**Considerations when setting up your questionnaire:**

All questions should be compulsory/mandatory

\*No changes can be made to the questions during the translation process.

\*Please check and double check that you have everything in the same order as this document.

There is some “skip logic” needed, e.g. if they answer now they jump to another section, this is in *italics* in the questionnaire.

We will need you to have a couple of “mock” patients complete the questionnaire and then you send us the exel file (CSV) it produces – this is so we can ensure that all the data from the different countries can be combined.

In your ethics form make clear that this questionnaire is anonymous.

If your questionnaire collects IP addresses please ensure this is off.

Please ensure that the survey settings mean that only one response is possible from a device.

In section 1 the things you need to fill out are as indicated by these symbols {{NAME}}.

If your ethics committee requires – please amend the open comment boxes to restrict the number of words or to add the relevant instructions.

**Rehabilitation in MS – Special Interest Group for Mobility – Impact of COVID pandemic on physical activity for people with MS**

**Section 1 - About this questionnaire:**

Purpose of the Study.  The European Network for Best Practice and Research in MS Rehabilitation (RIMS) has a Special Interest Group (SIG) for Mobility. The RIMS SIG mobility is undertaking a survey to investigate how the pandemic has affected physical activity (physiotherapy, exercise and/or leisure activities) for people with Multiple Sclerosis. The Principal Investigator of this study is XX leading this survey in XX.

What will the study involve? The study will involve a survey on your experiences with physical activity participation (physiotherapy, exercise and/or leisure activities) both before the COVID pandemic and in current times. The study includes a mixture of both multiple choice questions and boxes for you to write answers in, and should take approximately 30 minutes to complete. There are 73 questions in total.

Who has approved this study?  This study has been reviewed and received ethical approval from the central ethical committee of XX local ethical committees of XX (see Table S1). You may have a copy of this approval if you request it from the principal investigator.

Why have you been asked to take part? You have been asked because you have the diagnosis of Multiple Sclerosis.

Do you have to take part? No, you are under no obligation whatsoever to take part in this research. It is entirely up to you to decide whether or not you would like to take part. If you decide to do so, you will be asked to complete an electronic anonymised consent form. If you decide to take part, you are still free to withdraw at any time without giving a reason.

What information will be collected? Information on your age group, gender and disease duration and severity will be collected. This is followed by questions concerning your physical activity (physiotherapy, exercise and/or leisure activities) both prior to the COVID-19 pandemic and now.

Will your participation in the study be kept confidential?  Yes, all information that is collected about you during the course of the research will be kept confidential. The surveys are designed in such a way that you cannot be identified from the data that you provide, and therefore is completely anonymous.

Please remember not to add any information that might identify you or another person (for example names of people or places) when you are replying in comments boxes.

What will happen to the information which you give? All the information you provide will be inputted in a digital database. This database will be kept by the principal investigator of the study. Additionally, this database will be shared with the SIG mobility group of the RIMS network, in order to undergo analysis from all of the countries involved. The datasets will be destroyed within 20 years.

What will happen to the results? Once we have analysed all the responses from all participants in the questionnaire we will create a summary report and disseminate it within the Rehabilitation in MS network annual meeting, and will be published in scientific journals, or National or International conferences. On request, a copy of the research findings will be made available to you upon request to the primary investigator.

What are the possible disadvantages of taking part? We do not envisage any negative consequences for you in taking part in this research.  
  
Any further queries?  If you need any further information, you can contact XX.

If you agree to take part in the study, please proceed to the next section. When filling in the survey, please do not disclose any information that can identify you.   
  
Thank you for taking the time to read this.

