

# Supplementary document S1: Structured interview

## Basic questionnaire – 2019

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### *Sociodemographic*

Birth date: \_\_\_\_\_years

Sex:  female  
 male

Partnership status:  single living  
 partnership

#### Current job situation:

- in training
- studies
- employment:  full-time  part-time
- unemployment
- pension:  due to old age  due to disability
- other

School years (at most until A-levels): \_\_\_\_\_years

Educational level:  no training  
 skilled worker  
 technical college  
 university

#### Place of residence:

- 
- rural community (until 5000 inhabitants)
  - provincial town (>5000-20000 inhabitants)
  - medium-sized town (>20000-100000 inhabitants)
  - city (>100000 inhabitants)

Number of children: \_\_\_\_\_

Number of siblings: \_\_\_\_\_

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## ***Clinical-neurological***

**Current pregnancy:**  no  
 yes

**Pregnancy planned in the near future:**  no  
 yes

### **Number and kind of comorbidities:**

**Disease course:**  clinically isolated syndrome (CIS)  
 relapsing-remitting multiple sclerosis (RRMS)  
 secondary progressive multiple sclerosis (SPMS)  
 primary progressive multiple sclerosis (PPMS)  
 undefined

**Clinical care:**  outpatient  
 inpatient

**Date of initial CIS/MS diagnosis (month/year):** \_\_\_\_\_

**Current Expanded Disability Status Scale (EDSS) Score:** \_\_\_\_\_

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## **Vaccination**

**Vaccination card available:**  no  
 yes

**Did you have a vaccination consultation last year?**  no  
 yes

**When was the last time you dealt with the topic of "vaccination"?**

- last week
- last month
- last six months
- last year
- more than a year ago

**Are you aware that government recommendations for immunizations exist?**

- no
- yes

**Would you be willing to get all officially recommended vaccinations?**

- no
- yes

## SARS CoV-2 questionnaire 2020 (1<sup>st</sup> follow-up)

We have all been affected in the past weeks and are still affected in our lives due to the SARS CoV-2 pandemic and the behavioral restrictions instructed to protect the population or also due to our own experience. We would like to ask you to answer a few questions to find out how you, as an MS patient, have experienced and coped with this situation over the past eight weeks.

1. Has MS changed in the last three months		<b>(Please check)</b>			
a) in the form of relapses?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	
b) in the form of progression ?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	
2. Did you have any other illnesses in the last three months?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	
	<b>If yes, which?</b>				
Please answer the following questions according to the levels:					
	<b>Not at all</b>	<b>Almost not</b>	<b>Not sure</b>	<b>Strong</b>	<b>Very strong</b>
3. How much psychological burden did you feel during that time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How much physical burden did you feel during that time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. How much social burden did you feel during that time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did any distressing thoughts or memories related to the SARS CoV-2 pandemic come to mind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you experience distressing dreams related to the SARS CoV-2 pandemic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you act or feel like this was always going to happen again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were you shocked when you were reminded of this?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you feel any physical reactions (such as rapid heartbeat, abdominal pain)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Not at all</b>	<b>Almost not</b>	<b>Not sure</b>	<b>Strong</b>	<b>Very strong</b>
7. Did you experience difficulty falling asleep or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you experience increased irritability or outbursts of anger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did you have difficulty in concentrating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did you pay increased attention to possible dangers to you or others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did you feel jumpier or startled more quickly than usual when something unexpected happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Since the impact of the SARS CoV-2 pandemic began, have your attitudes changed regarding the SARS CoV-2 issue? (Please check)	<b>Yes</b>	<input type="checkbox"/>		<b>No</b>	<input type="checkbox"/>
13. Today, do you experience most of the measures ordered as appropriate, even in retrospect?	<b>Not appropriate at all</b>	<b>Somewhat inappropriate</b>	<b>Unsure</b>	<b>Somewhat appropriate</b>	<b>Completely appropriate</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has your general attitude toward standard vaccination changed as a result of the discussions surrounding the SARS CoV-2 pandemic?	<b>My anti attitude was strengthened</b>	<b>Have developed an anti attitude</b>	<b>Unchanged</b>	<b>Accept now a general vaccination program</b>	<b>Was always in favor of a vaccination program</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. What do you think today? If an effective vaccine against SARS CoV-2 is found and the Standing Committee in Vaccination recommends this vaccination, will you get vaccinated?	<b>Very unlikely</b>	<b>Unlikely</b>	<b>Unsure</b>	<b>Likely</b>	<b>For sure</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 4 – 13 adapted from Trauma Screening Questionnaire (TSQ) Brewin et al. (2002) Br. J. Psychiatry

