

Supplementary material File 2: Patient survey

Dear Sir or Madam,

The purpose of this survey is to understand whether and how the coronavirus outbreak (COVID-19) has changed severe asthma care and how it has affected the well-being of patients with severe asthma. This data will help us improve the care of asthma patients in the future. The questionnaire is anonymous, and answers will be kept confidential. The survey contains 17 questions and takes approximately 5 minutes to complete.

When responding to the questions, please report about your situation during the first wave of the COVID-19 pandemic.

In case you have further questions on this survey, please contact [National Lead Contact].

Thank you very much for helping improve severe asthma care,

The SHARP team.

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1. Do you agree to answer the following questions anonymously for scientific research?

- No, I don't agree, and will therefore not complete this survey
- Yes, I agree

2. Which country do you live in?

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3. What is your age?

- 18-40 years
- 40-65 years
- >65y years

4. What is your gender?

- Male
- Female
- Prefer not to say

5. Do you think you had COVID-19?

- No
- Yes but I was not diagnosed by a doctor and was not tested
- Yes and I was diagnosed by a doctor, but was not tested
- Yes and I had a positive test result
- Yes and I was admitted to hospital with a diagnosis of COVID-19
- Yes and I was admitted to hospital intensive care unit with a diagnosis of COVID-19
- I don't know

6. At the beginning of the coronavirus outbreak in Europe (February 2020) did you use asthma inhalers (relievers + preventers) every day?

- No
- Yes

7. At the beginning of the coronavirus outbreak in Europe (February 2020) did you use prednisolone (or similar) steroids tablets every day?

- No
- Yes

8. Did your appointments at the asthma clinic change during the coronavirus outbreak?

- No
- Yes

9. If you answered yes to the previous question (*tick all that apply*):

- Not applicable, my appointments stayed the same
- My appointments were cancelled or postponed
- I chose myself to cancel my appointments
- The location of my appointments was changed
- My lung function test was cancelled
- I monitored my asthma at home with a peak-flow meter or other device
- My appointments were changed into telephone or video consultations
- My asthma problems were resolved in other units (e.g. emergency ward)
- Other (please specify):

10. If you had appointments by telephone or video, were you satisfied?

- | | | | | | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| very
dissatisfied | dissatisfied | neither
satisfied nor
dissatisfied | satisfied | Very
satisfied | not
applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Did the frequency of contact with your asthma doctor or nurse change during the corona outbreak?

- No, contact remained the same
- Yes, I completely lost contact
- Yes, I had less contact
- Yes, I had more contact

12. At the beginning of the coronavirus outbreak did you use biologic medications* (injections) for your asthma and did the treatment change?

- Not applicable, I did not use biologic medications
- Yes, I used biologic medications
- I was supposed to start a biologic treatment, but this was postponed

* *Biologic medications for severe asthma include:*

Xolair (omalizumab)

Nucala (mepolizumab,

Cinqaero (reslizumab)

Fasenra (benralizumab)

Dupixent (dupilumab)

13. If you used biologic medications for your asthma at the beginning of the coronavirus outbreak, how did the treatment change during the pandemic? (*tick all that apply*)

- My treatment was unchanged
- My treatment was postponed
- My treatment stopped
- I received less frequent treatments
- I switched to administering my injections myself at home
- Other (please specify):

14. If your treatment with biologic medications changed, what was the reason?

(tick all that apply)

- Not applicable, my treatment was unchanged
- It was decided by the clinic
- I had to stay home because of COVID-19 symptoms
- I was not able to get transport to the hospital
- I was afraid to travel to the hospital
- My biologic medications were not available at the pharmacy
- The pharmacy was unable to deliver medication to my home
- I was not able to collect my biologic medication at the pharmacy
- I was afraid to pick up my biologic medication at the pharmacy
- Other

15. Apart from biologic medications (injections), did you have trouble getting your other asthma medications?

- No
- Yes

16. To what extent do you agree with the following statements **during the coronavirus outbreak**

A. My care was good

strongly disagree	disagree	neither agree or disagree	agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. It was easy to get in contact with my asthma doctor or nurse at the asthma clinic

strongly disagree	disagree	neither agree or disagree	agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. I received less care for my asthma than I needed

strongly disagree	disagree	neither agree or disagree	agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. It was difficult to access asthma care

strongly disagree	disagree	neither agree or disagree	agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. I was reluctant to access asthma care because of fear I would get exposed to coronavirus

strongly disagree	disagree	neither agree or disagree	agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. I was reluctant to access asthma care because I did not want to bother my clinician

strongly disagree	disagree	neither agree or disagree	agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. It was difficult to get my asthma medication

strongly disagree	disagree	neither agree or disagree	agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. I was satisfied with changes in my asthma care

strongly disagree	disagree	neither agree or disagree	agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. I was satisfied with changes in getting my asthma inhalers

strongly disagree	disagree	neither agree or disagree	agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J. I was satisfied with changes in my biologic treatment

strongly disagree	disagree	neither agree or disagree	agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. How did changes during the coronavirus outbreak affect your asthma?

A. Changes in type of contact with my asthma doctor or nurse made my asthma worse

strongly disagree	disagree	neither agree or disagree	agree	strongly agree	not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Changes in frequency of appointment with my doctor or nurse my asthma worse

strongly disagree	disagree	neither agree or disagree	agree	strongly agree	not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Changes in access to my asthma inhalers made my asthma worse

strongly disagree	disagree	neither agree or disagree	agree	strongly agree	not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Changes in my biologic treatment made my asthma worse

strongly disagree	disagree	neither agree or disagree	agree	strongly agree	not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



All answers are collected anonymously and treated in strict confidence. The results from the survey will be kept in accordance with the privacy laws of the country in which the data is collected and in compliance with data protection rules.

By submitting my answers, I agree that my data will be used anonymously for research purposes.

Thank you for your time and engagement.

Thank you for taking the time to complete this survey.