Supplementary Material

Impact of the COVID-19 Pandemic on People Living With Rheumatoid Arthritis: Experiences and Preferences in Accessing Healthcare Across Five Countries

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Supplementary methods

Questions were initially based on rheumatoid arthritis (RA) signs and symptoms described in many textbooks and articles regarding clinical practice. To further inform survey development, an audit of 'white space' in research on RA was conducted, following which the survey instrument was designed with input obtained internally and from the RA Narrative advisory panel of patients and physicians, including rheumatologists in everyday clinical practice.

Questions required respondents to provide a numeric response, to select a single option or multiple options from a list, or to indicate their level of attitude about particular statements, such as their agreement with a statement (from 'Strongly disagree' to 'Strongly agree'), level of satisfaction (from 'Very satisfied' to 'Not at all satisfied'), level of impact (from 'Negatively impacted a lot' to 'Positively impacted a lot'), or level of preference (from 'Strongly prefer' to 'No preference').

Survey topics were sometimes addressed in multiple ways, or by asking a few slightly different questions, recognizing that responses may vary based on how each individual question was asked.

Patient Survey Questions

Consent (*Shown in all markets except for Brazil*) Thank you for agreeing to participate in this survey. Your views are important to us and your answers will be kept in strict confidence. Please click here (*link included in survey*) to read our privacy policy before agreeing to continue with the survey.

(*Only shown in France*) The project is in accordance with all national laws protecting your personal data and with the BHBIA, MRS, ESOMAR, EphMRA guidelines and all other relevant national codes of practice. The aim of this market research is to gain your views and is not intended to be promotional and no one will try to sell you anything. All information provided will remain confidential and will only be reported as group data with no identifying information.

1. I agree to continue
2. I do not agree

Consent (*Only shown in Brazil*) To be part of this market research, personal data (including sensitive personal data) from interviewees must be collected and processed. Any information provided during the research will be used solely for conducting the interview and preparing a study on health during the pandemic.

Except in cases of safety notifications report, records from your participation will remain confidential, as any report drafted due to this study will not contain any individualized information that is able to identify you.

Do you agree with the processing of your personal data, including sensitive personal data, under the terms described herein?

1. Yes
2. No

PharmaCov (*Only shown in Brazil*) Companies from the pharmaceutical industry must comply with regulations related to the safety of their products and, therefore, must notify safety communications to regulatory authorities whenever they become aware of those communications. Thus, any information about products safety will be collected, maintained, and processed by the department in charge. We are required to forward such information even if you have already forwarded it previously to the regulatory authorities and/or product manufacturer. Please note that records of your participation in this action will be kept confidential.

Please inform if you agree to make your demographic information available to the appropriate department:

1. Yes
2. No

In which country or region do you currently reside?

1. Brazil
2. Canada
3. France
4. Japan
5. United States of America

Are you (gender)?

1. Male
2. Female
3. Other
4. Prefer not to answer

What is your age?

Q280. How would you describe your current overall health?

1. Excellent
2. Good
3. Fair
4. Poor

Q600. Are you currently living with or managing any of the following conditions, as formally diagnosed by a doctor or health care professional? Please select all that apply.

1. Rheumatoid arthritis
2. Anxiety
3. Hypertension or high blood pressure
4. Depression
5. Diabetes
6. Fibromyalgia
7. Psoriatic arthritis
8. Eczema
9. Heart disease
10. Psoriasis
11. Irritable bowel syndrome (IBS)
12. Chronic constipation
13. Chronic anemia
14. Lupus
15. Crohn’s disease
16. Ulcerative colitis
17. Celiac disease
18. Ankylosing spondylitis
19. Non-radiographical axial spondyloarthritis
20. Uveitis
21. None of these
22. Not sure
23. Decline to answer

Q605. Please indicate all prescription medications you have taken for rheumatoid arthritis (RA) in the past 3 years. Please select all that apply. (*Examples of each medication type were shown to respondents and varied by country*)

1. Medication called conventional synthetic Disease Modifying Antirheumatic Drugs referred to as "csDMARDs," "DMARDs" or "traditional DMARDs"
2. Medication called "NSAIDs" (non-steroidal anti-inflammatory drugs typically available over the counter) or COX-2 inhibitors, prescribed by a doctor for relief of pain and inflammation
3. Glucocorticoid/corticosteroid or "steroid" medication (which could be administered orally or as an injection)
4. Biologic DMARD treatment (sometimes referred to as "a biologic") prescribed either in combination with another medication or alone, as an injection or infused through an IV
5. Targeted Synthetic DMARDs: treatment for the symptoms of your rheumatoid arthritis that is oral
6. Another prescription medication for rheumatoid arthritis, including medications you may be taking as part of a clinical trial
7. Not sure
8. I have not taken any prescription medications for rheumatoid arthritis in the past 3 years.

Q608. In the past three years, have you taken a synthetic Disease Modifying Antirheumatic Drugs referred to as "csDMARDs," e.g. *(examples varied by country)* as your only treatment for rheumatoid arthritis or in combination with any other prescription medication(s)? Please select all that apply.

1. Yes, I have taken a combination of a csDMARD and/or an injectable biologic medication or JAK inhibitor
2. Yes, I have taken a combination of multiple csDMARDs at the same time
3. Yes, I have taken one csDMARD by itself
4. No, I have not taken csDMARDs in the past 3 years
5. Not sure

Q615. You indicated that you have taken prescription medication for your RA in the past 3 years. Please indicate all prescription medications you are currently taking for rheumatoid arthritis (RA). Please select all that apply.

