

Supplementary Methods

Detailed description of Survey assessments

Baseline demographics, disease characteristics, and key comorbidities were reported with descriptive statistics (e.g., mean and standard deviation [SD] for continuous variables and frequency and percentage for categorical variables). Surveys queried immunomodulatory medication exposure (both current and previous), COVID-19-related symptoms, testing status and outcomes, weight and height (used to calculate body mass index [BMI] as kg/m^2), comorbid conditions, smoking status, employment (status and location: onsite versus remote), personal and household contact social distancing practices, mask use, and socioeconomic status (SES) indicators. Comorbidities considered included hypertension, diabetes, cancer, cardiovascular disease (CVD; coronary heart disease, stroke, or heart failure), lung disease (chronic obstructive pulmonary disease [COPD], interstitial lung disease, or pulmonary hypertension), chronic kidney disease, asthma, and obesity ($\text{BMI} \geq 30$). Indicators of SES included the area deprivation index (ADI), which is an established composite index incorporating 17 measures of SES derived using geo-coded addresses; nationwide indices range from 0 (least disadvantaged) to 100 (most disadvantaged).[1,2] Surveys also assessed whether participants had cancelled or postponed infusion visits, rehabilitative, homecare or mental health services and the reason for the change (lack of available appointments, loss of insurance, COVID-19 exposure risk, or lack of transportation). Beginning in July, we also asked participants if they completed COVID-19 serologic assessment and its outcomes. Also beginning in July, depression and anxiety were also assessed using short-forms developed from the Patient-Reported Outcomes Measurement Information System (PROMIS), which have been validated for populations living with chronic conditions;[3–6] raw responses to questionnaires were converted to T-scores, which have a population mean of 50 and standard deviation of 10, with higher scores indicating greater depression or anxiety.

Supplemental Statistical Analyses

Initial analyses evaluated non-medication associated risk factors for COVID-19 considered: age, sex, race, SES, working onsite, in-person socialization, smoking status, number of autoimmune or inflammatory conditions, number of immune-modulating medications exposures in the previous year, and number of comorbidities using logistic regression models (as participants did not report exact timing of infection and we included participants with positive COVID-19 antibody testing in which exact timing of infection may be less clear). For in-person socialization, we considered both at baseline (when COVID-19 restrictions and business closures in Maryland and most of the United States were at their peak) and during follow-up, when restrictions had been somewhat relaxed. Comorbidity burden was considered as the sum of individual comorbidities affecting an individual. Primary analyses then assessed the association between exposure to different classes of immunomodulatory agents and odds of COVID-19 using logistic regression models adjusted for age, sex, race, SES, working onsite, in person socialization, smoking status, number of autoimmune or inflammatory conditions and comorbidity. We categorized immunomodulatory/suppressive medications based on biologic class/mechanism or relative potency and considered the following categories: tumor necrosis factor (TNF)-inhibitors (adalimumab, certolizumab, etanercept, golimumab, infliximab), B-cell depleting biologic agents (belimumab, ocrelizumab, ofatumumab, rituximab), other biologic therapies (e.g., abatacept, alemtuzumab, anakinra, daclizumab, eculizumab, natalizumab, tocilizumab, tofacitinib, ustekinumab, vedolizumab), conventional disease modifying drugs (DMDs; e.g., leflunomide, interferon-beta, colchicine, diroximel fumarate, dimethyl fumarate, fingolimod, glatiramer acetate, leflunomide, methotrexate, ozanimod, peginterferon, siponimod, sulfasalazine, teriflunomide), hydroxychloroquine, strong immunosuppressants (e.g., azathioprine, cladribine, cyclophosphamide, cyclosporine, mercaptopurine, mitoxantrone, mycophenolate, thalidomide), glucocorticoids (e.g., dexamethasone, methylprednisolone, prednisone), and intravenous or subcutaneous immune globulin (IVIG) or plasmapheresis. We also assessed risk of

COVID-19 associated with use of any biologic or non-biologic (e.g., collapsing the strong immunosuppressant and conventional DMDs categories). We also assessed risk of COVID-19 associated with medication classes stratified by disorders and individual medication exposures (as ever exposed, exposure within the past 1 year, exposure over 1 year ago) for medication classes or medications in which at least 10 COVID-19 cases were recorded. We also assessed predictors of interruptions to care (any interruption over follow-up, interruption to infusion, mental health or rehabilitative services, since these services are common in this population) using similarly adjusted logistic regression models.

References

1. Singh GK. Area deprivation and widening inequalities in US mortality, 1969-1998. *Am J Public Health* **2003**; 93:1137–1143.
2. Kind AJH, Jencks S, Brock J, et al. Neighborhood socioeconomic disadvantage and 30-day rehospitalization: a retrospective cohort study. *Ann Intern Med* **2014**; 161:765–774.
3. Pilkonis PA, Yu L, Dodds NE, Johnston KL, Maihoefer CC, Lawrence SM. Validation of the depression item bank from the Patient-Reported Outcomes Measurement Information System (PROMIS®) in a three-month observational study. *J Psychiatr Res* **2014**; 56:112–119.
4. Schalet BD, Pilkonis PA, Yu L, et al. Clinical validity of PROMIS Depression, Anxiety, and Anger across diverse clinical samples. *J Clin Epidemiol* **2016**; 73:119–127.
5. Bartlett SJ, Orbai A-M, Duncan T, et al. Reliability and Validity of Selected PROMIS Measures in People with Rheumatoid Arthritis. *PLOS ONE* **2015**; 10:e0138543.
6. Miller DM, Bethoux F, Victorson D, et al. Validating Neuro-QoL Short Forms and Targeted Scales with Persons who have Multiple Sclerosis. *Mult Scler* **2016**; 22:830–841.

