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Assessment of the Association of Social Isolation Measures in the COVID-19 Pandemic with Exacerbations in Chronic Lung Disease

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Supplementary Data

Appendix 1

COLLECTION INSTRUMENT

Questionnaire

Identification:

Name: _____

DOB: ___/___/_____ Age (years): _____ Gender: (1) M (2) F

Race: (1) White (2) Brown (3) Black (4) Brazilian Indigenous

City of residence/State: _____/_____

Where do you live: (1) Metropolitan area (2) Interior of the state (3) Rural area

Family income (in minimum wage): (1) ≤ 1 (2) 1 to 3 (3) 3 to 5 (4) 5 to 7 (5) 7 or more

Education in years of study ()

Attending Physician: (1) Amanda (2) Daniela (3) Flavia (4) Lorenna (5) do not know

Diagnosis: (1) Asthma (2) COPD (3) PH (4) CF (5) NCF Bct (6) _____

Telephones: Landline: () _____, () _____, () _____

Isolation

- Do you work outside home? (1) Yes (2) No.
- Did you continue working during social isolation? (1) Yes (2) No.

- Did you modify your habits of leaving home after the beginning of isolation? (1) Yes (2) No (3) Don't know.
- Did your family income change? (1) Yes (2) No (3) Don't know.
- Did you have someone to do the shopping and other necessities outside the house? (1) Yes (2) No (3) Don't know.
- How often did you go beyond the limits of the home during isolation? () times a week
- How many people live in the household? () people.
- How many rooms does the residence have? () rooms.
- Do you have space at home for short walks or to perform some physical activity? (1) Yes (2) No (3) Don't know.

Access to medication

- Do you have access to medication at the CMAC or popular pharmacy networks? (1)Yes (2) No.
- Did you have any difficulty obtaining medications after the onset of social isolation? (1) Yes (2) No.
- Have you been using the medications as prescribed at your last visit? (1) Yes (2) No.
- Do you have any questions or fears regarding the use of continuous medications during the pandemic? (1) Yes (2) No.

If yes, please describe: