



Supplementary File 1

THE ORAL QUESTIONNAIRE FORM

PART 1: Personal Information

Question 1: How old are you?

Question 2: What is your gender?

Question 3: Do you have any other chronic diseases? If yes, please name these diseases.

Question 4: Please name all the medicines that you currently use.

Question 5: What is your height and weight?

Question 6: Do you smoke? If yes, how many cigarette packages do you smoke in a day? For how many years do you smoke?

PART 2: Questions Related to Hidradenitis Suppurativa

Question 7: For how many years do you hidradenitis suppurativa?

Question 8: Please name all the medicines that you have used for hidradenitis suppurativa during the COVID-19 pandemic?

Question 9: What is your clinical response to the treatment?

- No response
- Partial response
- Full response

Question 10: For how many years do you use the medication given for hidradenitis suppurativa continuously?

PART 3: COVID-19 related questions

Question 11: Did you have any of the following COVID-19 symptoms since March 2020?

- Fever
- Dry cough
- Dyspnea
- Gustatory dysfunction
- Olfactory dysfunction
- Diarrhea
- Others (please specify)...

Question 12: Did you have close contact to someone who had a confirmed COVID-19 diagnosis?

- Yes
- No

Question 13: Did you undergo COVID-19 RT-PCR test?

- Yes
- No

Question 14: Did you have any positive result for COVID-19 RT-PCR test?

- Yes
- No

Question 15: Were you hospitalized for COVID-19?

- Yes
- No