



Supplementary Material

Questionnaire Form

Personal Information

Question 1: How old are you?

Question 2: What is your gender?

Question 3: What is your job in the healthcare system?

- Specialist doctor
- Assistant doctor
- Nurse
- General practitioner
- Medical representatives
- Medical technicians
- Dentists
- Employees in healthcare administration
- Medical student
- Intern
- Security guard
- Others (please specify)...

Question 4: Do you have any other chronic systemic disease? Please name all the systemic diseases that you have.

Question 5: Please name all the medications that you currently use.

QUESTIONS RELATED TO COVID-19

Question 6: Have you given Covid-19 RT-PCT test?

- Yes
- No

Question 7: If yes, what is your RT-PCR test result?

- Positive
- Negative

Question 8: Even though your test result was negative or you haven't tested for Covid-19, have you been diagnosed with Covid-19 by radiological imaging?

- Yes
- No

Question 9: Did you have any close contact to someone who was diagnosed with Covid-19?

- Yes
- No

Question 10: Did you have any of the following COVID-19 symptoms since March 2020?

- Fever
- Dry cough
- Dyspnea
- Gustatory dysfunction
- Olfactory dysfunction
- Diarrhea
- Nausea/vomiting
- Myalgia
- Headache
- Fatigue
- Other (please specify)

Question 11: Were you hospitalized for Covid-19?

- Yes
- No

Question 12: What is the treatment that you had for Covid-19?

- Favipiravir
- Antibiotics
- Corticosteroid
- Remdesivir
- Hydroxychloroquine
- Aspirin or other non-steroidal anti-inflammatory drugs

- Enoxaparin
- Proton pump inhibitors
- Others (please specify).

Question 13: Which of the following statement(s) is correct for you?

- I had pregnancy and/or postpartum period during Covid-19 pandemic.
- I received immunosuppressive or chemotherapeutic agents during Covid-19 pandemic.
- I had a serious surgical operation during Covid-19 pandemic.
- I was on an extreme diet during Covid-19 pandemic.
- I lost more than 5% of my own weight in a period of 6 months during Covid-19 pandemic.
- I feel stressed or overwhelmed which had major impact on my life during Covid-19 pandemic.

QUESTIONS RELATED TO THE HAIR DISEASES PRIOR TO COVID-19 PANDEMIC

Question 14: Which of the following hair diseases did you have prior to Covid-19?

(In the online questionnaire, clinical pictures belonging to each hair disease were placed and each disease was described clinically in order to make the respondents have a clearer idea about the illness.)

- Male pattern hair loss
- Female pattern hair loss
- Telogen effluvium
- Alopecia areata
- Alopecia totalis/universalis
- Seborrheic dermatitis
- Scalp psoriasis
- Trichotillomania
- Trichodynia
- Increased hair greying.
- Others (please specify).

Question 15: Prior to Covid-19 pandemic, were you diagnosed by a physician for the hair diseases mentioned above?

- Yes
- No

Question 16: Have you used anything for the treatment of the hair disease that you had? If yes, what have you used?

- No treatment
- Cosmetics/personal care products (shampoo, spray, lotion.)
- Herbal medicines
- Medical treatment prescribed by the physician

- Vitamin supplements
- Cosmetic procedures (mesotherapy, platelet rich plasma, hair transplantation etc.) performed by a physician
- Others (please specify).

QUESTIONS RELATED TO THE HAIR DISEASES OBSERVED DURING COVID-19 PANDEMIC

Question 17: Which of the following hair diseases did you have during Covid-19 pandemic?

(Please mark both new-onset hair diseases and pre-existing, ongoing hair diseases you had from the start of Covid-19 pandemic until now)

(In the online questionnaire, clinical pictures belonging to each hair disease were placed and each disease was described clinically in order to make the respondents have a clearer idea about the illness.)

- Male pattern hair loss
- Female pattern hair loss
- Telogen effluvium
- Alopecia areata
- Alopecia totalis/universalis
- Seborrheic dermatitis
- Scalp psoriasis
- Trichotillomania
- Trichodynia
- Increased hair greying.
- Others (please specify).

Question 18: During Covid-19 pandemic, were you diagnosed by a physician for the hair diseases mentioned above?

- Yes
- No

Question 19: Have you used anything for the treatment of the hair disease that you had? If yes, what have you used?

- No treatment
- Cosmetics/personal care products (shampoo, spray, lotion.)
- Herbal medicines
- Medical treatment prescribed by the physician
- Vitamin supplements
- Cosmetic procedures (mesotherapy, platelet rich plasma, hair transplantation etc.) performed by a physician
- Others (please specify)

Question 20: If you had one or more new-onset hair disease during Covid-19 pandemic, after how many months did the new-onset hair disease emerge after

Covid-19 infection? (If you didn't have Covid-19 infection, please leave this question empty.)

Question 21: What is your opinion related to the clinical course of the pre-existing and ongoing hair disease during Covid-19 pandemic?

- The severity of the hair disease is decreased during Covid-19 pandemic compared to pre-Covid-19 era.
- The severity of the hair disease is increased during Covid-19 pandemic compared to pre-Covid-19 era.
- There is no change.

Question 22: Do you believe that stress and anxiety played a role either in the development of the new-onset hair disease or deterioration of the pre-existing disease in the era of Covid-19?

- Yes
- No