

Supplementary material File 3: Physician survey

Dear colleague,

The purpose of this SHARP survey is to better understand how the coronavirus outbreak has changed severe asthma care and how it has affected the well-being of patients with severe asthma. This data will help improve the care of severe asthma patients in the event of a 2nd wave. All answers are collected anonymously and treated in strict confidence. Results from the survey will be kept in accordance with the privacy laws of the country in which the data will be collected and in compliance with GDPR data protection rules. The survey contains 15 questions and takes approximately 5-10 minutes to complete.

Thank you very much for your time and help!

The SHARP team.

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

1. In which country is your hospital/clinic located?

.....

2. Was severe asthma care reorganised in your clinic during the COVID-19 outbreak

- No
- Yes, the organisation of consultations changed

(tick all that apply)

- Consultations continued but with social distancing measures
- Consultations continued but at a reduced capacity
- Consultations continued at another location
- Only urgent consultations were held
- Consultations for new patients were postponed
- Consultations switched to telephone, video or e-mail

Other:

.....

Yes, the organisation of other disciplines/departments changed
(*tick all that apply*)

Respiratory nurses assisted more than before in severe asthma care

Pulmonary function tests were cancelled

Pulmonary function tests were performed at reduced capacity

Other: :.....
.....

Yes, the delivery / administration of biologic medications changed
(*tick all that apply*)

Not applicable (biologics are not available in our clinic)

Administration of biologics was cancelled or postponed

Clinical administration of biologics was switched to self-administration at home

In-hospital administration of IV biologics was switched to subcutaneous administration

Initiation of biologics was postponed

Other: :.....
.....

Yes, new IT technologies were introduced to improve communication between hospitals, clinic, GP practices or other care givers. If yes, please provide some explanation:.....

3. Did the frequency of contact with your severe asthma patients change during the COVID-19 outbreak?

No

Yes, I had less contact

Yes, I had more contact

Other: :.....
.....

4. Were doctors or nurses from your department assigned to special COVID-19 units, and did this affect severe asthma care?

No

Yes, fewer physicians were available for severe asthma care

Yes, fewer nurses were available for severe asthma care

Yes, fewer nurses were available for administration of biologics

Other: :.....
.....

5. Did you receive guidance/instructions on whether and how to change severe asthma care in your department?

No, we could decide ourselves

Yes, we received instructions from our hospital / centre

Yes, we received guidelines from our government

Other: :.....
.....

6. Did you observe that asthma control in your severe asthma patients **worsened** due to changes in severe asthma care?

No

Yes, certainly in many patients

Yes, certainly in some patients

Yes, possibly in some patients

Other:

7. Did you observe that asthma control in your severe asthma patients **improved** due to changes in self-isolation?

- No
- Yes, certainly in many patients
- Yes, certainly in some patients
- Yes, possibly in some patients

Other:

8. Do you expect some changes in organization of asthma care will continue after the corona crisis? (*tick all that apply*)

- No
- Yes, consultations will more often take place on-line
- Yes, biologics will more often be self-administered at home

Other:
.....

9. Do you have any specific advice for your colleagues on how best to organize asthma care during a possible 2nd wave? If yes, please provide your advice in the open field.

- No, not really
- Yes, open field for text:.....