Have you had any disruptions in your cancer care during COVID?

- Yes
- No
- Not applicable
- Not so far

_Last, we have a few questions about your demographics._

**How old are you today?** Please answer in years, for example “65”.

Age (in years): ________________________________________________

**What is your gender?**

- Male
- Female

**What is your ethnicity?** You may select any that apply.

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian/Pacific Islander
- Other

**What is your marital status?**

- Single
- Married or domestic partnership
- Widowed
- Divorced
- Separated
How many children under the age of 18 live in your household?

- None
- 1
- 2
- 3
- 4
- 5 or more

How many adults over the age of 18 live in your household, counting yourself?

- 1
- 2
- 3
- 4
- 5 or more

What is your total household income?

- Less than $10,000
- $10,000 to $19,999
- $20,000 to $29,999
- $30,000 to $39,999
- $40,000 to $49,999
- $50,000 to $59,999
- $60,000 to $69,999
- $70,000 to $79,999
- $80,000 to $89,999
- $90,000 to $99,999
- $100,000 to $149,999
- More than $150,000
- Don't know
- Prefer not to answer
What is your highest level of education?

- Some high school, no diploma
- High school graduate
- Some college credit, no degree
- Trade/technical/vocational training
- Associate degree
- Bachelor’s degree
- Master’s degree
- Professional degree
- Doctorate degree

What is the name of the city or town where you are currently residing?
____________________________

What is the zip code where you are currently residing?
____________________________

Have you been tested for COVID?

- Yes
- No

If you have been tested for the COVID-19 virus, please provide the date and result of your test.

**Date of test** ___/___/___ (DD/MM/YYYY)

**Result of test**

- Positive
- Negative
- Don’t know
- Prefer not to answer
If you have been tested for COVID-19 Antibodies, please provide the date and results of your test.

Date of test ___/___/___ (DD/MM/YYYY)

Result of test

☐ Positive
☐ Negative
☐ Don’t know
☐ Prefer not to answer

*p.9-12 of Coping with COVID through nature: Evidence from breast cancer patients and the output from the intake form