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 Please select for each question (by marking with **(x)**) only **one** possibility.

1	Which measure have you taken due to the spread of the Corona-Virus?					
		1 Does not apply	2	3	4	5 Fully applies
a	Increased handwashing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Regular hand disinfection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Wearing face mask in the public space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Purchase of clinical thermometer or oxygen saturation device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Accumulate food stocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Forego travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Social distancing in daily life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Avoid contacts with doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	Avoid physiotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j	Avoid breathing therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k	Avoid lung sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<i>Further measures that you have taken? (please insert)</i>					
l	Measure 1					
m	Measure 2					
n	Measure 3					

Please select for each question (by marking with (x)) only one possibility.						
2	How did you inform yourself on protective measures against Corona virus?					
		1 Does not apply	2	3	4	5 Fully applies
a	Through public media (TV, newspapers, internet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	At your general practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	in the pneumological practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	in the clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	How do you assess the access to medical treatment during the Corona virus pandemic?					
		1 Does not apply	2	3	4	5 Fully applies
a	My GP was always available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	My treating pneumologist was always available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	I was concerned not to have access to medical treatment in an emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	I cancelled my scheduled medical visits for COPD due fear of infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	My scheduled medical visits for COPD were cancelled by the practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	I always had access to my inhalative treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	My inhalative therapy was changed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

h	Pulmonary care has deteriorated during the COVID-19 pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please select for each question (by marking with (x)) only one possibility.						
4	Various university outpatient clinics and practices have switched to telephone- or video consultation for reasons of infection protection. In case you have used it, what was your experience?					
		1 Does not apply	2	3	4	5 Does apply
a	I liked using the telephone- / video-consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	A personal contact cannot be replaced by this setup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	I felt worse cared for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	I had difficulties to sufficiently describe my health state by telephone or video	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	The physician was able to get a sufficient picture of my condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	I did not use the telephone or video consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How do you assess the course of disease of your COPD during the pandemic?						
5	My health state	<input type="radio"/> was stable <input type="radio"/> has worsened <input type="radio"/> had increased				
Please select for each question (by marking with (x)) only one possibility.						
		1 Does not apply	2	3	4	5 Fully applies
6	I had shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7	I had increased cough and sputum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	I repeatedly had acute worsenings of my health state (exacerbations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please select for each question (by marking with (x)) only one possibility.						
How did the pandemic influence your physical activity?						
		1 Does not apply	2	3	4	5 Fully apply
9	Due to the curfew, I am not as active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	The lack of physiotherapeutic treatment negatively impacts on my activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	Due to fear of infection I go for a walk on fewer occasions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	My physical resilience	<input type="radio"/> Is unchanged <input type="radio"/> has decreased <input type="radio"/> has increased				
Are you are have you been infected with COVID-19?						
13	I am infected with COVID-19	<input type="radio"/> yes			<input type="radio"/> no	
14	I was infected with COVID-19	<input type="radio"/> yes			<input type="radio"/> no	
If you have been infected with COVID-19						
<i>How was COVID-19 diagnosed?</i>						
15	Did you diagnose it yourself based on symptoms?	<input type="radio"/> yes			<input type="radio"/> no	
16	Was it a doctor diagnosis?	<input type="radio"/> yes			<input type="radio"/> no	
17	Was a virus detection performed?	<input type="radio"/> yes			<input type="radio"/> no	
18	A rapid test was performed	<input type="radio"/> yes			<input type="radio"/> no	
19	A so called PCR was performed	<input type="radio"/> yes			<input type="radio"/> no	
20	I do not know which test was performed	<input type="radio"/> yes			<input type="radio"/> no	
<i>How was your course of disease?</i>						
21	I had mild symptoms and was able to cure at home.	<input type="radio"/> yes			<input type="radio"/> no	
22	I had to see a doctor but could stay at home	<input type="radio"/> yes			<input type="radio"/> no	
23	I had to be treated in the clinic (normal ward)	<input type="radio"/> yes			<input type="radio"/> no	

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Pseudonym (wird im Studienzentrum eingegeben)

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If you have been infected with COVID-19						
How was your course of disease						
24	I had to be treated in the intensive care unit in a clinic	<input type="radio"/> yes	<input type="radio"/> no			
25	I received cortisone in the form of tablets or infusions	<input type="radio"/> yes	<input type="radio"/> no			
26	I temporarily received oxygen	<input type="radio"/> yes	<input type="radio"/> no			
27	I had to be ventilated with a mask	<input type="radio"/> yes	<input type="radio"/> no			
28	I had to be ventilated with a ventilator	<input type="radio"/> yes	<input type="radio"/> no			
29	I receive a long-term oxygen therapy	<input type="radio"/> yes	<input type="radio"/> no			
30	My demand of oxygen has increased	<input type="radio"/> yes	<input type="radio"/> no			
31	Since the infection, I need a long-term oxygen therapy	<input type="radio"/> yes	<input type="radio"/> no			
32	I received a follow-up treatment	<input type="radio"/> yes	<input type="radio"/> no			
Please select for each question (by marking with (x)) only one possibility.						
33	If you have been infected with COVID-19, which symptoms did you have?					
		1 Does not apply	2	3	4	5 Fully applies
a	Cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Sputum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Muscular pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Taste disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Olfactory impairments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pseudonym (wird im Studienzentrum eingegeben)

If you have been infected with COVID-19, which symptoms did you have?						
33	If you have been infected with COVID-19, which symptoms did you have?					
		1 Does not apply	2	3	4	5 Fully applies
j	Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k	Pressure on the chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l	Disturbances of consciousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bitte geben Sie als Freitext Ihre Medikamente (<u>alle</u> Medikamente, d.h. Tabletten und Inhalationen) an.						
34	Has your existing therapy been changed due to COVID-19 disease			<input type="radio"/> yes	<input type="radio"/> no	
35	Treatment before COVID-19 infection					
a						
b						
c						
d						
e						
36	Treatment during COVID-19 infection					
a						
b						
c						
37	Treatment after COVID-19 infection					
a						
b						
c						
d						

For each of the following statements, please indicate which best applies to you at this time.

Please select for each question (by marking with (x)) only one possibility

38 How is your COPD? Take the COPD Assessment Test™ (CAT)

- | | | | | | | | |
|---|--|---|---|---|---|---|---|
| a | I never cough | ① | ② | ③ | ④ | ⑤ | I cough all the time |
| b | I have no phlegm (mucus) on my chest at all | ① | ② | ③ | ④ | ⑤ | My chest is full of phlegm (mucus) |
| c | My chest does not feel tight at all | ① | ② | ③ | ④ | ⑤ | My chest feels very tight |
| d | When I walk up a hill or a flight of stairs I am not out of breath | ① | ② | ③ | ④ | ⑤ | When I walk up a hill or a flight of stairs I am completely out of breath |
| e | I am not limited to doing any activities at home | ① | ② | ③ | ④ | ⑤ | I am completely limited to doing all activities at home |
| f | I am confident leaving my home despite my lung condition | ① | ② | ③ | ④ | ⑤ | I am not confident leaving my home at all because of my lung condition |
| g | I sleep soundly | ① | ② | ③ | ④ | ⑤ | I do not sleep soundly because of my lung condition |
| h | I have lots of energy | ① | ② | ③ | ④ | ⑤ | I have no energy at all |

	Please select for each line (by marking with (x)) only one possibility				
39	Over the last 2 weeks, how often have you been bothered by any of the following problems?				
		Not at all	Several days	More than half days	Nearly every day
a	Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Feeling bad about yourself – or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	Thoughts that you would be better off dead or of hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tick **(x)** only **one** answer for this question.

40 How badly do you suffer from shortness of breath (MRC scale)?

- ☐ I only get breathless with strenuous exercise
- ☐ I get short of breath when hurrying on the level or walking up a slight hill
- ☐ I walk slower than people of the same age on the level because of breathlessness or have to stop for breath when walking at my own pace on the level
- ☐ I stop for breath after walking about 100 yards or after a few minutes on the level
- ☐ I am too breathless to leave the house or I am breathless when dressing

Thank you for your cooperation!