COVID-19 RIMS Baseline Survey

You've indicated that you are interested in participating in an online study titled "COVID-19 Risk with Immune Modulating Medication Study (COVID-RIMS)

This study is trying to understand what factors play a role in risk or severity of COVID-19 in who have autoimmune or inflammatory conditions that sometimes require immune-modulating medicines. You do not have to be taking a medication to participate. Below, we have included some details about the study. If you continue with the survey, you provide consent to participate.

We thank you for considering participating in this study.

Sincerely,

Ellen Mowry, on behalf of other Johns Hopkins-based providers
Johns Hopkins University

WAIVER OF DOCUMENTATION OF CONSENT SCRIPT
Application No: IRB00246910

KEY INFORMATION

The purpose of this study is to help to better understand what factors play a role in risk or severity of COVID-19 among people taking, or who have autoimmune or inflammatory conditions sometimes requiring, immune-modulating medications.

Participation involves filling out electronic surveys once a week for about 3 months, and then monthly for several months, about your health, medications, and social and COVID-19 contacts. The study team will link your answers to information gathered through clinical records and, when appropriate, blood tests and medical images. The team will contact you, when it is safe, to ask you to consider providing a blood sample that will test for past COVID-19 exposure and related outcomes.

The main risks are feeling uncomfortable about answering questions and that information may become known to people outside of the study. You will not benefit directly from being in the study and there is no payment for participation.

PURPOSE

You are being asked to take part in a research study. The purpose of this study is to better understand what factors play a role in risk or severity of COVID-19 among people taking, or who have autoimmune or inflammatory conditions sometimes requiring, immune-modulating medications. We would like to link that information to information gathered through clinical records and, when available, blood tests and medical images.

You have been asked to participate because a computer search of information in Johns Hopkins medical records found you have been diagnosed with an autoimmune or inflammatory disorder in the past and were seen by a relevant Johns Hopkins specialist in the past 3 years.

PROCEDURES

We will email you a link to a survey that will ask you questions about your health history, medicines you are taking or have taken in the past. We will also ask you questions about how whether you have been tested for coronavirus infection and what the results were. You will be asked to fill out the online surveys approximately once every week for the next 3 months, and then once a month for the next several months. The first survey will be longest (approximately 15-20 minutes); the follow-ups will be shorter (approximately 5 minutes).

Interviews or questionnaires

You may get tired or bored when we are asking you questions or you are completing questionnaires. You do not have to answer any question you do not want to answer.

Identifiable private information

There is the risk that information about you may become known to people outside this study. We are using secure databases consistent with Johns Hopkins policies.

BENEFITS

There is no direct benefit to you from being in this study. If you take part in this study, you may help others in the future.

VOLUNTARY PARTICIPATION

You do not have to agree to be in this study. If you do not want to join the study, it will not affect your care at Johns Hopkins.

You can agree to be in this study now and change your mind later. If you wish to stop, please tell us right away. Leaving this study will not stop you from getting regular medical care.

IDENTIFIABLE INFORMATION IN FUTURE RESEARCH

We may use the information or biospecimens collected through this study for future research including research with external collaborators. Generally, when sharing information or biospecimens for future research we will take precautions to remove any information that could identify you (like your name or medical record number) before sharing.

HIPAA DISCLOSURE

We will collect information about you in this study.

People at Johns Hopkins who are involved in the study or who need to make sure the study is being done correctly will see the information.

People at Johns Hopkins may need to send your information to people outside of Johns Hopkins (for example, government groups like the Food and Drug Administration) who need to make sure the study is being done correctly.

These people will use your information for the purpose of the study.

Your Authorization for the collection, use, and sharing of your information does not expire. We will continue to collect information about you until the end of the study unless you tell us that you have changed your mind. If you change your mind and do not want your information to be used for the study, you must contact the Principal Investigator by using the contact information provided in this document. Your cancellation will not affect information already collected in the study, or information that has already been shared with others before you cancelled your authorization.

We try to make sure that everyone who needs to see your information uses it only for the study and keeps it confidential - but, we cannot guarantee this.

CONTACT INFORMATION:

If you have any questions about this study, please feel free to contact the Principal Investigator Dr. Ellen Mowry at covidrims@jhmi.edu.

The IRB can help you if you have questions about your rights as a research participant or if you have other questions, concerns or complaints about this research study. You may contact the IRB at 410-502-2092 or jhmeirb@jhmi.edu.

By clicking to proceed with the survey, you are indicating your consent to participate in this research study.

Are you between the ages of 18 and 89?

- Yes
 No

What's your email address?

What sex were you born/assigned at birth (i.e. what sex was written on your original birth certificate)?

- Male
 Female
 Unknown
 Other

What is your race? Check all that apply.

- Asian
 Black
 White
 American Indian/Alaska Native
 Native Hawaiian/Other Pacific Islander
 Other

Please specify:

Are you currently pregnant?

- Yes
 No

Please enter your weight in pounds:

Please enter your height in inches:

Other Conditions

Has a doctor diagnosed you with any of the following conditions? For each condition please mark NO or YES.

	Yes	No
High blood pressure	<input type="radio"/>	<input type="radio"/>
hypertension	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Pre-diabetes	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>
hyperlipidemia	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>
coronary artery disease	<input type="radio"/>	<input type="radio"/>
Heart failure	<input type="radio"/>	<input type="radio"/>
Heart rhythm abnormality or arrhythmia	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>
COPD	<input type="radio"/>	<input type="radio"/>
emphysema	<input type="radio"/>	<input type="radio"/>
Interstitial lung disease	<input type="radio"/>	<input type="radio"/>
Pulmonary hypertension	<input type="radio"/>	<input type="radio"/>
Chronic kidney disease	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>
Cirrhosis	<input type="radio"/>	<input type="radio"/>

Cancer	<input type="radio"/>	<input type="radio"/>
HIV	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Have you ever had an organ transplant?

- Yes
 No
-

What year did this happen?

Please report the year using 4 digits (e.g. 2008 or 1999)

Are you currently being treated for your diabetes?

