

Appendix 1: patient survey

PATIENT SURVEY

Age

Weight; Height

Disease

IBD Treatments

Comorbidities

- ❖ Have you had close contacts with coronavirus positive patients and/or COVID-19 patients in the last 3 months?

Yes

No

- ❖ Have you ever tested for Nasopharyngeal swab / Throat swab for coronavirus detection?

Yes

No

- ❖ If yes, what was the result?

Positive

Negative

Waiting for answer

- ❖ Have you ever experienced one or more of the symptoms listed below in the last 3 months?

Fever

Cough

Loss and/or changes in taste and smell

Muscle and joint pain

Asthenia

Breathing difficulties

Other (specify)

No symptoms

- ❖ Did the symptoms require hospitalization or medical assistance?

Yes

No

- ❖ In the last 3 months, have you ever noticed an increase in daily bowel movements compared to the period before the pandemic?

Yes

No

- ❖ From the beginning of coronavirus emergency, are you regularly taking your therapy for IBD?

Yes

No

If NO, specify the reason:

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