SUPPLEMENTARY MATERIAL

Methods
Beyond the gathering of demographic and clinical data [i.e., Movement Disorder Society – Unified Parkinson Disease Rating Scale, motor score (MDS-UPDRSIII), and Hoehn and Yahr (HY) scale], all patients were evaluated using a structured set of questionnaires/scales, as follows:

1) From 0 (not at all) to 10 (very much so), how much would you rate your level of worries regarding the COVID-19 pandemic in general terms (for example about the socio-economical consequences, loved ones being infected, etc.)?
2) From 0 (not at all) to 10 (very much so), how much would you rate your level of worries regarding the effect that COVID-19 pandemic might have on your condition (i.e., Parkinson's disease)?
3) Brief Resilience Scale
4) A modified version of the Trauma Screening Questionnaire (TSQ): Please consider the following reaction which sometimes occur after a traumatic event. This questionnaire is concerned with your personal reactions to the COVID-19 pandemic. Please indicate whether or not you have experienced any of the following at least twice in the past week:
   a) Upsetting thoughts or memories about the COVID-19 that have come into your mind against your will
   b) Upsetting dreams about COVID-19
   c) Feeling upset by reminders of the COVID-19 pandemic
   d) Bodily reactions (such as fast heart beating, stomach churning, sweatiness, dizziness) when reminded of COVID-19
   e) Difficulty falling or staying asleep (more than before the COVID-19 occurred)
   f) Irritability or outbursts of anger (more than before the COVID-19 occurred)
   g) Difficulty concentrating (more than before the COVID-19 occurred)
   h) Heightened awareness of potential dangers to yourself or others
   i) Being jumpy or being startled at something unexpected
5) EQ-5D and EQ-VAS

Statistical analysis
After checking for normality distribution with the Shapiro Wilk test, PD patients with BRS score ≤ 2.3 vs. > 2.3 were compared in terms of all gathered demographic and clinical data by means of the t-test for continuous variables and the chi-squared or Fisher’s exact test for categorical variables, as appropriate, p < 0.05 being deemed significant. Correlations between the gathered variable were performed by means of the Spearman’s rank test, with Sidak-Dunn correction. Statistical analyses were performed using Stata v.13 (StataCorp LP, College Station, TX, USA).

REFERENCES
1. Smith BW, Dalen J, Wiggins K, Tooley E, Christopher P, Bernard J. The brief resilience scale: assessing the ability to bounce back. Int J Behav Med 2008;15:194-200.
2. Brewin CR, Rose S, Andrews B, Green J, Tata P, McEvady C, et al. Brief screening instrument for post-traumatic stress disorder. Br J Psychiatry 2002; 181:158-162.
3. Rabin R, Gudex C, Selai C, Herdman M. From translation to version management: a history and review of methods for the cultural adaptation of the EuroQol five-dimensional questionnaire. Value Health 2014;17:70-76.