1. Medication called conventional synthetic Disease Modifying Antirheumatic Drugs referred to as "csDMARDs," "DMARDs" or "traditional DMARDs"
2. Medication called "NSAIDs" (non-steroidal anti-inflammatory drugs typically available over the counter) or COX-2 inhibitors, prescribed by a doctor for relief of pain and inflammation
3. Glucocorticoid/corticosteroid or "steroid" medication (which could be administered orally or as an injection)
4. Biologic DMARD treatment (sometimes referred to as "a biologic") prescribed either in combination with another medication or alone, as an injection or infused through an IV
5. Targeted Synthetic DMARDs: treatment for the symptoms of your rheumatoid arthritis that is oral

6. Another prescription medication for rheumatoid arthritis, including medications you may be taking as part of a clinical trial
7. None, I am not currently taking any prescription medications for RA

Q620. Which health care professionals, if any, have you seen (either virtually, over the phone or in-person) in the past three years to manage your RA? Please select all that apply. When thinking about managing your RA, please include all health care professionals involved in helping you live with and treat your RA.

1. Rheumatologist/Rheumatoid Arthritis specialist
2. Primary care physician/General practitioner/Internist
3. Physical therapist/Physiotherapist
4. Orthopedist/Orthopedic surgeon
5. Pain specialist
6. Pharmacist
7. Nurse at Rheumatologist/Rheumatoid Arthritis specialist's office
8. Nurse practitioner/Physician's assistant at Rheumatologist /Rheumatoid Arthritis specialist's office *(Not shown in France)*
9. Psychiatrist/Psychologist/Therapist
10. Dermatologist
11. Someone else at a Rheumatologist/Rheumatoid Arthritis specialist's office
12. Nurse in another type of practitioner's office
13. Nurse practitioner/Physician's assistant in another type of practitioner's office
14. Other
15. None

Q625. How bad is your RA today?

1. Mild
2. Moderate
3. Severe

Q630. The last time you visited a health care professional for your RA, how did they describe your RA?

1. Mild
2. Moderate
3. Severe
4. My health care professional described my RA in a different way
5. Not applicable - my health care professional and I have not discussed how active my RA is

Q700. How old were you when you were first diagnosed with RA by a doctor? Your best estimate is fine.

Q705. Which of the following best describes your current ability to perform everyday activities?

1. I can perform all physical activities of daily living without assistance.
2. I can perform most physical activities without assistance but need some help with more demanding activities such as cleaning and grocery shopping.
3. I need some help each day for most physical activities (e.g., walking up and down stairs, rising from sitting) but do not necessarily require live in care.
4. I need live in care to help me with nearly all activities of daily living, including dressing, grooming (e.g., brushing hair/teeth), and cooking.

Q710. Do you currently consider your RA to be in remission? When we say remission, we mean that your disease is controlled with few to no symptoms.

1. Yes
2. No

Q715. How long has your RA been in remission (years)? *(Asked to respondents who answered yes to Q710)*

Q720. How long has it been since your RA was last in remission (years)? *(Asked to respondents who answered no to Q710)*

Q725. Thinking about your RA today, how much do you agree or disagree with the following statement? I feel that RA controls my life, rather than me controlling the disease.

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

Q735. Thinking about the RA flare(s) you have had since the beginning of the COVID-19 pandemic in early 2020, did you experience more, less or about the same number of flares as you experienced in 2019? When we say flare, we mean a period of time where you experience a dramatic increase in symptoms that is different than what you typically experience.

1. Less flares in 2020/during the pandemic than in 2019
2. About the same number of flares in 2020/during the pandemic as in 2019
3. More flares in 2020/during the pandemic than in 2019

Q800_1. How has living through the COVID-19 pandemic impacted each of the following?
<u>1. My emotional wellbeing</u>

1. Positively impacted a lot
2. Positively impacted a little
3. No impact
4. Negatively impacted a lot
5. Negatively impacted a little

Q800_2. How has living through the COVID-19 pandemic impacted each of the following?
2. How controlled my RA symptoms are

1. Positively impacted a lot
2. Positively impacted a little
3. No impact
4. Negatively impacted a lot
5. Negatively impacted a little

Q800_3. How has living through the COVID-19 pandemic impacted each of the following?
3. My ability to perform daily activities

1. Positively impacted a lot
2. Positively impacted a little
3. No impact
4. Negatively impacted a lot
5. Negatively impacted a little

Q800_4. How has living through the COVID-19 pandemic impacted each of the following?
4. The expectations I have for my treatment plan (i.e., the prescription medication taken for my RA)

1. Positively impacted a lot
2. Positively impacted a little
3. No impact
4. Negatively impacted a lot
5. Negatively impacted a little

Q800_5. How has living through the COVID-19 pandemic impacted each of the following?
5. My ability to access the prescription medication that I need

1. Positively impacted a lot
2. Positively impacted a little
3. No impact
4. Negatively impacted a lot
5. Negatively impacted a little

Q800_6. How has living through the COVID-19 pandemic impacted each of the following?
6. How safe I feel taking my prescription medication for my RA

1. Positively impacted a lot
2. Positively impacted a little
3. No impact
4. Negatively impacted a lot
5. Negatively impacted a little

Q805. Do you think any of the following have made it easier to control your symptoms during the COVID-19 pandemic? Please select all that apply.

1. Having a less busy schedule
2. Working from home
3. Having fewer social outings
4. Having virtual appointments with my doctor (e.g., telephone or video chat)
5. Having more time to focus on my overall health
6. Communicating with my doctor via text, email, or online portal
7. Having less anxiety/stress
8. Feeling comfortable going into a hospital or office to receive care or treatment
9. Learning how to give myself a joint exam
10. Working in-person
11. Other
12. Nothing made it easier to control my symptoms during the COVID-19 pandemic

Q810. Do you think any of the following have made it more difficult to control your symptoms during the COVID-19 pandemic? Please select all that apply.