## SARS CoV-2 questionnaire 2021 (2<sup>nd</sup> follow-up)

We have all been affected in the past weeks and are still affected in our lives due to the SARS CoV-2 pandemic and the behavioral restrictions instructed to protect the population or also due to our own experience. We would like to ask you to answer a few questions to find out how you, as an MS patient, have experienced and coped with this situation over the past eight weeks.

1. Has MS changed in the last three months				<b>(Please check)</b>
a) in the form of relapses?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
b) in the form of progression ?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
2. Did you have any other illnesses in the last three months?				<input type="checkbox"/>
	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
	<b>If yes, which?</b>			
3. Did you have any vaccinations (of any kind) in the last three months?				<input type="checkbox"/>
	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
	<b>If yes, which?</b>			
	<b>Did you experience health issues during/after vaccination?</b>	<b>No</b>	<b>Yes, mild vaccine reactions</b>	<b>Yes, vaccine diseases / complications</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were you ill with coronavirus (SARS-CoV-2) or did you have a positive antigen test?				<input type="checkbox"/>
	<b>If yes, did you experience</b>	<b>No symptoms</b>	<b>Mild/moderate symptoms being treated on outpatient basis</b>	<b>Severe symptoms requiring inpatient treatment</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions according to the levels:					
	<b>Not at all</b>	<b>Almost not</b>	<b>Not sure</b>	<b>Strong</b>	<b>Very strong</b>
5. How much psychological burden did you feel during the last three months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How much physical burden did you feel during the last three months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How much social burden did you feel during the last three months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did any distressing thoughts or memories related to the SARS CoV-2 pandemic come to mind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did you experience distressing dreams related to the SARS CoV-2 pandemic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did you act or feel like this was always going to happen again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were you shocked when you were reminded of this?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you feel any physical reactions (such as rapid heartbeat, abdominal pain)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not at all</b>	<b>Almost not</b>	<b>Not sure</b>	<b>Strong</b>	<b>Very strong</b>
13. Did you experience difficulty falling asleep or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Did you experience increased irritability or outbursts of anger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Did you have difficulty in concentrating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Did you pay increased attention to possible dangers to you or others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Did you feel jumpier or startled more quickly than usual when something unexpected happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Since the impact of the SARS CoV-2 pandemic began, have your attitudes changed regarding the SARS CoV-2 issue? (Please check)	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	

19. Today, do you experience most of the measures ordered as appropriate, even in retrospect?	<b>Not appropriate at all</b>	<b>Somewhat inappropriate</b>	<b>Unsure</b>	<b>Somewhat appropriate</b>	<b>Completely appropriate</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has your general attitude toward standard vaccination changed as a result of the discussions surrounding the SARS CoV-2 pandemic since the last survey (summer 2020)?	<b>1. My anti attitude was strengthened</b>	<b>2. Have developed an anti attitude</b>	<b>3. Unchanged</b>	<b>4. Accept now a general vaccination program</b>	<b>5. Was always in favor of a vaccination program</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If 1., 2. or 4., what was the main reason?</b>				
21. What do you think today? If an effective vaccine against SARS CoV-2 is found and the Standing Committee in Vaccination recommends this vaccination, will you get vaccinated?	<b>Very unlikely</b>	<b>Unlikely</b>	<b>Unsure</b>	<b>Likely</b>	<b>For sure</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Would you prefer a certain vaccine?	<b>Yes</b>		<input type="checkbox"/>	<b>No</b>	
	<b>If yes, due to</b>	<b>Efficacy</b>	<b>Tolerability</b>	<b>Availability</b>	<b>Other</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Questions 6 – 15 adapted from Trauma Screening Questionnaire (TSQ) Brewin et al. (2002) Br. J. Psychiatry					