- Yes
 No
-

Are you currently being treated for your pre-diabetes?

- Yes
 No
-

If you remember what your last hemoglobin A1C or HbA1c (from a laboratory test ordered by your doctor) was, please write it in below:

If you remember what your last fasting glucose level (from a laboratory test ordered by your doctor) was, please write it in here:

Are you being treated for your high blood pressure?

- Yes
 No
-

If you remember what your last blood pressure measurement was, please write it in here:

Are you currently being treated for your high cholesterol?

- Yes
 No
-

Are you currently being treated for your heart disease?

- Yes
 No

Are you taking a statin?

Some common statins include: Lipitor (atorvastatin), Crestor (rosuvastatin), Zocor (simvastatin), Lescol/Lescol XL (lovastatin).

- Yes
 No

Have you ever had a heart attack or myocardial infarction?

- Yes
 No

Are you currently being treated for your stroke?

- Yes
 No

Are you currently being treated for your heart rhythm abnormality or arrhythmia?

- Yes
 No

Are you currently being treated for your heart failure?

- Yes
 No

Are you currently being treated for your COPD?

- Yes
 No

Are you currently being treated for your asthma?

- Yes
 No

Are you currently being treated for your chronic kidney disease?

- Yes
 No

Have you ever been or are currently on dialysis?

- Yes, I am currently on dialysis
 Yes, I was in the past, but I'm not now
 No

Are you currently being treated for your cancer?

- Yes
 No

Are you currently being treated for your depression?

- Yes
 No

Are you currently being treated for your anxiety?

- Yes
 No

How many years ago were you diagnosed with cancer?

What kind of cancer were you diagnosed with?

Are you currently being treated for your HIV?

- Yes
 No

Are you currently being treated for your interstitial lung disease?

- Yes
 No

Are you currently being treated for your pulmonary hypertension?

- Yes
 No

Are you currently being treated for your cirrhosis?

- Yes
 No

What other disorder do you have?

Are you currently being treated for your other disorder?

- Yes
 No

What medication are you taking for your other disorder?

Have you ever been treated with a medication for your inflammatory condition or autoimmune disease?

- Yes
 No

Fill in all medications used at any point to treat your inflammatory condition or autoimmune disease (or please mark all that apply from list below).

Please also indicate whether you were treated with it more than a year ago or within the past year

	Used more than 1 year ago	Used within the past year
Abatacept (Orencia)	<input type="radio"/>	<input type="radio"/>
Adalimumab (Humira)	<input type="radio"/>	<input type="radio"/>
Alemtuzumab (Lemtrada)	<input type="radio"/>	<input type="radio"/>
Anakinra (Kineret)	<input type="radio"/>	<input type="radio"/>
Azathioprine (Imuran, Azasan)	<input type="radio"/>	<input type="radio"/>
Belimumab (Benlysta)	<input type="radio"/>	<input type="radio"/>
Certolizumab (Cimzia)	<input type="radio"/>	<input type="radio"/>
Cladribine (Mavenclad)	<input type="radio"/>	<input type="radio"/>
Colchicine (Colcrys, Gloperba, Mitigare)	<input type="radio"/>	<input type="radio"/>
Cyclophosphamide (Cytoxan)	<input type="radio"/>	<input type="radio"/>
Cyclosporine (Sandimmune, Neoral, Gengraf, Restasis)	<input type="radio"/>	<input type="radio"/>
Daclizumab (Zinbryta, Zenapax)	<input type="radio"/>	<input type="radio"/>
Dimethyl fumarate (Tecfidera)	<input type="radio"/>	<input type="radio"/>
Diroximer fumarate (Vumerity)	<input type="radio"/>	<input type="radio"/>
Eculizumab (Soliris)	<input type="radio"/>	<input type="radio"/>
EtaHERcept (Enbrel)	<input type="radio"/>	<input type="radio"/>
Fingolimod (Gilenya)	<input type="radio"/>	<input type="radio"/>
Glatiramer acetate (Copaxone, Glatopa, Clift)	<input type="radio"/>	<input type="radio"/>
Golimumab (Simponi)	<input type="radio"/>	<input type="radio"/>
Hydroxychloroquine (Plaquenil, Quineprox)	<input type="radio"/>	<input type="radio"/>
Infliximab (Remicade)	<input type="radio"/>	<input type="radio"/>
Interferon beta 1-a (Avonex, Rebif)	<input type="radio"/>	<input type="radio"/>
Interferon beta 1-b (Betaseron, Betaferon, Extavia)	<input type="radio"/>	<input type="radio"/>
Intravenous immunoglobulin (IVIG)	<input type="radio"/>	<input type="radio"/>
Leflunomide (Arava)	<input type="radio"/>	<input type="radio"/>
Mercaptopurine (6-MP) (Purixan)	<input type="radio"/>	<input type="radio"/>
Methotrexate (Trexall, Rheumatrex, Matrex)	<input type="radio"/>	<input type="radio"/>
Mitoxantrone (Novantrone)	<input type="radio"/>	<input type="radio"/>
Mycophenolate mofetil (CellCept)	<input type="radio"/>	<input type="radio"/>
Natalizumab (Tysabri)	<input type="radio"/>	<input type="radio"/>
Ocrelizumab (Ocrevus)	<input type="radio"/>	<input type="radio"/>
Oratumumab (Arzerra)	<input type="radio"/>	<input type="radio"/>
Ozanimod (Zeposia)	<input type="radio"/>	<input type="radio"/>

