**Stroke patients’ questions**

**Q1. Considers that the COVID-19 pandemic has had an impact on your current health status**

Yes

No

**Q2. What impact did the COVID-19 pandemic have on your rehabilitation treatments (physiotherapy, occupational therapy, or speech therapy)?**

interruption of rehabilitation treatments

did not get to start rehabilitation treatments

**Q3. Before the COVID-19 pandemic, how often did you undergo rehabilitation treatments?**

< 2days/week

2 days/week

3 days/week

> 3 days/week

**Q4. Did you have access to any alternative to minimize the impact of interrupting your rehabilitation treatments?**

Yes

No

**Q5. What kind of alternative?**

Telerehabilitation

Home rehabilitation with professionals

Teleconsultation

Informative brochures with exercises

**Q6** **With the interruption of rehabilitation treatments, the muscular strength of the members affected by the stroke was:**

Much worse

Worst

Equal

Better

**Q7 The limbs affected by your stroke have increased stiffness**

Yes

No

**Q8****.** **Regarding the sensation of stiffness of the limbs affected by the stroke, do you think that with the suspension of treatments, the stiffness was?**

Much worse

Worst

Equal

Better

**Q9. Do you have pain in the affected limbs since the stroke?**

Yes

No

**Q10.** **Regarding the pain on the side of the body affected by the stroke, with the interruption of treatments, the pain was:**

Much worse

Worst

Equal

Better

**Q11. How do you classify the pain you currently feel according to the numerical pain scale?**

Without pain (0)

Slight pain (1-2-3)

Moderate pain (4-5-6)

Severe pain (7-8-9)

Maximum pain (10)

**Q12. How was your autonomy on activities of daily living after rehabilitation treatment interruption?**

Much worse

Worst

Equal

Better

**Q13. Have you experienced any worsening of the following aspects**

**Q13.1. Feeding**

Yes

No

**Q13.2 Hygiene**

Yes

No

**Q13.3 Dressing Upper half**

Yes

No

**Q13.4** **Dressing Lower half**

Yes

No

**Q13.5 Continence**

Yes

No

**Q13.6 Transfers**

Yes

No

**Q13.7 Ambulation**

Yes

No

**Q13.8 Stairs**

Yes

No

**Q14. Since the beginning of the COVID-19 pandemic, how often have you been anxious or nervous?**

All the time

Most of the time

Occasionally

Rarely

Never

**Q15.It was necessary to start some medication, or if already on medication, increase the dose to control anxiety and depression**

Yes

No

**Q16. Have prospects of when you will return to rehabilitation treatments?**

Yes

No

**Q17. Is this something that has made you more concerned?**

Extremely

Enough

Moderately

Slightly

No

**Caregiver Questions**

**Q18.  Do you think the COVID-19 pandemic has burdened your caregiver work?**

Extremely

Enough

Moderately

Slightly

No

**Q19.    During the COVID-19 pandemic, did you need to decrease work activity to care for the patient?**

Yes

No

**Q20 During the COVID-19 pandemic, did you feel more anxious about the ability to care for the patient?**

All time

Most of the time

Occasionally

Rarely

Never

**Q21.  During the COVID-19 pandemic, did you feel afraid that you would not be able to finance the care and other needs that the patient needed?**

All time

Most of the time

Occasionally

Rarely

Never