1. Having more anxiety/stress
2. Being hesitant to go into a hospital or office to receive care or treatment
3. Not being able to get an appointment with my doctor
4. Being unable to get the prescribed medication I needed
5. Having other priorities to focus on
6. My prescribed medication stopped controlling my symptoms as effectively
7. Working from home
8. Not having access to virtual appointments with my doctor (e.g., telephone or video chat)
9. Working in-person
10. Other
11. Nothing made it more difficult to control my symptoms during the COVID-19 pandemic

Q815_1. Please indicate which of the following you did before, during, and/or plan to do after the COVID-19 pandemic. Please select all that apply for each. 1. Use symptom tracking or disease management apps

1. I did this before the COVID-19 pandemic
2. I did this during the COVID-19 pandemic
3. I plan to do this after the COVID-19 pandemic
4. I have never done this or plan to do this

Q815_2. Please indicate which of the following you did before, during, and/or plan to do after the COVID-19 pandemic. Please select all that apply for each. 2. Use an online patient portal to contact my doctor's office or see lab results

1. I did this before the COVID-19 pandemic
2. I did this during the COVID-19 pandemic
3. I plan to do this after the COVID-19 pandemic
4. I have never done this or plan to do this

Q815_3. Please indicate which of the following you did before, during, and/or plan to do after the COVID-19 pandemic. Please select all that apply for each. 3. Have virtual appointments with my doctor (e.g., telephone or video chat)

1. I did this before the COVID-19 pandemic
2. I did this during the COVID-19 pandemic
3. I plan to do this after the COVID-19 pandemic
4. I have never done this or plan to do this

Q815_4. Please indicate which of the following you did before, during, and/or plan to do after the COVID-19 pandemic. Please select all that apply for each. 4. Rely on information from patient advocacy groups

1. I did this before the COVID-19 pandemic
2. I did this during the COVID-19 pandemic
3. I plan to do this after the COVID-19 pandemic
4. I have never done this or plan to do this

Q815_5. Please indicate which of the following you did before, during, and/or plan to do after the COVID-19 pandemic. Please select all that apply for each. 5. Rely on patient support groups

1. I did this before the COVID-19 pandemic
2. I did this during the COVID-19 pandemic
3. I plan to do this after the COVID-19 pandemic
4. I have never done this or plan to do this

Q815_6. Please indicate which of the following you did before, during, and/or plan to do after the COVID-19 pandemic. Please select all that apply for each. 6. Use social media to connect with other patients or learn about RA

1. I did this before the COVID-19 pandemic
2. I did this during the COVID-19 pandemic
3. I plan to do this after the COVID-19 pandemic
4. I have never done this or plan to do this

Q815_7. Please indicate which of the following you did before, during, and/or plan to do after the COVID-19 pandemic. Please select all that apply for each. 7. Set goals with my doctor for managing my disease

1. I did this before the COVID-19 pandemic
2. I did this during the COVID-19 pandemic
3. I plan to do this after the COVID-19 pandemic
4. I have never done this or plan to do this

Q815_8. Please indicate which of the following you did before, during, and/or plan to do after the COVID-19 pandemic. Please select all that apply for each. 8. Talk openly with my doctor about how my disease impacts my life

1. I did this before the COVID-19 pandemic
2. I did this during the COVID-19 pandemic
3. I plan to do this after the COVID-19 pandemic
4. I have never done this or plan to do this

Q815_9. Please indicate which of the following you did before, during, and/or plan to do after the COVID-19 pandemic. Please select all that apply for each. 9. Communicate with a nurse at my doctor's office between appointments *(not shown in France)*

1. I did this before the COVID-19 pandemic
2. I did this during the COVID-19 pandemic
3. I plan to do this after the COVID-19 pandemic
4. I have never done this or plan to do this

Q815_10. Please indicate which of the following you did before, during, and/or plan to do after the COVID-19 pandemic. Please select all that apply for each. 10. Perform a joint exam on myself

1. I did this before the COVID-19 pandemic
2. I did this during the COVID-19 pandemic
3. I plan to do this after the COVID-19 pandemic
4. I have never done this or plan to do this

Q820_1. How much do you agree or disagree with each of the following statements about living with RA during the COVID-19 pandemic? 1. I am worried about my ability to control my symptoms once life goes back to normal

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

Q820_2. How much do you agree or disagree with each of the following statements about living with RA during the COVID-19 pandemic? 2. During the COVID-19 pandemic, I have felt more isolated and alone in managing my RA

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

Q820_3. How much do you agree or disagree with each of the following statements about living with RA during the COVID-19 pandemic? 3. Because of the COVID-19 pandemic, I feel more resilient when it comes to managing my RA

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

Q820_4. How much do you agree or disagree with each of the following statements about living with RA during the COVID-19 pandemic? 4. I became better at tracking my symptoms during the COVID-19 pandemic

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

Q820_5. How much do you agree or disagree with each of the following statements about living with RA during the COVID-19 pandemic? 5. The COVID-19 pandemic made it easier for me to talk to people about what it's like to live with RA

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

Q820_6. How much do you agree or disagree with each of the following statements about living with RA during the COVID-19 pandemic? 6. I was hesitant to make changes to my RA treatment plan during the COVID-19 pandemic *(Asked to respondents taking medication for RA)*

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

Q900. How satisfied have you been with your ability to access the health care you need during the COVID-19 pandemic?

1. Very satisfied
2. Somewhat satisfied
3. Not very satisfied
4. Not at all satisfied

Q902. Thinking more broadly about your experiences both before and during the COVID-19 pandemic, which of the following challenges, if any, have you ever experienced in accessing the health care you need? Please select all that apply.

1. Difficulty getting an appointment with a specialist for my RA
2. Lack of conveniently located medical care
3. Financial difficulties in paying for the care that I need *(Not shown in France)*
4. Lack of transportation to appointments
5. Lack of privacy at home to conduct virtual appointments (e.g., telephone or video chat)
6. Lack of a caregiver to help me
7. Difficulty with my doctor and I understanding one another due to cultural differences
8. Difficulty with my doctor and I understanding one another due to language barriers
9. Difficulty getting time off of work to go to appointments with my doctor
10. Lack of high-speed internet access or Wi-Fi at home
11. Lack of access to a computer, tablet, or phone
12. Other
13. I have never experienced any challenges in accessing the health care I need.

Q905. Which of these challenges became worse during the COVID-19 pandemic? *(Asked to respondent who had ever experienced individual challenge)*

1. Difficulty with my doctor and I understanding one another due to language barriers
2. Difficulty with my doctor and I understanding one another due to cultural differences
3. Financial difficulties in paying for the care that I need *(Not shown in France)*
4. Lack of high-speed internet access or Wi-Fi at home
5. Lack of access to a computer, tablet, or phone
6. Lack of privacy at home to conduct virtual appointments (e.g., telephone or video chat)
7. Lack of transportation to appointments
8. Lack of conveniently located medical care
9. Lack of a caregiver to help me
10. Difficulty getting time off of work to go to appointments with my doctor
11. Difficulty getting an appointment with a specialist for my RA
12. Other
13. None of these

Q910_1. How many times have you seen or visited (whether in-person or virtually) a doctor for your RA since the start of the COVID-19 pandemic in early 2020? Please enter a response in each row.

1. In-person appointment(s)
2. Appointment by phone where your doctor can hear you but not see you
3. Appointment by video where your doctor can hear you and see you

Q915_1. Thinking about your last in-person appointment during the COVID-19 pandemic with the doctor that you see for your RA, how satisfied were you with each of the following? 1. The overall quality of care I received *(Asked to respondents who had an in-person appointment(s) with an HCP during pandemic)*

1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not at all satisfied

Q915_2. Thinking about your last in-person appointment during the COVID-19 pandemic with the doctor that you see for your RA, how satisfied were you with each of the following? 2. Length of appointment *(Asked to respondents who had an in-person appointment(s) with an HCP during pandemic)*

1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not at all satisfied

Q915_3. Thinking about your last in-person appointment during the COVID-19 pandemic with the doctor that you see for your RA, how satisfied were you with each of the following? 3. Quality of communication with my doctor *(Asked to respondents who had an in-person appointment(s) with an HCP during pandemic)*

1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not at all satisfied

Q915_4. Thinking about your last in-person appointment during the COVID-19 pandemic with the doctor that you see for your RA, how satisfied were you with each of the following? 4. My ability to be open with my doctor about my experiences *(Asked to respondents who had an in-person appointment(s) with an HCP during pandemic)*

1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not at all satisfied

Q915_5. Thinking about your last in-person appointment during the COVID-19 pandemic with the doctor that you see for your RA, how satisfied were you with each of the following? 5. Discussion of my disease management goals *(Asked to respondents who had an in-person appointment(s) with an HCP during pandemic)*

1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not at all satisfied

Q915_6. Thinking about your last in-person appointment during the COVID-19 pandemic with the doctor that you see for your RA, how satisfied were you with each of the following? 6. Discussion of my symptoms and flares *(Asked to respondents who had an in-person appointment(s) with an HCP during pandemic)*

1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not at all satisfied

Q915_7. Thinking about your last in-person appointment during the COVID-19 pandemic with the doctor that you see for your RA, how satisfied were you with each of the following? 7. How easy it was to schedule the appointment *(Asked to respondents who had an in-person appointment(s) with an HCP during pandemic)*

1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not at all satisfied

Q915_8. Thinking about your last in-person appointment during the COVID-19 pandemic with the doctor that you see for your RA, how satisfied were you with each of the following? 8. My doctor's ability to physically assess my symptoms *(Asked to respondents who had an in-person appointment(s) with an HCP during pandemic)*

1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not at all satisfied

Q920_1. Now, thinking about your last virtual appointment during the COVID-19 pandemic with the doctor that you see for your RA, how satisfied were you with each of the following? By virtual appointments, we mean the process of providing health care from a distance (as opposed to in-person) through technology (e.g., telephone or video chat). 1. The overall quality of care I received *(Asked to respondents who had a virtual appointment(s) with an HCP during pandemic)*

1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not at all satisfied

Q920_2. Now, thinking about your last virtual appointment during the COVID-19 pandemic with the doctor that you see for your RA, how satisfied were you with each of the following? By virtual appointments, we mean the process of providing health care from a distance (as opposed to in-person) through technology (e.g., telephone or video chat). 2. Length of appointment *(Asked to respondents who had a virtual appointment(s) with an HCP during pandemic)*

1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not at all satisfied

Q920_3. Now, thinking about your last virtual appointment during the COVID-19 pandemic with the doctor that you see for your RA, how satisfied were you with each of the following? By virtual appointments, we mean the process of providing health care from a distance (as opposed to in-person) through technology (e.g., telephone or video chat). 3. Quality of communication with my doctor *(Asked to respondents who had a virtual appointment(s) with an HCP during pandemic)*