Peginterferon beta 1-a (Plegridy)	<input type="radio"/>	<input type="radio"/>
Rituximab (Rituxan)	<input type="radio"/>	<input type="radio"/>
Siponimod (Mayzent)	<input type="radio"/>	<input type="radio"/>
Subcutaneous immunoglobulin (SCIG) (Hizentra, Hyqvia)	<input type="radio"/>	<input type="radio"/>
Sulfasalazine (Azulfidine)	<input type="radio"/>	<input type="radio"/>
Tenipulmonide (Aubagio)	<input type="radio"/>	<input type="radio"/>
Thalidomide (Thalomid)	<input type="radio"/>	<input type="radio"/>
Tofacitinib (Xeljanz)	<input type="radio"/>	<input type="radio"/>
Tocilizumab (Actemra)	<input type="radio"/>	<input type="radio"/>
Ustekinumab (Stelara)	<input type="radio"/>	<input type="radio"/>
Vedolizumab (Entyvio)	<input type="radio"/>	<input type="radio"/>
Plasmapheresis, plasma exchange	<input type="radio"/>	<input type="radio"/>
Dexamethasone	<input type="radio"/>	<input type="radio"/>
Prednisone	<input type="radio"/>	<input type="radio"/>
Methylprednisolone	<input type="radio"/>	<input type="radio"/>

It's okay if you don't know the exact date for any of your medications, just approximate as best you can.

Approximately, when was your last dose of abatacept?

Approximately, when was your last dose of adalimumab?

Approximately, when was your last dose of alemtuzumab?

Approximately, when was your last dose of anakinra?

Approximately, when was your last dose of azathioprine ?

Approximately, when was your last dose of belimumab?

Approximately, when was your last dose of certolizumab?

Approximately, when was your last dose of cladribine?

Approximately, when was your last dose of colchicine?

Approximately, when was your last dose of cyclophosphamide ?

Approximately, when was your last dose of cyclosporine?

Approximately, when was your last dose of daclizumab?

Approximately, when was your last dose of dimethyl fumarate?

Approximately, when was your last dose of diroximel fumarate?

Approximately, when was your last dose of eculizumab?

Approximately, when was your last dose of etanercept?

Approximately, when was your last dose of fingolimod?

Approximately, when was your last dose of glatiramer acetate?

Approximately, when was your last dose of golimumab?

Approximately, when was your last dose of hydroxychloroquine?

Approximately, when was your last dose of infliximab?

Approximately, when was your last dose of interferon beta 1-a?

Approximately, when was your last dose of interferon beta 1-b?

Approximately, when was your last dose of intravenous immunoglobulin (IVIG)?

Approximately, when was your last dose of leflunomide?

Approximately, when was your last dose of mercaptopurine (6-MP)?

Approximately, when was your last dose of methotrexate?

Approximately, when was your last dose of mitoxantrone?

Approximately, when was your last dose of mycophenolate mofetil?

Approximately, when was your last dose of natalizumab?

Approximately, when was your last dose of ocrelizumab?

Approximately, when was your last dose of ofatumumab?

Approximately, when was your last dose of ozanimod?

Approximately, when was your last dose of
peginterferon beta 1-a?

Approximately, when was your last dose of rituximab?

Approximately, when was your last dose of subcutaneous
immunoglobulin (scig)?

Approximately, when was your last dose of siponimod?

Approximately, when was your last dose of
sulfasalazine?

Approximately, when was your last dose of
teriflunomide?

Approximately, when was your last dose of thalidomide?

Approximately, when was your last dose of tofacitinib?

Approximately, when was your last dose of tocilizumab?

Approximately, when was your last dose of ustekinumab?

Approximately, when was your last dose of vedolizumab
?

Approximately, when was your last dose of prednisone?

What was your most recent total daily dose of
prednisone?

Approximately, when was your last dose of
dexamethasone?

What was your most recent total daily dose of dexamethasone? _____

Approximately, when was your last dose of methylprednisolone? _____

What was your most recent total daily dose of methylprednisolone? _____

Approximately, when was your last plasma exchange? _____

If you are taking a treatment for your immune-mediated or autoimmune condition, have you changed your medication or how you take your medication since the beginning of the pandemic?

- Yes
 No

Please choose the response that best fits your situation.

- I stopped taking this medication altogether
 I changed how I take this medication (e.g. I take it every other day now instead of taking it every day)
 I delayed my next dose

Did you make this change because your provider recommended it?

- Yes
 No

Are you currently taking any of the following medications?

Please mark all that apply.

- Ibuprofen (Advil, Motrin)
 Naproxen (Aleve)
 Aspirin
 Chloroquine
 Hydroxychloroquine
 Azithromycin
 Vitamin D
 I am not currently taking any of these medications

Are you currently taking any of the following medications?

These medications are called ACE inhibitors.

- benazepril (Lotensin)
 captopril (Capoten)
 enalapril (Vasotec, Epaned)
 fosinopril (Monopril)
 lisinopril (Prinivil, Zestril, Qbrelis)
 moexipril (Univasc)
 perindopril (Aceon)
 quinapril (Accupril)
 ramipril (Altace)
 trandolapril (Mavik)
 I am not currently taking any of these medications

Are you currently taking any of the following medications?

These medications are called angiotensin II receptor blockers or ARBs

- azilsartan (Edarbi)
- candesartan (Atacand)
- eprosartan (Teveten)
- irbesartan (Avapro)
- telmisartan (Micardis)
- valsartan (Diovan, Prexxartan)
- losartan (Cozaar)
- olmesartan (Benicar)
- sacubitril + valsartan (Entresto)
- nebivolol + valsartan (Byvalson)
- I am not currently taking any of these medications

Are you taking other medications? Please include medicines you take routinely, including over the counter medications.

- Yes
- No

Please list all of your medications. You do not need to fill in each box.

Medication 1:

Medication 2:

Medication 3:

Medication 4:

Medication 5:

Medication 6:

Medication 7:

Medication 8:

Medication 9:

Medication 10:

Have you been within approximately 6 feet of a confirmed coronavirus or COVID-19 case for at least 3 minutes of time?

Close contact can occur while caring for, living with, visiting, or sharing a health care waiting area with a COVID-19 or being coughed or sneezed on by someone infected with COVID-19.

- Yes
 No

Were you wearing any of the following protective equipment?

Please select all that apply.

- Mask
 Gloves
 Protective gown
 I was not wearing any protective equipment

Has a healthcare professional ever suspected you have COVID-19?

- Yes
 No

Approximately when did this occur?

Have you ever been tested for COVID-19?

- Yes
 No

What was the result?

- Positive
 Negative
 Unsure or the test is still pending

Since the beginning of the pandemic, have you been admitted to the hospital because of suspected or confirmed COVID-19?

- Yes
 No

Were you prescribed any of the following medications to treat you for possible COVID-19?

Please don't include medications that you may already be taking to treat your autoimmune or inflammatory conditions.

- Azithromycin (Zithromax, Zmax)
 - Chloroquine
 - Convalescent serum (blood transfusion from a COVID-19 survivor)
 - Hydroxychloroquine (Plaquenil)
 - Intravenous immunoglobulins (i.e. IVIg)
 - Lopinavir-ritonavir (Kaletra)
 - Remdesivir
 - Ribavirin (Copegus, Moderiba, Rebetol, Ribasphere)
 - Sarilumab (Kevzara)
 - Siltuximab (Sylvant)
 - Steroids
 - Tocilizumab (Actemra)
 - I was not treated with any of these medications
-

How long were you in the hospital?

Please answer in the number of days.

Did any of the following happen to you during your hospital stay?

	Yes	No	I don't know
Put on oxygen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Given a face mask to help you breathe (CPAP or BiPAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Put on a ventilator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Admitted to the ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Put on ECMO (extracorporeal membrane oxygenation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What is your current condition regarding your suspected or confirmed COVID-19 illness?

- Improving
 - Worsening
 - Fully recovered (i.e. back to your baseline level of health before you got sick)
 - Recovered with complications (i.e. recovered but you are not back to your baseline)
-

Have any symptoms of your autoimmune or inflammatory changed after having COVID-19?

- They have improved
 - They have become worse
 - They are about the same
-

Have you had an interruption in your physical therapy, occupational therapy, or other type therapy because of the COVID-19 pandemic?

- Yes
- No
- Not applicable

Have you had an interruption in your homecare services because of the COVID-19 pandemic?

- Yes
 No
 Not applicable
-

Since January, have you had any of the following symptoms?

Please mark all that apply.

If you have symptoms that may be potentially associated with COVID-19 or other current symptoms of concern, please call your health care provider or seek urgent or emergent care as appropriate. These survey results will not be transmitted to your Johns Hopkins provider in real time.

- New fatigue
 Fever
 Chills or shivers
 Muscle aches
 Sore throat
 Cough
 Headache
 Diarrhea
 Nausea
 Vomiting
 Shortness of breath
 Trouble smelling
 Trouble with taste
 Congestion
 Red or itchy eyes
 I do not have any of these symptoms
-

Did you have shortness of breath while:

Please mark all that apply.

- At rest
 Walking
 Talking
-

Approximately, when did your symptoms begin?

Are you still having symptoms?

- Yes
 No
-

Approximately when did they resolve?

In the past week, have you started any medicines (including over the counter medications) due to concern about COVID-19 or for other reasons?

- Yes
 No

Please list all of the medications you started in the past week. You do not need to fill in each box.

You should include over the counter medicines.

Medication 1:

Medication 2:

Medication 3:

Medication 4:

Medication 5:

In the past week have you stopped or delayed use of any medication (including over the counter medications) due to COVID-19 concern or for other reasons?

- Yes
- No

Please list all of your medications you stopped in the past week. You do not need to fill in each box.

You should include over the counter medicines

If you stopped a medication, please list them here.

Medication 1:

Medication 2:

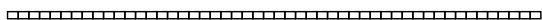
Medication 3:

Medication 4:

Medication 5:

Please compare your mood now relative to before the beginning of the pandemic.

Much worse About the same Much better



(Place a mark on the scale above)

Please compare your anxiety now relative to before the beginning of the pandemic.

Much worse About the same Much better



(Place a mark on the scale above)

Which of the following best matches your current smoking situation? For this question, please consider smoking to be use of cigarettes or cigars.

- I am a current smoker
 I smoked in the past, but I'm not currently
 I never smoked
-

How old were you when you first started smoking?

Have you smoked at least 100 cigarettes or cigars in your lifetime?

- Yes
 No
-

How many cigarettes/cigars do you typically smoke per day?

When you did smoke, how many cigarettes/cigars did you typically smoke per day?

How old were you when you most recently stopped smoking?

Which of the following best describes your current use of e-cigarettes (vape, vape-pen or other vaping products)?

- I am a current user of e-cigarettes
 I have used e-cigarettes in the past, but I'm not currently
 I have never used e-cigarettes
-

Have you used e-cigarettes more than 10 times in your life?

- Yes
 No
-

How many times per day do you use e-cigarettes (vape, vape pen or other vaping products)?

When you did use e-cigarettes, how many times did you use e-cigarettes (vape, vape pen or other vaping product) per day?

Are you currently employed?

- Yes
 No

Are you currently working:

- Inside the home (or teleworking)
- Outside the home

If you are working outside the home, are you an:

- Active health care worker (e.g. nurse, technician, physician, hospital worker)
- Active first line responder (e.g. police, firefighter, paramedic)
- Active essential workers (e.g. grocery store)
- Active worker in shelter, prison
- Otherwise working in person

Approximately, how many people are there in your immediate work areas?

If you transitioned to teleworking, what was the last day you worked on site? _____

In the past 14 days, have you visited any of the following places in person?

Please mark all that apply.

- Grocery store
- Doctor's office
- Lab testing facility
- Pharmacy
- Bank
- Office / Place of work
- Other place

How many times did you visit the grocery store in person?

How many days ago did you visit the grocery store in person?

How did you get to the grocery store?