**Section 2 – Consent and Information about you.**

Please confirm that all of the consent statements are true, and provide some basic information about you and your MS

|  |  |  |
| --- | --- | --- |
|  | Question text | Answers and structure |
| 1. 1 | Please indicate your eligibility to participant in the following research   * I have a diagnosis of multiple sclerosis * I am over 18 years of age * The purpose and nature of the study has been explained to me in writing * I am participating voluntarily * I understand that I can withdraw from the study without repercussions at any time, whether that is before it starts or while I am participating. * It has been explained to me how my data will be managed * I understand that my data is anonymous as described in the information sheet * I understand that my data is collected anonymously, and that this anonymous dataset would be shared within the SIG mobility group of the RIMS network. * I understand that my data may be used in further research projects and any subsequent publications | Tick box for each question individually  If all are not ticked message – “All boxes must be ticked in order to proceed to the consent page” |
| 1. 2 | * I consent to take part in the questionnaire *(proceed to next question)* * I do not consent to take part in the questionnaire *(proceed to end)* | Tick box for both, *skip logic applied* |
| 1. 3 | What is your age? | Multiple Choice, choose one only   * 18-34 * 35-44 * 45-54 * 55-64 * 65+ |
| 1. 3 | What is your gender? | Multiple Choice, choose one only   * Man * Woman * Non-binary * Prefer not to disclose * Prefer to self-describe |
| 1. 4 | How long ago were you diagnosed with MS? | Multiple Choice, choose one only   * Less than 1 year * 1-4 years * 5-10 years * 1-15 years * 16-20 years * >20 years |
| 1. 5 | How long ago did your MS symptoms start? | Multiple Choice, choose one only   * Less than 1 year * 1-4 years * 5-10 years * 1-15 years * 16-20 years * >20 years |
| 1. 6 | What country do you live in now? | Drop down (or tick boxes)   * Australia * Belgium * Czech republic * Ireland * Italy * Norway * Serbia * Slovenia * Spain * Turkey * UK * Other (please name) |
| 1. 7 | Please read the choices listed below and choose the one that best describes your own situation NOW AT THIS TIME. This scale focuses mainly on how well you walk. Not everyone will find a description that reflects their condition exactly, but please mark the one category that describes your situation the closest. | Multiple Choice, choose one only   * I may have some mild symptoms, mostly sensory due to MS but they do not limit my activity. If I do have an attack, I return to normal when the attack has passed. * I have some noticeable symptoms from my MS but they are minor and have only a small effect on my lifestyle. * I don't have any limitations in my walking ability. However,    I do have significant problems due to MS that limit daily activities in other ways. * MS does interfere with my activities, especially my walking. I can work a full day, but athletic or physically demanding activities are more difficult than they used to be. I usually don't need a cane or other assistance to walk, but I might need some assistance during an attack. * I use a cane or a single crutch or some other form of support (such as touching a wall or leaning on someone's arm) for walking all the time or part of the time, especially when walking outside. I think I can walk 25 feet in 20 seconds without a cane or crutch. I always need some assistance (cane or crutch) if I want to walk as far as 3 blocks. * To be able to walk 25 feet, I have to have a cane, crutch or someone to hold onto. I can get around the house or other buildings by holding onto furniture or touching the walls for support. I may use a scooter or wheelchair if I want to go greater distances. * To be able to walk as far as 25 feet I must have 2 canes or crutches or a walker. I may use a scooter or wheelchair for longer distances. * My main form of mobility is a wheelchair. I may be able to stand and/or take one or two steps, but I can't walk 25 feet, even with crutches or a walker. * Unable to sit in a wheelchair for more than one hour. |
| 1. 8 | Has this changed since before the start of the pandemic | Yes/No (*If yes Q10, If no proceed to Q11*) |
| 1. 9 | Please read the choices listed below and choose the one that best describes your own situation BEFORE THE COVID PANDEMIC. This scale focuses mainly on how well you walk. Not everyone will find a description that reflects their condition exactly, but please mark the one category that describes your situation the closest. | Multiple choice, choose one only   * I may have some mild symptoms, mostly sensory due to MS but they do not limit my activity. If I do have an attack, I return to normal when the attack has passed. * I have some noticeable symptoms from my MS but they are minor and have only a small effect on my lifestyle. * I don't have any limitations in my walking ability. However,    I do have significant problems due to MS that limit daily activities in other ways. * MS does interfere with my activities, especially my walking. I can work a full day, but athletic or physically demanding activities are more difficult than they used to be. I usually don't need a cane or other assistance to walk, but I might need some assistance during an attack. * I use a cane or a single crutch or some other form of support (such as touching a wall or leaning on someone's arm) for walking all the time or part of the time, especially when walking outside. I think I can walk 25 feet in 20 seconds without a cane or crutch. I always need some assistance (cane or crutch) if I want to walk as far as 3 blocks. * To be able to walk 25 feet, I have to have a cane, crutch or someone to hold onto. I can get around the house or other buildings by holding onto furniture or touching the walls for support. I may use a scooter or wheelchair if I want to go greater distances. * To be able to walk as far as 25 feet I must have 2 canes or crutches or a walker. I may use a scooter or wheelchair for longer distances. * My main form of mobility is a wheelchair. I may be able to stand and/or take one or two steps, but I can't walk 25 feet, even with crutches or a walker. * Unable to sit in a wheelchair for more than one hour. |
| 1. 10 | Before the COVID pandemic did you have support (e.g. family member, carer/personal trainer) for physical activity (physiotherapy, physical activity and/or exercise)? | Tick all that apply   * No * Yes from spouse or child * Yes from other family * Yes from a carer * Yes from a friend * I don’t need support for physical activity |
| 1. 11 | Has that changed since before COVID? | Multiple Choice, chose one   * No, I still do not have support for taking part in physical activity * No, I still have support for taking part in physical activity * Yes, I now have no or considerably less support for taking part in physical activity compared to before the pandemic * Yes, I now have support for taking part in physical activity which I did not have before the pandemic * I don’t need support for physical activity |
| 1. 12 | Have you had symptoms of COVID? | Multiple choice, choose one   * Yes and it did not influence my symptoms and/or physical activity * Yes and it worsened my symptoms and/or reduced my physical activity * No * Not sure |
| 1. 13 | Have you ever tested positive for COVID? | Multiple Choice, choose one only   * Yes * No * Prefer not to say |
| 1. 14 | How concerned are you now about contracting COVID? | Multiple Choice, choose one only   * Not at all concerned * Slightly concerned * Somewhat concerned * Moderately concerned * Extremely concerned * I don’t know |
|  | Have your concerns about contracting COVID meant you have reduced your physical activity? | Yes/No |

