

Table 1. Questionnaire

Question	Answer
1. Please, indicate your name	
2. Do you consider all ACHD patients at risk for COVID-19 related complications	- Yes - No - Unsure
3. How do you estimate COVID risk in your patients (multiple answers are possible)	- based on national / working group consensus - based on center specific agreement - based on personal judgment - I don't stratify ACHD patients into different COVID-19 risk categories - I don't know
4. What do you consider as general risk factor(s) for an adverse outcome in COVID-19 (multiple answers are possible)	- diabetes - advanced renal disease - arterial hypertension - male gender - immunosuppression - coronary artery disease - symptomatic heart failure - advanced liver disease - advanced age - advanced lung disease - any other condition not mentioned before:
5. What do you consider as ACHD-specific risk factor(s) for an adverse outcome in COVID-19 (multiple answers are possible)	- pregnancy - impaired subpulmonary ventricular function - trisomy 21 - mechanical heart valve(s) - cyanotic heart disease (SpO ₂ <90%) - 22q11 microdeletion - symptomatic arrhythmia - pulmonary arterial hypertension - systemic right ventricle (per se) - Fontan physiology - impaired subaortic ventricular function - ICD carrier

	- moderate or severe valvular heart disease	- any other condition not mentioned before
6. What do you consider as most important risk factor for an adverse outcome in COVID-19 (please rate the following options from 1 to 4, with 1=most important)	- complexity of heart defect	
	- age	
	- gender	
	- co-morbidities	
7. Do you consider this patient at risk for COVID-19 related complications? Please rate from 0% (no risk) to 100% (very high risk)	25-year-old male Fontan patient with an extracardiac TCPC-conduit and good hemodynamics, no arrhythmia.	
8. Do you consider this patient at risk for COVID-19 related complications? Please rate from 0% (no risk) to 100% (very high risk)	35-year-old male with repaired coarctation of the aorta, a mildly stenotic bicuspid aortic valve and persistent proximal hypertension, well controlled with ACE-inhibitors	
9. Do you consider this patient at risk for COVID-19 related complications? Please rate from 0% (no risk) to 100% (very high risk)	35-year-old female with Ebstein anomaly with mild to moderate tricuspid valve regurgitation and patent foramen ovale	
10. Do you consider this patient at risk for COVID-19 related complications? Please rate from 0% (no risk) to 100% (very high risk)	40-year-old male with repaired Tetralogy of Fallot, a mildly stenotic RV-PA conduit and a right ventricle with a RV-EDVi of 110 ml/m ² and an RV-EF of 38%.	
11. Do you consider this patient at risk for COVID-19 related complications? Please rate from 0% (no risk) to 100% (very high risk)	25-year old male with patch closure of a ventricular septal defect and left-ventricular non-compaction with an LV-EF of 50%.	

12. Do you consider this patient at risk for COVID-19 related complications? 45-year-old male with repaired Tetralogy of Fallot and moderate to severe pulmonary regurgitation, a right ventricle with a RV-EDVi of 140 ml/m² and an RV-EF of 49%.
Please rate from 0% (no risk) to 100% (very high risk)

13. Do you consider this patient at risk for COVID-19 related complications? 45-year-old female with trisomy 21 and Eisenmenger physiology due to a non-restrictive ventricular septal defect (SpO₂ 78%) and preserved biventricular function
Please rate from 0% (no risk) to 100% (very high risk)

ACE means angiotensin-converting-enzyme; ACHD, congenital heart disease; COVID-19, coronavirus disease 2019; ICD, implantable cardioverter defibrillator; SpO₂, peripheral capillary oxygen saturation; LV-EF, left ventricle ejection fraction; TCPC, total cavopulmonary connection; RV-EDVi, right ventricle end-diastolic volume index; RV-EF, right ventricle ejection fraction and RV-PA, right ventricle to pulmonary artery.

No pre-defined cut-offs were applied when defining advanced age and advanced renal / liver disease