1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not at all satisfied

Q920_4. Now, thinking about your last virtual appointment during the COVID-19 pandemic with the doctor that you see for your RA, how satisfied were you with each of the following? By virtual appointments, we mean the process of providing health care from a distance (as opposed to in-person) through technology (e.g., telephone or video chat). 4. My ability to be open with my doctor about my experiences *(Asked to respondents who had a virtual appointment(s) with an HCP during pandemic)*

1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not at all satisfied

Q920_5. Now, thinking about your last virtual appointment during the COVID-19 pandemic with the doctor that you see for your RA, how satisfied were you with each of the following? By virtual appointments, we mean the process of providing health care from a distance (as opposed to in-person) through technology (e.g., telephone or video chat). 5. Discussion of my disease management goals *(Asked to respondents who had a virtual appointment(s) with an HCP during pandemic)*

1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not at all satisfied

Q920_6. Now, thinking about your last virtual appointment during the COVID-19 pandemic with the doctor that you see for your RA, how satisfied were you with each of the following? By virtual appointments, we mean the process of providing health care from a distance (as opposed to in-person) through technology (e.g., telephone or video chat). 6. Discussion of my symptoms and flares *(Asked to respondents who had a virtual appointment(s) with an HCP during pandemic)*

1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not at all satisfied

Q920_7. Now, thinking about your last virtual appointment during the COVID-19 pandemic with the doctor that you see for your RA, how satisfied were you with each of the following? By virtual appointments, we mean the process of providing health care from a distance (as opposed to in-person) through technology (e.g., telephone or video chat). 7. How easy it was to schedule the appointment *(Asked to respondents who had a virtual appointment(s) with an HCP during pandemic)*

1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not at all satisfied

Q920_8. Now, thinking about your last virtual appointment during the COVID-19 pandemic with the doctor that you see for your RA, how satisfied were you with each of the following? By virtual appointments, we mean the process of providing health care from a distance (as opposed to in-person) through technology (e.g., telephone or video chat). 8. My doctor's ability to physically assess my symptoms *(Asked to respondents who had a virtual appointment(s) with an HCP during pandemic)*

1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not at all satisfied

Q920_9. Now, thinking about your last virtual appointment during the COVID-19 pandemic with the doctor that you see for your RA, how satisfied were you with each of the following? By virtual appointments, we mean the process of providing health care from a distance (as opposed to in-person) through technology (e.g., telephone or video chat). 9. The technology platform that I used to access my appointment *(Asked to respondents who had a virtual appointment(s) with an HCP during pandemic)*

1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not at all satisfied

Q930_1. Which type of appointment with the doctor you see for your RA would you prefer for each of the following circumstances? 1. Regular check-ups with the doctor I usually see for my RA

1. Strongly prefer virtual
2. Slightly prefer virtual
3. No preference
4. Slightly prefer in-person
5. Strongly prefer in-person

Q930_2. Which type of appointment with the doctor you see for your RA would you prefer for each of the following circumstances? 2. When I have a flare

1. Strongly prefer virtual
2. Slightly prefer virtual
3. No preference
4. Slightly prefer in-person
5. Strongly prefer in-person

Q930_3. Which type of appointment with the doctor you see for your RA would you prefer for each of the following circumstances? 3. When my doctor and I are discussing changes to my treatment plan

1. Strongly prefer virtual
2. Slightly prefer virtual
3. No preference
4. Slightly prefer in-person
5. Strongly prefer in-person

Q930_4. Which type of appointment with the doctor you see for your RA would you prefer for each of the following circumstances? 4. When I would like to discuss my disease management goals with my doctor

1. Strongly prefer virtual
2. Slightly prefer virtual
3. No preference
4. Slightly prefer in-person
5. Strongly prefer in-person

Q930_5. Which type of appointment with the doctor you see for your RA would you prefer for each of the following circumstances? 5. When I would like to discuss emotional impacts of my disease with my doctor

1. Strongly prefer virtual
2. Slightly prefer virtual
3. No preference
4. Slightly prefer in-person
5. Strongly prefer in-person

Q930_6. Which type of appointment with the doctor you see for your RA would you prefer for each of the following circumstances? 6. When I need a refill on a prescription medication for my RA

1. Strongly prefer virtual
2. Slightly prefer virtual
3. No preference
4. Slightly prefer in-person
5. Strongly prefer in-person

Q930_7. Which type of appointment with the doctor you see for your RA would you prefer for each of the following circumstances? 7. When meeting with a new doctor for the first time

1. Strongly prefer virtual
2. Slightly prefer virtual
3. No preference
4. Slightly prefer in-person
5. Strongly prefer in-person

Q1005. Have you and your doctor discussed and/or made any changes to your RA treatment plan since the beginning of the COVID-19 pandemic in early 2020? As a reminder, when we say "treatment plan," we mean the prescription medication you use for your RA. *(Asked to respondents currently taking medication for RA)*

1. We discussed but did not make changes to my treatment plan
2. We did not discuss or make changes to my treatment plan
3. We discussed and made changes to my treatment plan

Q1000. You indicated you are currently taking prescription medication for your RA. How satisfied are you with your current RA treatment plan? *(Asked to respondents currently taking medication for RA)*

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

Q1010. How much do you agree or disagree with the following statement? If my treatment makes me feel good enough, I don't see a need to consider other treatment options, even if they might make me feel better than I do now.

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

Q1020. Aside from prescription medication, which of the following, if any, are you currently doing, using, planning, or taking to help manage your RA? Please select all that apply.

