

# Supplementary Material

## Consequences and Perception of the COVID-19 Pandemic on Patients and Caregivers in an Austrian Memory Clinic Population One Year After Pandemic Onset

**Supplementary Table 1.** Selection of items of the COVID-19 questionnaire for participants and caregivers on the impact of the COVID-19 pandemic (English translation from German)

| Participant questionnaire              |                                                 |                                              |                                            |
|----------------------------------------|-------------------------------------------------|----------------------------------------------|--------------------------------------------|
| What is your current marital status?   |                                                 |                                              |                                            |
| <input type="checkbox"/> Single        | <input type="checkbox"/> Married                | <input type="checkbox"/> Divorced/Separated  | <input type="checkbox"/> Widowed           |
| What is your current living situation? |                                                 |                                              |                                            |
| <input type="checkbox"/> Alone         | <input type="checkbox"/> At home with a partner | <input type="checkbox"/> At home with family | <input type="checkbox"/> In a nursing home |

| Have one or more of the following physical and psychological symptoms newly occurred since the beginning of the COVID-19 pandemic in March 2020?<br>Please tick all applicable symptoms which occur at least once a week <input type="checkbox"/>                                                                              |                                           |                                             |                                                                                                                                                                                                                                                                                                          |                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Physical symptoms:<br><input type="checkbox"/> Pain<br><input type="checkbox"/> Hypertension<br><input type="checkbox"/> Sleep disturbances<br><input type="checkbox"/> Dizziness<br><input type="checkbox"/> Movement restrictions<br><input type="checkbox"/> Appetite disturbance<br><input type="checkbox"/> Others: _____ |                                           |                                             | Psychological symptoms:<br><input type="checkbox"/> Anxiety<br><input type="checkbox"/> Sadness<br><input type="checkbox"/> Loneliness<br><input type="checkbox"/> Depressive mood<br><input type="checkbox"/> Restlessness<br><input type="checkbox"/> Irritability<br><input type="checkbox"/> Fatigue |                                          |
| How would you rate the COVID-19 restrictions set by the federal and state government starting in March 2020?                                                                                                                                                                                                                   |                                           |                                             |                                                                                                                                                                                                                                                                                                          |                                          |
| <input type="checkbox"/> Necessary and correct                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Partly necessary | <input type="checkbox"/> Not necessary      | <input type="checkbox"/> I do not know                                                                                                                                                                                                                                                                   |                                          |
| How would you rate the provided information regarding the COVID-19 restrictions set by the federal and state government starting in March 2020?                                                                                                                                                                                |                                           |                                             |                                                                                                                                                                                                                                                                                                          |                                          |
| <input type="checkbox"/> Well understandable                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Understandable   | <input type="checkbox"/> Not understandable | <input type="checkbox"/> Not sufficient                                                                                                                                                                                                                                                                  | <input type="checkbox"/> I do not know   |
| Where did you primarily get your information on the COVID-19 pandemic and associated restrictions?                                                                                                                                                                                                                             |                                           |                                             |                                                                                                                                                                                                                                                                                                          |                                          |
| <input type="checkbox"/> Caregivers                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Newspapers       | <input type="checkbox"/> Friends            | <input type="checkbox"/> Internet                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Television news |

| Caregiver questionnaire                                 |                                          |                                              |                                                          |
|---------------------------------------------------------|------------------------------------------|----------------------------------------------|----------------------------------------------------------|
| What is your relationship to the participant?           |                                          |                                              |                                                          |
| <input type="checkbox"/> Spouse/Life partner            | <input type="checkbox"/> Son or daughter | <input type="checkbox"/> Acquaintance/friend | <input type="checkbox"/> Other: _____                    |
| Do you live in the same household with the participant? |                                          |                                              | <input type="checkbox"/> yes <input type="checkbox"/> no |

| Have you noticed the following emotional symptoms about the participant since the beginning of the COVID-19 pandemic starting in March 2020? | no or never              | slightly or occasionally | significantly or frequently |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------|
| The participant was sad and hopeless                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| The participant was dysphoric and irritable                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| The participant was anxious and helpless                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| The participant reported insomnia                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |

| Assessment of the use of digital communication of the participant                                                                         |                              |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Digital communication includes: internet usage, video calls or short message use                                                          |                              |                             |
| Have you noticed changes in digital communication of the participant since the beginning of the COVID-19 pandemic starting in March 2020? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Did the participant use digital communication already before the start of the COVID-19 pandemic?                                          | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Did the participant <b>start</b> to use digital communication since the start of the COVID-19 pandemic?                                   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| If <b>no</b> – why do you think did the participant not start to use digital communication?                                               |                              |                             |
| Cognitive deficits                                                                                                                        | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Lack of interest                                                                                                                          | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Lack of opportunity                                                                                                                       | <input type="checkbox"/> yes | <input type="checkbox"/> no |

| Did you personally experience change of burden or stressful factors since the beginning of the COVID-19 pandemic starting in March 2020? | no or never              | slightly or occasionally | significantly or frequently |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------|
| I was burdened due to the COVID-19 pandemic and associated restrictions                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| I had extra effort of care for the participant                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| I have been more concerned about the participant                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| I was concerned to fall ill with the SARS-cov-2 virus                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| I was concerned to die from the SARS-cov-2 virus                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| I was concerned that the participant may fall ill with the SARS-cov-2 virus                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| I was concerned that the participant may die from the SARS-cov-2 virus                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| My financial burden increased due to the COVID-19 pandemic                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |