared in terms of all gathered demographic and clinical data by means of the *t*-test for continuous variables and the chi-squared or Fisher's exact test for categorical variables, as appropriate,  $p < 0.05$  being deemed significant. Correlations between the gathered variable were performed by means of the Spearman's rank test, with Sidak-Dunn correction. Statistical analyses were performed using Stata v.13 (StataCorp LP, College Station, TX, USA).

### REFERENCES

1. Smith BW, Dalen J, Wiggins K, Tooley E, Christopher P, Bernard J. The brief resilience scale: assessing the ability to bounce back. *Int J Behav Med* 2008;15:194-200.
2. Brewin CR, Rose S, Andrews B, Green J, Tata P, McEvedy C, et al. Brief screening instrument for post-traumatic stress disorder. *Br J Psychiatry* 2002; 181:158-162.
3. Rabin R, Gudex C, Selai C, Herdman M. From translation to version management: a history and review of methods for the cultural adaptation of the Euro-Qol five-dimensional questionnaire. *Value Health* 2014;17:70-76.