

Supplementary Material

Negative Effects of COVID-19 Stay-at-Home Mandates on Physical Intervention Outcomes: A Preliminary Study

The given participant questionnaire can be seen in Supplementary Table 1. The questionnaire is broken down by section and denotes the response type the user was able to give for the different questions.

Supplementary Table 1. Participant questionnaire on activity levels and symptom progression due to the COVID-19 stay-at-home mandate.

| Section | Question |
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| General Medical History (Multiple Choice / Open Answer) | What is your gender? What is your education level? Are you working or retired? What is/was your profession? Have you been diagnosed with PD? When was your diagnosis? What stage of PD are you in? Have you been diagnosed with another condition? (e.g., stroke) What were the first symptoms prior to you PD diagnosis? (e.g., shaky handwriting) When did your symptoms first occur? (e.g., 6 months prior to diagnosis) What medication(s)/supplement(s) are you currently taking? (e.g., name, dosage) What is your typical medication schedule? (e.g., dose, timing) |
| Activity Prior to Diagnosis (Multiple Choice / Open Answer) | Prior to diagnosis with PD what physical activities did you participate in? On average how long did you engage in physical activity or exercise per day? On average how many days did you engage in physical activity of reported duration? |
| Activity After Diagnosis (Multiple Choice / Open Answer) | After your diagnosis with PD what physical activities did you participate in? On average how long did you engage in physical activity or exercise per day? On average how many days did you engage in physical activity of reported duration? What organized classes/therapies/programs do you attend? |
| Activity in Stay-at-Home Mandate (Multiple Choice / Open Answer) | After the stay-at-home mandate what physical activities did you participate in? On average how long did you engage in physical activity or exercise per day? On average how many days did you engage in physical activity of reported duration? |

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| <p>Disease / Symptom Progression (Likert Scale 1-5) (1 = No Change) (2 = Mild Change) (3 = Moderate Change) (4 = Severe Change) (5 = Very Severe Change)</p> | <p>Short Term Memory (e.g., what you had for breakfast) Long Term Memory (e.g., remembering dates of children's birthdays) Fine Motor Function (e.g., writing, object manipulation) Gross Motor Function (e.g., walking, moving from sitting to standing) Balance/Stability (e.g., standing still or sitting upright without support) Reflexes (e.g., response time to stimuli; touch, sound, visual information) Word Finding (e.g., knowing the words you wish to say when you want to say them) Attention (e.g., ability to maintain focus on someone or something) Judgment (e.g., ability to make considered decisions or come to sensible conclusions) Reasoning (e.g., consciously making sense of things, applying logic) Problem Solving (e.g., process of finding solutions to difficult or complex issues) Following Conversations Reading (e.g., difficulty following what's on the page, comprehending information) Speaking (e.g., quiet speech, effortful speech) Emotion (e.g., natural state of mind based on circumstances, mood, or relationships) Energy Levels (e.g., completing normal physical activities without being tired) Sleep Quality (e.g., restless, duration) Bodily Pain (e.g., bodily aches, muscle or joint pain, headaches) Activity Levels (e.g., physical activity, exercise) Social Engagement (e.g., spending time with family and friends) Taste Hearing Vision Feeling or Touch (e.g., sensitivity)</p> |
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