**Section 2 – Physical activity BEFORE THE PANDEMIC**

We are interested in your physical activity (physiotherapy, exercise and/or leisure activities) levels BEFORE THE COVID PANDEMIC.

Physical activity includes activities you do at work, as part of your house and garden work, to get from place to place, and in your spare time for recreation, exercise or sport.

It also includes rehabilitation or exercise led by your physiotherapist in person or using technology, doing a home programme provided by a physiotherapist or other professional. It also includes activities such as walking, gardening, sports, fitness classes, going to the gym, Pilates, Yoga, home exercises and dance. It also includes active travel such as cycling or walking to work.

We would like you to provide detailed information about the first three main activities you normally did before the pandemic. If you did more than three different types of activities you can tell us about the other ones at the end.

For each activity we would like you to let us know, how often you do this activity, how long an average activity session lasts, how 'hard' you feel this activity is and where you are doing this activity

|  |  |  |
| --- | --- | --- |
|  | Were you doing any physical activity BEFORE THE PANDEMIC | Yes/No (*If yes Q18, If no proceed to Section 4*) |
|  | Please select your main (first) activity that you did BEFORE THE PANDEMIC | Multiple choice – select one answer   * Physiotherapy * Physiotherapy home exercise programme * Exercise at the gym (combined strength, aerobic) * Walking * Cycling * Running/jogging * Golf * Yoga * Dancing * Exercise in water (swimming or aqua aerobics for example) * Pilates * Strength/Resistance training * Balance training * Team sport activities * Skiing * Other (please describe) |
|  | Where did you do this activity? | Multiple choice – select one answer   * At home * In a clinic/health/rehabilitation centre * In a community venue * In a private gym/fitness centre * In a private health centre/clinic * In a private physiotherapy practice * Outdoors * Other, please describe |
|  | Was this mostly in a group or individually | Multiple choice – select one answer   * Mostly Group, * Mostly Individually, * Other (please describe) |
|  | How would you rate the intensity of this activity? | Multiple choice – select one answer   * light: you can do this activity and sing a song * moderate: you can do this activity and have conversation but not sing * strenuous: you can only utter a few words while doing this activity |
|  | How often did you do this activity? | Multiple choice pick one answer   * Mostly once a week * Mostly twice a week * Mostly three times a week * Mostly four times per week * Mostly five times per week * Mostly six times per week * Mostly every day * Mostly less than once per week or less than 4 times per month |
|  | How long (in minutes) did this activity last (on average each time)? | Text box – restrict to numbers >0 |
|  | Did you use technology to take part in this activity?  By technology we mean any device; such as your phone, tablet or laptop or using a wearable device like a fitbit, smart watch or pedometer, or watching an exercise class on TV | Multiple choice pick all that apply   * I did not use any technology * I used a wearable device – e.g. FitBit, Smart Watch, Pedometer, * I used an app on my phone, laptop or tablet * I used a live video call on my phone, laptop or tablet * I watched a recorded video on a device * I used a physiotherapy exercise website * I watched a live exercise class on the TV or a device * Other (please list) |

Second activity before

|  |  |  |
| --- | --- | --- |
|  | Did you do more than one activity BEFORE THE PANDEMIC? | Yes/No (*If yes Q26, If no proceed to Section 4*) |
|  | Please select your second activity you did BEFORE THE PANDEMIC | Multiple choice – select one answer   * Physiotherapy * Physiotherapy home exercise programme * Exercise at the gym (combined strength, aerobic) * Walking * Cycling * Running/jogging * Golf * Yoga * Dancing * Exercise in water (swimming or aqua aerobics for example) * Pilates * Strength / resistance training * Balance training * Team sport activities * Skiing * Other (please describe) |
|  | Where did you do this activity? | Multiple choice – select one answer   * At home * In a clinic/health/rehabilitation centre * In a community venue * In a private gym/fitness centre * In a private health centre/clinic * In a private physiotherapy practice * Outdoors * Other, please describe |
|  | Was this mostly in a group or individually | Multiple choice – select one answer   * Mostly Group, * Mostly Individually, * Other (please describe) |
|  | How would you rate the intensity of this activity? | Multiple choice – select one answer   * light: you can do this activity and sing a song * moderate: you can do this activity and have conversation but not sing * strenuous: you can only utter a few words while doing this activity |
|  | How often did you do this activity? | Multiple choice pick one answer   * Mostly once a week * Mostly twice a week * Mostly three times a week * Mostly four times per week * Mostly five times per week * Mostly six times per week * Mostly every day * Mostly less than once per week or less than 4 times per month |
|  | How long (in minutes) did this activity last (on average each time)? | Text box – restrict to numbers >0 |
|  | Did you use technology to take part in this activity?  By technology we mean any device such as your phone, tablet or laptop or using a wearable device like a fitbit, smart watch or pedometer, or watching an exercise class on TV | Multiple choice pick all that apply   * I did not use any technology * I used a wearable device – e.g. FitBit, Smart Watch, Pedometer, * I used an app on my phone, laptop or tablet * I used a live video call on my phone, laptop or tablet * I watched a recorded video on a device * I used a physiotherapy exercise website * I watched a live exercise class on the TV or a device * Other (please list) |