1. Exercise
2. Diet/Maintaining a healthy weight
3. Physical or occupational therapy
4. Hot/Cold therapies
5. Over the counter medications
6. Complementary (non-medication) therapies (e.g., acupuncture, [homeopathy *If not Japan*], massage, yoga, meditation/relaxation)
7. Psychological therapy
8. Assistive devices (e.g., cane, wrist brace, stair lift, walk-in tub)
9. Surgery
10. Other
11. Nothing

US SPECIFIC DEMOGRAPHIC QUESTIONS

Q1010B. Which type of health plan or health insurance, if any, do you currently have for yourself? Please select all that apply.

1. Health care coverage through my work or union
2. Health care coverage through someone else's work or union
3. Health care coverage through the individual market (individual, family or small business) not through healthcare.gov or a state-based exchange
4. Health care coverage through the individual market through healthcare.gov or a state-based exchange
5. Medicare or a Medicare HMO, which is a government plan that pays health care bills for people age 65 and older and for some people with disabilities
6. Medicaid, a Medicaid HMO, Medi-Cal or public aid
7. VA benefits from my own service or through my spouse
8. Some other type of health plan or coverage
9. I have no health insurance coverage.

[State (US)] In what state or territory do you currently reside?

1. Alabama
2. Alaska
3. Arizona
4. Arkansas
5. California
6. Colorado
7. Connecticut
8. Delaware
9. District of Columbia
10. Florida
11. Georgia
12. Hawaii
13. Idaho
14. Illinois
15. Indiana

16. Iowa
17. Kansas
18. Kentucky
19. Louisiana
20. Maine
21. Maryland
22. Massachusetts
23. Michigan
24. Minnesota
25. Mississippi
26. Missouri
27. Montana
28. Nebraska
29. Nevada
30. New Hampshire
31. New Jersey
32. New Mexico
33. New York
34. North Carolina
35. North Dakota
36. Ohio
37. Oklahoma
38. Oregon
39. Pennsylvania
40. Rhode Island
41. South Carolina
42. South Dakota
43. Tennessee
44. Texas
45. Utah
46. Vermont
47. Virginia
48. Washington
49. West Virginia
50. Wisconsin
51. Wyoming
52. American Samoa
53. Federated States of Micronesia
54. Guam
55. Marshall Islands
56. Northern Mariana Islands
57. Palau
58. Puerto Rico
59. Virgin Islands

[Zip Code (US)] What is your zip code?

[Education (US)] What is the highest level of education you have completed?

1. Less than high school
2. Completed some high school
3. High school graduate
4. Job-specific training program(s) after high school
5. Some college, but no degree
6. Associate's degree
7. Bachelor's degree (such as B.A., B.S.)
8. Some graduate school, but no degree
9. Graduate degree (such as MBA, MS, M.D., Ph.D.)

[Household Income (US)] How much total combined income did all members of your household earn before taxes last year? This includes money from jobs; net income from business, farm, or rent; pensions; dividends; interest; social security payments; and any other money income received by members of your household who are eighteen (18) years of age or older.

1. Less than $15,000
2. $15,000 to $24,999
3. $25,000 to $34,999
4. $35,000 to $49,999
5. $50,000 to $74,999
6. $75,000 to $99,999
7. $100,000 to $124,999
8. $125,000 to $149,999
9. $150,000 to $199,999
10. $200,000 to $249,999
11. $250,000 or more

[Hispanic Origin (US)] Are you of Hispanic, Latino, or Spanish origin?

1. Yes
2. No

[Race-Multi (US)] What is your race? Please select all that apply.

1. White
2. Black or African American
3. Native American or Alaskan Native
4. South Asian
5. Chinese
6. Korean
7. Japanese
8. Filipino
9. Arab/Middle Eastern/West Asian
10. Vietnamese
11. Other Asian
12. Native Hawaiian or Pacific Islander
13. Other race

CANADA SPECIFIC DEMOGRAPHIC QUESTIONS

[Region (Canada)] In which province or territory do you currently reside?

1. Alberta
2. British Columbia
3. Manitoba
4. New Brunswick
5. Newfoundland & Labrador
6. Northwest Territories
7. Nova Scotia
8. Nunavut
9. Ontario
10. Prince Edward Island
11. Quebec
12. Saskatchewan
13. Yukon

[Fluency (Canada)] Which of the following languages can you speak well enough to conduct a conversation?

1. English
2. French
3. Both English and French
4. Neither English nor French

[Education (Canada)] Which of the following is the highest educational or professional qualification you have obtained?

1. Less than Secondary School (high school)
2. Completed some Secondary School (high school)
3. Graduated from Secondary School (high school) or equivalency certificate
4. Trade Certificate or Diploma
5. Certificate or Diploma from Community College, Institution, CEGEP
6. Teaching Certificate from Provincial Department of Education
7. Completed some University Study, but no Degree
8. University Certificate or Diploma below Bachelor Level
9. Bachelor or First Professional Degree
10. Graduate or Professional Degree above Bachelor Level

[Race (Canada)] Do you consider yourself…?

1. White
2. Black
3. First Nation/Native Canadian
4. South Asian
5. Chinese
6. Korean
7. Japanese
8. Other Asian
9. Filipino

10. Arab/West Asian
11. Pacific Islander
12. Mixed Race
13. Some other race
14. Prefer not to answer

[Household Income (Canada)] Which of the following income categories best describes your total [*INSERT LAST YEAR]* household income before taxes?