- Drove myself (or rode in a car with someone I live with)
- Public transportation (bus, subway)
- Taxi, Uber, Lyft
- Walked
- Other

How many days ago did you visit the doctor's office in person?

How many times did you visit the doctor's office in person?

How did you get to the doctor's office?

- Drove myself (or rode in a car with someone I live with)
- Public transportation (bus, subway)
- Taxi, Uber, Lyft
- Walked
- Other

How many days ago did you visit a lab testing facility in person?

How many times did you visit a lab testing facility in person?

How did you get to a lab testing facility?

- Drove myself (or rode in a car with someone I live with)
- Public transportation (bus, subway)
- Taxi, Uber, Lyft
- Walked
- Other

How many days ago did you visit the pharmacy in person?

How many times did you visit the pharmacy in person?

How did you get to the pharmacy?

- Drove myself (or rode in a car with someone I live with)
- Public transportation (bus, subway)
- Taxi, Uber, Lyft
- Walked
- Other

How many days ago did you visit the bank in person?

How many times did you visit the bank in person?

How did you get to the bank?

- Drove myself (or rode in a car with someone I live with)
- Public transportation (bus, subway)
- Taxi, Uber, Lyft
- Walked
- Other

How many days ago did you visit your office / place of work?

How many times did you visit your office / place of work in person?

How did you get to your office / place of work?

- Drove myself (or rode in a car with someone I live with)
- Public transportation (bus, subway)
- Taxi, Uber, Lyft
- Walked
- Other

How many days ago did you visit another place?

How many times did you visit another place in person?

How did you get to another place?

- Drove myself (or rode in a car with someone I live with)
- Public transportation (bus, subway)
- Taxi, Uber, Lyft
- Walked
- Other

Which of the following best describes your current social behavior?

Here, we consider "family/friends" as people who do not live in your home:

- I am not going to public places, nor am I socializing with family or friends
- I am not going to public places, but I am socializing with family or friends virtually
- I am not going to public places, but I am socializing with family or friends in my, or their, home
- I am continuing to socialize in public places, but slightly less than before
- I am continuing to socialize in public places

When you leave your home, are you wearing a mask?

- Yes, most or all of the time
- Yes, some of the time
- No I am not wearing a mask

Not including you, how many other people live in your house with you?

Please enter a number.

How many of them are under 18 years of age?

How many of them are older than 89 years of age?

Please list the ages of all other people you live who are aged 18-89.

Have any of your household contacts been within approximately 6 feet of a confirmed coronavirus or COVID-19 case for at least 3 minutes of time?

Close contact can occur while caring for, living with, visiting, or sharing a health care waiting area with a COVID-19 or being coughed or sneezed on by someone infected with COVID-19.

- Yes
 No

How many of your household contacts have a known exposure to a confirmed coronavirus or COVID-19 case?

Which best describes what your household contacts were wearing when they were exposed?

- They were all wearing full protective gear (masks, gloves, and gowns)
 They were all wearing some protective gear
 Some who were exposed were wearing protective gear, while others were not
 None were wearing protective gear

Did a healthcare provider ever suspect that any of your household contacts had COVID-19?

- Yes
 No

Were any of your household contacts tested for coronavirus or COVID-19?

- Yes
 No

Did any of your household contacts test positive for the virus?

- Yes
 No
 Unsure or unknown

Since January, have any of your household contacts have any of the following symptoms?

Please mark all that apply.

If you have symptoms that may be potentially associated with COVID-19 or other current symptoms of concern, please call your health care provider or seek urgent or emergent care as appropriate. These survey results will not be transmitted to your Johns Hopkins provider in real time.

- New fatigue
- Fever
- Chills or shivers
- Muscle aches
- Sore throat
- Cough
- Headache
- Diarrhea
- Nausea
- Vomiting
- Shortness of breath
- Trouble smelling
- Trouble with taste
- Congestion
- Red or itchy eyes
- My household contacts do not have any of these symptoms

Approximately how many days ago did the symptoms start?

Please list the the furthest day back, if more than one of your household contacts is having symptoms.

Are any of your household contacts still having symptoms?

- Yes
- No

In the past 14 days, have your household contacts visited any of the following places?

- Grocery store
- Doctor's office
- Lab testing facility
- Pharmacy
- Bank
- Office / Place of work
- Other place

How did your household contact get to any of the outside places listed above?

Please check all that apply.

- Drove themselves (or rode in a car with someone else who also lives in your household)
- Public transportation (bus, subway)
- Taxi, Uber, Lyft
- Walked
- Other

Which of the following best describes the current social behavior of your household contacts?

Here, we again consider "family/friends" as people who do not live in your home.

- They are not going to public places, nor are they socializing with family or friends
- They are not going to public places, but some or all of them are socializing with family or friends virtually
- They are not going to public places, but some or all of my household contacts are socializing with family or friends in our home or in their homes.
- Some or all of my household contacts are continuing to socialize in public places, but slightly less than before
- Some or all of my household contacts are continuing to socialize in public places

How many household contacts are active health care workers (e.g. nurse, technician, doctor, hospital working) working outside the home?

How many household contacts are active first line responders (e.g. police, firefighter, paramedic) working outside the home?

How many household contacts are essential workers (e.g. grocery store employees or delivery drivers)?

How many household contacts are active workers in a shelter or prison?

How many household contacts are otherwise working in person?

Thank you for your participation!

Please provide the name and contact information for your emergency contact.

Emergency contact name:

Emergency contact phone number:

Emergency contact email:

COVID-RIMS Follow-up Survey

COVID-19 RIMS Study
Follow-up Questionnaire

Thank you again for your continued participation in this important research project!

The purpose of this study is to help us better understand what factors play a role in risk or severity of COVID-19 among people who have autoimmune or inflammatory conditions that sometimes require immune-modulating medications.

This follow-up questionnaire will be similar to the previous questionnaires, but it will be a little longer. It will ask you some more detailed questions about your life and healthcare may have changed as a result of the pandemic. It will also ask detailed questions about mood, anxiety, and social participation or feelings of emotional distress. As in the previous questionnaire, we will also ask you about COVID-19 symptoms, testing and results.

Please answer every question as best as you can. Your commitment and participation are highly valuable, and we thank you for your dedication.

Since the last survey, have you changed your medication or how you take your medication, if you are taking a treatment for your immune-mediated or autoimmune condition?

- Yes
 No

Please choose the response that best fits your situation.

- I stopped taking this medication altogether
 I changed how I take this medication (e.g. I take it every other day now instead of taking it every day)
 I delayed my next dose

Did you make this change based on recommendations from your doctor or healthcare provider?

- Yes
 No

Did you change to a different medication?

- Yes
 No

What did you change your medication to?

Since the beginning of the pandemic, did you postpone or cancel any office visits with a medical provider?

- Yes
 No

I cancelled or postponed my visit with:

Please select all that apply

- My specialist provider for my autoimmune or inflammatory condition
 Another specialist
 Primary care provider
 Other routine care provider (eg, eye doctor)

Why did you postpone or cancel your office visit?

Please select all that apply.

- Lack of transportation
- Loss of insurance
- Lack of available appointments
- Concern about COVID-19 exposure risk
- Preference for virtual visit
- Other

Other reason for postponing or cancelling your medical appointment (specify):

Since the beginning of the pandemic, have you had to miss any routine laboratory testing visits that are associated with your condition?

- Yes
- No

Since the beginning of the pandemic, have you experienced a change in your ability to afford costs associated with having your condition?

These costs can include any co-pays, costs associated with laboratory testing, etc.

- Yes
- No

Have you lost your insurance as a result of the COVID-19 pandemic?

- Yes
- No

Before the pandemic, did you receive any of the following services?

- Infusion treatments
- Rehab services (eg, physical therapy, occupational therapy, Botox)
- Mental health services (eg, psychology, psychiatry)
- Homecare services

Were your infusions delayed or interrupted as a result of the pandemic?

- Yes
- No

Why were your infusions delayed?

Please select all that apply

- Loss of insurance
- Lack of transportation
- Lack of available infusion slots
- Concern about COVID-19 exposure risk
- Other

Were your rehab services delayed or interrupted as a result of the pandemic?

- Yes
 No

Why were your rehab services delayed?

Please select all that apply

- Loss of insurance
 Lack of transportation
 Lack of available appointments
 Concern about COVID-19 exposure risk
 Other

Were your mental health services delayed or interrupted as a result of the pandemic?

- Yes
 No

Were your homecare services delayed or interrupted as a result of the pandemic?

- Yes
 No

Why were your mental health services delayed?

Please select all that apply

- Loss of insurance
 Lack of transportation
 Lack of available appointments
 Concern about COVID-19 exposure risk
 Other

Why were your homecare services delayed?

Please select all that apply

- Loss of insurance
 Lack of transportation
 Lack of available appointments
 Concern about COVID-19 exposure risk
 Other

Did you have difficulty getting any of the following medications after the COVID-19 pandemic began because of the pandemic it self or because you lost your job, benefits, or insurance?

Please select all that apply.

- My disease modifying therapy for my autoimmune or inflammatory or inflammatory condition
 Medications used to treat symptoms of my autoimmune or inflammatory condition (eg, medications for spasticity or for pain).
 Medications to help me with depression
 Medications to help me with anxiety

Are you using use telemedicine to communicate with your doctor?

- Yes
- No

On a scale of 1-10 where 1 means "not at all effective" and 10 means "extremely effective" how would you rate the effectiveness of your telemedicine visits with your healthcare provider?

To which of the following statements do you agree?

Please select all that apply.

- I feel more at risk of COVID infection because of my autoimmune or inflammatory condition.
- I am worried that my medication for my autoimmune or inflammatory condition will make me more likely to become infected with COVID.
- I am more worried about my autoimmune or inflammatory condition progressing than I am about contracting the COVID virus.

Where do you find info about the management of your autoimmune or inflammatory condition and COVID-19?

Please select all that apply

- Healthcare providers
- Friends/family
- TV news
- Online search
- Social media such as Facebook or Instagram
- Websites
- Newspapers/magazine/journals
- Other

Since the past survey, have you started any medicines (including over the counter medications) due to concern about COVID-19 or for other reasons?

- Yes
- No

Please list all of the medications you started in the past week. You do not need to fill in each box.

You should include over the counter medicines.

Medication Started 1:

Medication Started 2:

Medication Started 3:

Medication Started 4:

Medication Started 5:

Since the past survey, have you stopped or delayed use of any medication (including over the counter medications) due to COVID-19 concern or for other reasons?

- Yes
 No

If you stopped a medication, please list them here.

You do not need to fill each box.

Medication Stopped 1:

Medication Stopped 2:

Medication Stopped 3:

Medication Stopped 4:

Medication Stopped 5:

Since the last survey, have you been within approximately 6 feet of a confirmed coronavirus or COVID-19 case for at least 3 minutes of time?

Close contact can occur while caring for, living with, visiting, or sharing a health care waiting area with a COVID-19 or being coughed or sneezed on by someone infected with COVID-19.

- Yes
 No

Were you wearing any of the following protective equipment?

Please choose all that apply.

- Mask
 Gloves
 Protective gown
 I was not wearing any protective equipment

Since the last survey, has a healthcare professional ever suspected you had COVID-19?

- Yes
 No

Since the last survey, have you been tested for COVID-19

- Yes
 No

What was the result?

- Positive
 Negative
 Unsure or the test is still pending

Have you received the antibody test for COVID-19?

- Yes
 No

What was the result?

- Positive
 Negative
 Unsure or the test is still pending

We wish to confirm any COVID-19 related hospitalizations that may have occurred.

Since the beginning of the pandemic, have you been admitted to the hospital because of suspected or confirmed COVID-19?

- Yes
 No

Were you prescribed any of the following medications to treat you for possible COVID-19?

Please don't include medications that you may already be taking to treat your autoimmune or inflammatory conditions.

- Azithromycin (Zithromax, Zmax)
 Chloroquine
 Convalescent serum (blood transfusion from a COVID-19 survivor)
 Hydroxychloroquine (Plaquenil)
 Intravenous immunoglobulins (i.e. IVIg)
 Lopinavir-ritonavir (Kaletra)
 Remdesivir
 Ribavirin (Copegus, Moderiba, Rebetol, Ribasphere)
 Sarilumab (Kevzara)
 Siltuximab (Sylvant)
 Steroids
 Tocilizumab (Actemra)
 I was treated with a different medication
 I was not treated with any medications

How long were you in the hospital?

Please answer in the number of days.

Did any of the following happen to you during your hospital stay?

	Yes	No	I don't know
Put on oxygen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Given a face mask to help you breathe (CPAP or BiPAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Put on a ventilator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Admitted to the ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Put on ECMO (extracorporeal membrane oxygenation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What is your current condition regarding your confirmed or suspected COVID-19 illness?

- Improving
 Worsening
 Fully recovered (i.e. back to your baseline level of health before you got sick)
 Recovered with complications (i.e. recovered but you are not back to your baseline)

Have any symptoms of your autoimmune or inflammatory changed after having COVID-19?

- They have become worse
 They have improved
 They're about the same

Since the last survey, have you developed any of the following symptoms?

Please mark all that apply.

If you have symptoms that may be potentially associated with COVID-19 or other current symptoms of concern, please call your health care provider or seek urgent or emergent care as appropriate. These survey results will not be transmitted to your Johns Hopkins provider in real time.

- New fatigue
 Fever
 Chills or shivers
 Muscle aches
 Sore throat
 Cough
 Headache
 Diarrhea
 Nausea
 Vomiting
 Shortness of breath
 Trouble smelling
 Trouble with taste
 Congestion
 Red or itchy eyes
 I do not have any of these symptoms

Did you have shortness of breath while:

Please mark all that apply.

- At rest
 Walking
 Talking

Are you currently employed?

- Yes
 No

Did your employment status change as a result of the COVID-19 pandemic?

- Yes
 No

How did your employment status change?

Please choose the answer that best matches your situation

- Reduced salary
 Furloughed
 Laid off
 Other

Are you currently working:

- Inside the home (or teleworking)
 Outside the home

If you are working outside the home, are you an:

- Active health care worker (e.g. nurse, technician, physician, hospital worker)
 Active first line responder (e.g. police, firefighter, paramedic)
 Active essential workers (e.g. grocery store)
 Active worker in shelter, prison
 Otherwise working in person

Which of the following best describes your current social behavior?

- I am not going to public places.
 I limit going to public places. I generally only leave my home for essential reasons only (e.g. going to the grocery store, bank or in-person doctor's visits)
 I am going to public places slightly less than before the pandemic.
 I haven't changed how I leave my home since the beginning of the pandemic.

Are you wearing a mask when you leave your home?

- Yes, all or most of the time
 Yes, some of the time
 No

Since January 2020, have you lived with at least one other person?

- Yes
 No

Since the last survey, has a healthcare professional ever suspected one of your household contacts has or had COVID-19?

- Yes
 No

Since the last survey, have any of your household contacts been tested for COVID-19?

- Yes
 No

Did any of your household contacts test positive for the virus?

- Yes
- No
- Unsure or unknown

Did any of your household contacts test positive for COVID-19 antibodies?

- Yes
- No
- Unsure or unknown

Since the last survey, have any of your household contacts been within approximately 6 feet of a confirmed coronavirus or COVID-19 case for at least 3 minutes of time?

Close contact can occur while caring for, living with, visiting, or sharing a health care waiting area with a COVID-19 or being coughed or sneezed on by someone infected with COVID-19.

- Yes
- No

Which of the following best describes the current social behavior of your household contacts?

- They are not going to public places.
- They limit going to public places. They generally leave the house for essential reasons only (e.g. to go to the grocery store or bank, to an in-person doctor's visit).
- They are going to public places, but slightly less than before the pandemic.
- They haven't changed how much they leave home since the beginning of the pandemic

Please respond to each question or statement by marking one box per row.

In the past 7 days...

	Never	Rarely	Sometimes	Often	Always
I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that nothing could cheer me up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that my life was empty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt unhappy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I had no reason for living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that nothing was interesting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please respond to each question or statement by marking one box per row.

In the past 7 days...

	Never	Rarely	Sometimes	Often	Never
I felt uneasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many situations made me worry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My worries overwhelmed me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had difficulty calming down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had sudden feelings of panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt nervous when my normal routine was disturbed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please respond to each question or statement by marking one box per row.

In the past 7 days...

	Not at all	A little bit	Somewhat	Quite a bit	Very much
I am bothered by my limitations in regular family activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am disappointed in my ability to socialize with my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am bothered by limitations in my regular activities with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am disappointed in my ability to meet the needs of my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my ability to do things for fun outside my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the amount of time I spend doing leisure activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with how much of my work I can do (include work at home)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my ability to do household chores or tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since the beginning of the pandemic, do you feel more emotionally distressed?

- Yes
 No

Why are you more emotionally distressed?

Please select all that apply.

- Concern about your health
 Concern about the health of a loved one
 Financial stress
 Stress from spending more time at home
 Other

Has emotional distress caused any of the following?

- Difficulty eating
 Difficulty sleeping
 Difficulty concentrating
 Strain on relationships
 Increased use of alcohol or drugs
 Other

If other, please specify

How do you manage stress?

Please select all that apply.

- Taking a break
- Connecting with friends and family
- Meditation
- Exercise
- Other

If other, please specify

Thank you!

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Application Number: IRB00246910