|  |  |  |
| --- | --- | --- |
|  | Did you do more than two activities BEFORE THE PANDEMIC? | Yes/No (*If yes Q34, If no proceed to Section 4*) |
|  | Please select your third activity you did BEFORE THE PANDEMIC? | Multiple choice – select one answer   * Physiotherapy * Physiotherapy home exercise programme * Exercise at the gym (combined strength, aerobic) * Walking * Cycling * Running/jogging * Golf * Yoga * Dancing * Exercise in water (swimming or aqua aerobics for example) * Pilates * Strength / resistance training * Balance training * Team sport activities * Skiing * Other (please describe) |
|  | Was this mostly in a group or individually? | Multiple choice – select one answer   * Mostly Group, * Mostly Individually, * Other (please describe) |
|  | Where did you do this activity? | Multiple choice – select one answer   * At home * In a clinic/health/rehabilitation centre * In a community venue * In a private gym/fitness centre * In a private health centre/clinic * In a private physiotherapy practice * Outdoors * Other, please describe |
|  | How would you rate the intensity of this activity? | Multiple choice – select one answer   * light: you can do this activity and sing a song * moderate: you can do this activity and have conversation but not sing * strenuous: you can only utter a few words while doing this activity |
|  | How often did you do this activity? | Multiple choice pick one answer   * Mostly once a week * Mostly twice a week * Mostly three times a week * Mostly four times per week * Mostly five times per week * Mostly six times per week * Mostly every day * Mostly less than once per week or less than 4 times per month |
|  | How long (in minutes) did this activity last (on average each time)? | Text box – restrict to numbers >0 |
|  | Did you use technology to take part in this activity?  By technology we mean any device such as your phone, tablet or laptop or using a wearable device like a fitbit, smart watch or pedometer, or watching an exercise class on TV | Multiple choice pick all that apply   * I did not use any technology * I used a wearable device – e.g. FitBit, Smart Watch, Pedometer, * I used an app on my phone, laptop or tablet * I used a live video call on my phone, laptop or tablet * I watched a recorded video on a device * I used a physiotherapy exercise website * I watched a live exercise class on the TV or a device * Other (please list) |
|  | If you did more than three activities before the pandemic please describe them here  Please don’t give any names or descriptions that would allow you to be identified | Text box |

**Section 4 – Physical activity NOW**

We are interested in your physical activity (physiotherapy, exercise and/or leisure activities) NOW.

Physical activity includes activities you do at work, as part of your house and garden work, to get from place to place, and in your spare time for recreation, exercise or sport.

It also includes rehabilitation or exercise led by your physiotherapist in person or using technology, doing a home programme provided by a physiotherapist or other professional. It also includes activities such as walking, gardening, sports, fitness classes, going to the gym, Pilates, Yoga, home exercises and dance. It also includes active travel such as cycling or walking to work.

We would like you to provide detailed information about the first three main activities you normally did before the pandemic. If you did more than three different types of activities you can tell us about the other ones at the end.

For each activity we would like you to let us know, how often you do this activity, how long an average activity session last, how 'hard' you feel this activity is and where you are doing this activity.

