

**Appendix 1- the COVID-19 practice pattern survey questions**

## 1. What is the focus of your practice?

- Uveitis only
- Retina and uveitis
- Cornea and uveitis
- Glaucoma and uveitis
- Pediatrics and uveitis
- Rheumatology
- Other (Please specify)

## 2. What is your practice type?

- Academic
- Private
- Hybrid

## 3. Pre-COVID: Did you use tele-visits?

- No
- Yes, <10% of my practice
- Yes, 10-50% of my practice
- Yes, ≥50% of my practice

## 4. Since the beginning of the pandemic have you used tele-visits?

- No
- Yes, <10% of my practice
- Yes, 10-50% of my practice
- Yes, ≥50% of my practice

5. Since the beginning of the pandemic have you volunteered or been re-deployed to care for NON-ophthalmology patients?
  - Yes
  - No
  
6. (During the initial phase of the pandemic, between March-June 2020) Was your clinic/practice closed?
  - Yes, completely closed
  - Yes, open to emergencies only
  - No, volume decreased to ~80%
  - No, volume decreased to ~50-79%
  - No, volume decreased to <50%
  - No, clinics were open
  
7. What was the duration of clinic shutdown (or decrease in volume)?
  - < 3 months
  - ≥ 3 months
  
8. Since the beginning of the pandemic, have you seen or been contacted by patients with flare up of uveitis?
  - More than usual
  - Same as usual
  - Less than usual
  
9. In uveitis patients who called with uveitis flare symptoms, have you had patients who refused to come to the clinic due to the pandemic?
  - Yes
  - No

10. (If yes to Q9) How did you manage the situation?
- Reassurance and asking them to come in for an in-person evaluation
  - Tele-visit
  - other (please specify)
11. Since the beginning of the pandemic, did you change your management of uveitis patients?  
(Choose all that apply)
- No, same as before
  - Yes, more local steroids and less systemic IMT
12. Are there any IMT agents that you would AVOID INITIATING during the pandemic? (choose all that apply)
- I start any IMT based on clinical indication and do not avoid any specific medication
  - High dose intravenous or oral steroid
  - Anti-metabolites (Methotrexate, Mycophenolate, Azathioprine)
  - T-cell inhibitors (Cyclosporine, Tacrolimus)
  - Cyclophosphamide
  - Anti-TNF (Infliximab, Adalimumab)
  - IL-6 inhibitors
  - Rituximab
  - IFN alpha
  - Other (please specify)
13. In patients on chronic low-dose systemic steroid (<10mg/d) and stable uveitis, would you change anything due to the pandemic?
- No, continue at the same dose
  - Yes, taper and stop

14. In patients with uveitis controlled on chronic IMT would you make any changes in patients' IMT due to the pandemic?
- No, Maintain all IMT at current dose
  - I would stop or lower the dose of specific IMTs
  - I would stop all systemic IMT
15. Which IMTs would you stop or lower the dose? (Choose all that apply)
- High dose intravenous or oral steroid
  - Anti-metabolites (Methotrexate, Mycophenolate, Azathioprine)
  - T-cell inhibitors (Cyclosporine, Tacrolimus)
  - Cyclophosphamide
  - Anti-TNF (Infliximab, Adalimumab)
  - IL-6 inhibitors
  - Rituximab
  - IFN alpha
  - Other (please specify)
16. In patients with uveitis controlled on IMT, what would you do if patient reports exposure to COVID-19? (Without any COVID symptoms)
- No change in IMT
  - Hold specific IMTs
  - Hold all IMTs
17. (If hold IMT in Q16) Which IMTs would you stop or lower the dose (in case of COVID exposure)? (choose all that apply)
- High dose intravenous or oral steroid
  - Anti-metabolites (Methotrexate, Mycophenolate, Azathioprine)
  - T-cell inhibitors (Cyclosporine, Tacrolimus)

- Cyclophosphamide
  - Anti-TNF (Infliximab, Adalimumab)
  - IL-6 inhibitors
  - Rituximab
  - IFN alpha
  - Other (please specify)
18. (If hold IMT in Q16) For how long would you hold IMT?
- Indefinitely (will not restart)
  - Restart 2 weeks after exposure if no COVID symptoms
  - I would instruct patient to get tested for COVID and restart IMT after negative COVID test
  - other (please specify)
19. In patients on systemic IMTs, what would you do if patient tests positive for COVID?
- No change in IMT
  - Hold specific IMTs
  - Hold all IMTs
20. (If hold IMT in Q19) Which IMTs would you stop or lower the dose? (choose all that apply)
- High dose intravenous or oral steroid
  - Anti-metabolites (Methotrexate, Mycophenolate, Azathioprine)
  - T-cell inhibitors (Cyclosporine, Tacrolimus)
  - Cyclophosphamide
  - Anti-TNF (Infliximab, Adalimumab)
  - IL-6 inhibitors
  - Rituximab
  - IFN alpha

- Other (please specify)

21. (If hold IMT in Q19) For how long would you hold IMTs?

- Indefinitely (will not restart)
- Restart 48 hours after resolution of symptoms
- Restart after a negative repeat COVID test
- Other (please specify)

22. During the pandemic have you encountered any difficulty obtaining screening or follow-up labs?  
(choose all that apply)

- No
- Yes, due to lab closures
- Yes, due to patient's lack of follow up
- Other (Please specify)

23. Did you encounter patients who refused to start or continue IMT due to fear of COVID infection?

- Yes
- No

24. Compared to prior to the pandemic, have you encountered cases of endophthalmitis following intravitreal injections?

- Same as before
- More than before
- Less than before

25. Do you have any concerns regarding patients' mask and possible increased risk of endophthalmitis during intravitreal injection?

- Yes
- No

26. (If yes to Q 25) What do you do to decrease the risk?

- Tape patient's mask
- Lower the mask
- No change
- Other (please specify)

27. In pediatric patients on IMT, do you recommend participation in in-person school activities?

- Yes, as recommended by school district
- No, I recommend virtual learning in all IMT kids
- I would recommend virtual learning in kids on specific IMTs (please specify which IMT)

28. Do you recommend COVID-19 vaccination in patients on IMT?

- Yes
- No

29. How do you counsel your immunocompromised patients on IMT regarding COVID-19 vaccine immunity?

- No difference compared to general population
- Vaccine will likely be less effective due to IMT use
- Unknow effectiveness due to lack of studies on immunocompromised patients
- Other (please specify)

30. Will you modify IMTs around the time of COVID vaccination?

- No
- Yes, hold IMT for 2 weeks after each dose of vaccine
- Other (please specify)