1. Less than $15,000 (in Canadian dollars)
2. $15,000 to $24,999 (in Canadian dollars)
3. $25,000 to $34,999 (in Canadian dollars)
4. $35,000 to $49,999 (in Canadian dollars)
5. $50,000 to $74,999 (in Canadian dollars)
6. $75,000 to $99,999 (in Canadian dollars)
7. $100,000 to $124,999 (in Canadian dollars)
8. $125,000 to $149,999 (in Canadian dollars)
9. $150,000 to $199,999 (in Canadian dollars)
10. $200,000 to $249,999 (in Canadian dollars)
11. $250,000 or more (in Canadian dollars)
12. Decline to answer

Q305CA In addition to government funded health service, are you currently covered by any private health insurance that you or your family pays for or that an employer or association provides?

1 Yes, have private insurance
2 No, do not have private insurance
3 Not sure
4 Decline to answer

<u>FRANCE SPECIFIC DEMOGRAPHIC QUESTIONS</u>

[Region (France)] In what region or territory do you currently reside?

1. Auvergne-Rhône-Alpes
2. Bourgogne- Franche-Comté
3. Breton (Brittany)
4. Centre-Val de Loire
5. Corse (Corsica)
6. Grand Est (Alsace, Champagne-Ardenne, Lorraine)
7. Hauts-de-France
8. Île de France
9. Normandie (Normandy)
10. Nouvelle Aquitaine (Aquitaine, Limousin, Poitou-Charentes)
11. Occitaine
12. Pays de la Loire
13. Provence-Alpes-Côte d'Azur

[Education (France)] Which of the following, if any, is the highest educational or professional qualification you have obtained?

1. CAP / BEP (Vocational training certificate/Technical education certificate)
2. High school diploma
3. 2-year college degree/Associate's degree
4. 3-year college degree/Bachelor's degree
5. 4-year college degree/Master's degree
6. DESS/DEA /Master (5-year college degree)
7. Doctorate
8. Did not graduate

[Household Income (France)] Which of the following income categories best describes your total [INSERT LAST YEAR] household income before taxes?

1. Less than €5.000
2. €5.000 - €9.999
3. €10.000 - €19.999
4. €20.000 - €29.999
5. €30.000 - €39.999
6. €40.000 - €49.999
7. €50.000 - €74.999
8. €75.000 - €99.999
9. €100.000 - €149.999
10. €150.000 - €199.000
11. €200.000 or more
12. Decline to answer

[Household Income (France)] Compared to all households in your country last year, would you estimate that your overall total household income was above or below the national average?

1. Very much below average (less than one-third the average income)
2. Below average (less than one-half the average income)
3. Somewhat below average
4. About average for my country
5. Somewhat above average
6. Above average (more than double the average income)
7. Very much above average (more than triple the average income)
8. Prefer not to answer

JAPAN SPECIFIC DEMOGRAPHIC QUESTIONS

[Region (Japan)] In which prefecture or territory do you currently reside?

1. Hokkaido
2. Aomori
3. Iwate
4. Miyagi
5. Akita
6. Yamagata
7. Fukushima
8. Tochigi
9. Gunma

10. Ibaraki
11. Saitama
12. Chiba
13. Tokyo
14. Kanagawa
15. Yamanashi
16. Nagano
17. Niigata
18. Toyama
19. Ishikawa
20. Fukui
21. Shizuoka
22. Gifu
23. Aichi
24. Mie
25. Shiga
26. Kyoto
27. Osaka
28. Hyogo
29. Nara
30. Wakayama
31. Tottori
32. Shimane
33. Okayama
34. Hiroshima
35. Yamaguchi
36. Tokushima
37. Kagawa
38. Ehime
39. Kochi
40. Fukuoka
41. Saga
42. Nagasaki
43. Kumamoto
44. Oita
45. Miyazaki
46. Kagoshima
47. Okinawa

[Education (Japan)] What is the highest level of education you have completed or the highest degree you have received?

1. Less than high school
2. High school degree
3. Junior College degree
4. BA or University degree

[Household Income (France)] Which of the following income categories best describes your total [INSERT LAST YEAR] household income before taxes?

1. Less than 1,000,000 yen
2. 1,000,000 to 1,499,999 yen
3. 1,500,000 to 1,999,999 yen
4. 2,000,000 to 2,999,999 yen
5. 3,000,000 to 3,999,999 yen
6. 4,000,000 to 4,999,999 yen
7. 5,000,000 to 5,999,999 yen
8. 6,000,000 to 6,999,999 yen
9. 7,000,000 to 7,999,999 yen
10. 8,000,000 to 9,999,999 yen
11. 10,000,000 or more yen
12. Decline to answer

Q305JP In addition to government funded health service, are you currently covered by any private health insurance that you or your family pays for or that an employer or association provides?

1 Yes, have private insurance
2 No, do not have private insurance
3 Not sure
4 Decline to answer

BRAZIL SPECIFIC DEMOGRAPHIC QUESTIONS

[Region (Brazil)] In which state do you currently reside?

1. Acre
2. Alagoas
3. Amapa
4. Amazonas
5. Bahia
6. Ceara
7. Distrito Federal
8. Espirito Santo
9. Goias
10. Maranhao
11. Mato Grosso
12. Mato Grosso do Sul
13. Minas Gerais
14. Para
15. Paraiba
16. Parana
17. Pernambuco
18. Piaui
19. Rio de Janeiro
20. Rio Grande do Norte
21. Rio Grande do Sul
22. Rondonia

23. Roraima
24. Santa Catarina
25. Sao Paulo
26. Sergipe
27. Tocantins

[Education (Brazil)] What is the highest level of education you have completed or the highest degree you have received?

1. None
2. Literate
3. Incomplete Fundamental – fundamental I (1st series to 3rd series)
4. Incomplete Fundamental - fundamental II (4th series to 7th series)
5. Complete Fundamental
6. Complete Secondary education (Ensino Medio)
7. University (Superior)
8. Post graduate (Masters, Doctorate or Post Doctorate)

[Education – Head of Household (Brazil)] What is the highest level of education the head of your household has completed or the highest degree he/she has received?

1. None
2. Literate
3. Incomplete Fundamental – fundamental I (1st series to 3rd series)
4. Incomplete Fundamental - fundamental II (4th series to 7th series)
5. Complete Fundamental
6. Complete Secondary education (Ensino Medio)
7. University (Superior)
8. Post graduate (Masters, Doctorate or Post Doctorate)

[Socioeconomic Status (Brazil)] How many of each of the following items do you have? 1. Color TV

1. 0
2. 1
3. 2
4. 3
5. 4 or more

[Socioeconomic Status (Brazil)] How many of each of the following items do you have? 2. Radio

1. 0
2. 1
3. 2
4. 3
5 4 or more

[Socioeconomic Status (Brazil)] How many of each of the following items do you have? 3. Bathroom

1. 0
2. 1
3. 2
4. 3
5. 4 or more

[Socioeconomic Status (Brazil)] How many of each of the following items do you have? 4. Car

1. 0
2. 1
3. 2
4. 3
5. 4 or more

[Socioeconomic Status (Brazil)] How many of each of the following items do you have? 5. Maid

1. 0
2. 1
3. 2
4. 3
5. 4 or more

[Socioeconomic Status (Brazil)] How many of each of the following items do you have? 6. Vacuum cleaner

1. 0
2. 1
3. 2
4. 3
5. 4 or more

[Socioeconomic Status (Brazil)] How many of each of the following items do you have? 7. Washing machine

0. 0
1. 1
2. 2
3. 3
4. 4 or more

[Socioeconomic Status (Brazil)] How many of each of the following items do you have? 8. VCR and/or DVD player

1. 0
2. 1
3. 2
4. 3
5. 4 or more

[Socioeconomic Status (Brazil)] How many of each of the following items do you have? 9. Refrigerator

1. 0
2. 1
3. 2
4. 3
5. 4 or more

[Socioeconomic Status (Brazil)] How many of each of the following items do you have? 10. Freezer (separated from refrigerator)

1. 0
2. 1
3. 2
4. 3
5. 4 or more

[Household Income (Brazil)] Which of the following income categories best describes your total [INSERT LAST YEAR] household income before taxes?

1. Less than 4,000 real
2. 4,000 to 7,999 real
3. 8,000 to 11,999 real
4. 12,000 to 15,999 real
5. 16,000 to 19,999 real
6. 20,000 to 29,999 real
7. 30,000 to 39,999 real
8. 40,000 to 49,999 real
9. 50,000 to 74,999 real
10. 75,000 to 99,999 real
11. 100,000 or more real
12. Decline to answer

Q305BR In addition to government funded health service, are you currently covered by any private health insurance that you or your family pays for or that an employer or association provides?

1. Yes, have private insurance
2. No, do not have private insurance
3. Not sure
4. Decline to answer

GLOBAL DEMOGRAPHIC QUESTIONS

Q700B. Are you the parent/legal guardian of any child/children who is/are...? Please select all that apply.

1. 2 years old or younger
2. 3−5 years old
3. 6−9 years old
4. 10−12 years old
5. 13−17 years old
6. 18 years of age or older
7. I am not the parent/legal guardian of any children.
8. Decline to answer

Q300_1. Which of the following are true of/for you? 1. I am an essential worker (non-health care) and worked during the COVID-19 pandemic

1. Yes
2. No
3. Decline to answer

Q300_2. Which of the following are true of/for you? 2. I am a frontline health care worker (e.g., nurse, doctor, paramedic) and worked during the COVID-19 pandemic

1. Yes
2. No
3. Decline to answer

Q300_3. Which of the following are true of/for you? 3. I worked primarily from home during the COVID-19 pandemic

1. Yes
2. No
3. Decline to answer

Q300_4. Which of the following are true of/for you? 4. I plan to primarily work from home following the COVID-19 pandemic

1. Yes
2. No
3. Decline to answer

Q300_5. Which of the following are true of/for you? 5. I reduced my work hours or had my hours cut due to the COVID-19 pandemic

1. Yes
2. No
3. Decline to answer

Q300_6. Which of the following are true of/for you? 6. I was laid off, furloughed, or lost my job due to the COVID-19 pandemic

1. Yes
2. No
3. Decline to answer

Q300_7. Which of the following are true of/for you? 7. I was not employed before the COVID-19 pandemic

1. Yes
2. No
3. Decline to answer

MARITAL STATUS: What is your current marital status?

1. Never married
2. Married or civil union
3. Living with partner
4. Divorced
5. Separated
6. Widowed

ADULTS IN HH: Including yourself, how many people age 18 or older live in your household?

CHILDREN IN HH: How many people under the age of 18 live in your household?

EMPLOYMENT: Which of the following best describes your employment status?

1. Employed full time
2. Employed part time
3. Self-employed full time
4. Self-employed part time
5. Not employed, but looking for work
6. Not employed and not looking for work
7. Not employed, unable to work due to a disability or illness
8. Retired
9. Student
10. Stay-at-home spouse or partner

Q1320. Which of the following best describes the location where you live?

1. Inner city
2. Capital area/designated city (more than 500,000 people)/urban
3. Core city (more than 200,000 people)/suburban
4. Other city/town/village/small town
5. Rural