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| --- | --- | --- |
| 1. 34 | What do the current restrictions prevent you from doing? | Multiple choice, tick all that apply   * I have no restrictions currently * I cannot travel a prescribed distance from our home * I cannot meet people outside my household * I cannot go to an indoor space (outside our home) to exercise individually * I cannot go to an indoor space (outside our home) to exercise in groups * I cannot go to the park * I cannot go to the beach * I cannot walk in the forest * I cannot go to our physiotherapy clinic * I cannot go to the shops except for food * I can only leave my home between certain hours * I can only leave my home for a restricted amount of time (e.g. one hour) * I can only go outside with direct members of my household * I can only meet outside with one other person not in my household * I can only leave my home to go to work, or get essential goods * I can only leave my home to seek medical care * I am isolating due to COVID 19 symptoms |
|  | Are you doing any physical activity NOW? | Yes/No (*If yes Q44, If no proceed to Section 5*) |
| 1. 35 | Please select the main (first) activity you do NOW | Multiple choice – select one answer   * Physiotherapy * Physiotherapy home exercise programme * Exercise at the gym (combined strength, aerobic) * Walking * Cycling * Running/jogging * Golf * Yoga * Dancing * Exercise in water (swimming or aqua aerobics for example) * Pilates * Strength / resistance training * Balance training * Team sport activities * Skiing * Other (please describe) |
| 1. 36 | Where do you do this activity? | Multiple choice – select one answer   * At home * In a clinic/health/rehabilitation centre * In a community venue * In a private gym/fitness centre * In a private health centre/clinic * In a private physiotherapy practice * Outdoors * Other, please describe |
|  | Is this activity done in a group or by yourself (individually)? | Multiple choice – select one answer   * Mostly Group, * Mostly Individually, * Other (please describe) |
| 1. 38 | How would you rate the intensity of this activity? | Multiple choice – select one answer   * light: you can do this activity and sing a song * moderate: you can do this activity and have conversation but not sing * strenuous: you can only utter a few words while doing this activity |
| 1. 39 | How often do you do this activity? | Multiple choice pick one answer   * Mostly once a week * Mostly twice a week * Mostly three times a week * Mostly four times per week * Mostly five times per week * Mostly six times per week * Mostly every day * Mostly less than once per week or less than 4 times per month |
| 1. 40 | How long (in minutes) does this activity last (on average each time)? | Text box – restrict to numbers >0 |
| 1. 41 | Do you use technology to take part in this activity?  By technology we mean any device such as your phone, tablet or laptop or using a wearable device like a fitbit, smart watch or pedometer, or watching an exercise class on TV | Multiple choice pick all that apply   * I did not use any technology * I used a wearable device – e.g. FitBit, Smart Watch, Pedometer, * I used an app on my phone, laptop or tablet * I used a live video call on my phone, laptop or tablet * I watched a recorded video on a device * I used a physiotherapy exercise website * I watched a live exercise class on the TV or a device * Other (please list) |

|  |  |  |
| --- | --- | --- |
| 1. 42 | Are you doing more than one activity NOW? | Yes/No (*If yes Q52, If no proceed to Section 5*) |
| 1. 42 | Please select the second activity you do NOW | Multiple choice – select one answer   * Physiotherapy * Physiotherapy home exercise programme * Exercise at the gym (combined strength, aerobic) * Walking * Cycling * Running/jogging * Golf * Yoga * Dancing * Exercise in water (swimming or aqua aerobics for example) * Pilates * Strength / resistance training * Balance training * Team sport activities * Skiing * Other (please describe) |
| 1. 42 | Where do you do this activity? | Multiple choice – select one answer   * At home * In a clinic/health/rehabilitation centre * In a community venue * In a private gym/fitness centre * In a private health centre/clinic * In a private physiotherapy practice * Outdoors * Other, please describe |
| 1. 43 | Do you do this activity alone (individually) or in a group? | Multiple choice – select one answer   * Mostly Group, * Mostly Individually, * Other (please describe) |
| 1. 44 | How would you rate the intensity of this activity? | Multiple choice – select one answer   * light: you can do this activity and sing a song * moderate: you can do this activity and have conversation but not sing * strenuous: you can only utter a few words while doing this activity |
| 1. 45 | How often do you do this activity? | Multiple choice pick one answer   * Mostly once a week * Mostly twice a week * Mostly three times a week * Mostly four times per week * Mostly five times per week * Mostly six times per week * Mostly every day * Mostly less than once per week or less than 4 times per month |
| 1. 46 | How long (in minutes) does this activity last (on average each time)? | Text box – restrict to numbers >0 |
| 1. 47 | Do you use technology to take part in this activity?  By technology we mean any device such as your phone, tablet or laptop or using a wearable device like a fitbit, smart watch or pedometer, or watching an exercise class on TV | Multiple choice pick all that apply   * I did not use any technology * I used a wearable device – e.g. FitBit, Smart Watch, Pedometer, * I used an app on my phone, laptop or tablet * I used a live video call on my phone, laptop or tablet * I watched a recorded video on a device * I used a physiotherapy exercise website * I watched a live exercise class on the TV or a device * Other (please list) |

|  |  |  |
| --- | --- | --- |
|  | Are you doing more than two activities NOW? | Yes/No (*If yes Q60, If no proceed to Section 5*) |
|  | Please select the third activity you do NOW | Multiple choice – select one answer   * Physiotherapy * Physiotherapy home exercise programme * Exercise at the gym (combined strength, aerobic) * Walking * Cycling * Running/jogging * Golf * Yoga * Dancing * Exercise in water (swimming or aqua aerobics for example) * Pilates * Strength / resistance training * Balance training * Team sport activities * Skiing * Other (please describe) |
|  | Where do you do this activity? | Multiple choice – select one answer   * At home * In a clinic/health/rehabilitation centre * In a community venue * In a private gym/fitness centre * In a private health centre/clinic * In a private physiotherapy practice * Outdoors * Other, please describe |
|  | Do you do this activity alone or in a group? | Multiple choice – select one answer   * Mostly in a group * Mostly alone * Other (please describe) |
|  | How would you rate the intensity of this activity? | Multiple choice – select one answer   * light: you can do this activity and sing a song * moderate: you can do this activity and have conversation but not sing * strenuous: you can only utter a few words while doing this activity |
|  | How often did you do this activity? | Multiple choice pick one answer   * Mostly once a week * Mostly twice a week * Mostly three times a week * Mostly four times per week * Mostly five times per week * Mostly six times per week * Mostly every day * Mostly less than once per week or less than 4 times per month |
|  | How long (in minutes) did this activity last (on average each time)? | Text box – restrict to numbers >0 |
|  | Did you use technology to take part in this activity?  By technology we mean any device such as your phone, tablet or laptop or using a wearable device like a fitbit, smart watch or pedometer, or watching an exercise class on TV | Multiple choice pick all that apply   * I did not use any technology * I used a wearable device – e.g. FitBit, Smart Watch, Pedometer, * I used an app on my phone, laptop or tablet * I used a live video call on my phone, laptop or tablet * I watched a recorded video on a device * I used a physiotherapy exercise website * I watched a live exercise class on the TV or a device * Other (please list) |
|  | If you do more than three activities NOW please describe them here. Please don’t give any names or descriptions that would allow you to be identified | Text box |

**Section 5 – Understanding changes in your physical activity**

These questions aim to understand the reasons why you have increased or decreased your physical activity as a result of the COVID pandemic.

|  |  |  |
| --- | --- | --- |
|  | Please tick all of the answers that apply to you  I have started new a new activity or increased my physical activity because…. | Multiple tick boxes   * I’m more aware of public health messages telling me to go for a walk or stay active * There is greater availability of online options * There is more time to exercise as I am not traveling to work * There is more time to be physically active as I am spending less time socialising and shopping * There is less costs with online exercise options * My family and friends are supporting me to exercise more * My carers are helping me to exercise more * I have more of a structure and routine to my day * Not applicable, I have not started a new activity or increased my activity levels * Other, please describe |
|  | Please tick all of the answers that apply to you  I have stopped or do less of some activities because... | Multiple Tick boxes   * Restrictions prevented me from going to the venue * Restrictions prevented me from exercising in groups * Venues closed (e.g. gym or pool closed) * Classes were cancelled by the organiser * Access to my healthcare provider was reduced/stopped * I am afraid of contracting COVID * I am unwell with COVID * I don’t have the support I need to do my chosen activity * I found it too hard * I have less motivation to exercise * My mental health (anxiety/depression) is poor * I stopped enjoying exercising * My MS symptoms got worse * I had an MS relapse * I’m afraid of falling * I had a fall * I had a non- MS related injury * I have reduced time for exercise (caring responsibilities, home schooling etc) * Not applicable, I have not started a new activity or increased my activity levels * Other (please describe) |
|  | Do you have plans to change your physical activity should restrictions be lifted? | * Yes * No * Unsure * Other (Please describe) |

**Section 6 – Using technology to support exercise and physical activity**

We are interested in your views on the use of technology to support exercise and physical activity when the pandemic restrictions are lifted.

|  |  |  |
| --- | --- | --- |
|  | When the pandemic is over, would you prefer to: | Multiple choice – select one   * Have in person (supervised) exercise and physical activity only * Have remote, technology supported exercise and physical activity only * Have a mix of in person and remote exercise and physical activity * No preference * I don’t know |
|  | What are/were the positive aspects of home-based physical activity using technology | Multiple choice – select all that apply   * I did not use technology for my physical activity * There were no positive aspects * Not having to travel to the venue * I can select when I do my physical activity (I do not depend on class times, weather etc) * Enjoyment * Low cost * Takes less time * The therapist was very skilled at online delivery * I learned new physical activity skills * I learned new skills to motivate me to exercise * I learned new technology skills”. * Other, please describe |
|  | What are/were the negative aspects of home-based physical activity using technology? | Multiple choice – select all that apply   * I did not use technology for my physical activity * There were no negative aspects * The therapist intruding on your home environment * Difficult to find an appropriate space at home * Availability of devices (e.g. don’t own a laptop or tablet or smart phone) * Connectivity issues (broad band strength or availability of broadband) * Issues regarding data protection and security of online connection/privacy * Difficulty to do the exercises without physical support * I don’t enjoy this type of physical activity * Lack of social contact * Lack of social or in person contact (e.g. visual cues, eye contact, body language, and visual feedback) that you get in person * My preferred therapist did not offer home-based physical activity via technology * It caused me higher levels of anxiety than in-person/face to face meetings. * It cost too much * Other; please describe |

Thank you for taking the time to complete our questionnaire on physical activity before and during the COVID pandemic.

Results of this questionnaire will be made available through your local principal investigator whose name is listed on the information sheet you received.

We are very grateful for your time

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| **Country** | **PI’ Institution** | **Local Ethics Committee** |
| Australia | Murdoch University | Human Research Ethics Committee (Murdoch University) |
| Belgium | Hasselt University | Medical ethical committee (Hasselt University) |
| Czech Republic | Charles University | 3. lekarska fakulta Eticka komise (Charles University) |
| Ireland | University of Limerick | Education and Health Sciences Research Ethics Committee (University of Limerick) |
| Israel | Tel-Aviv University | Research Ethics Committee (Tel-Aviv University) |
| Italy | Italian Multiple Sclerosis Foundation | Comitato Etico Regionale della Liguria (San Martino Hospital) |
| Norway | Haukeland University Hospital (HUH) | Regional Ethics Committee (decision - no approval required). Approved by the Local data protection officer (HUH) |
| Serbia | University Clinical Center of Serbia | University Clinical Center of Sebia Ethics Committee |
| Spain | Centre d’Esclerosi Multiple de Catalunya (CEMCAT) | Comité de Ética de Investigación con Medicamentos (Vall d’Hebron University Hospital) |
| Turkey | İstanbul University-Cerrahpaşa | Non-invasive Clinical Research Ethics Committee (İstanbul University-Cerrahpaşa) |
| UK | Queen Margaret University | Queen Margaret University Research Ethics Committee |

**Table S1: list of the Institutional Review Board per country**