

COVID-19: IMPACT OF THE PANDEMIC AND HRQOL IN CANCER PATIENTS AND SURVIVORS

I. COVID-19 EXPERIENCES

Please answer the questions below to the best of your knowledge. If the item is not applicable, please select N/A. If you do not know the answer, please select D/K.

1. To your knowledge, have you been exposed to someone with COVID-19? Yes No D/K
2. Have you been tested for COVID-19? Yes No D/K
 - a. How many days ago were you tested? ___ Days
 - b. If tested, was your result positive? Yes No D/K
 - c. If positive, are you currently experiencing COVID-19 symptoms? Yes No D/K
3. If you tested positive for COVID-19, were you hospitalized? Yes No N/A
 - a. If you were hospitalized, how many nights were you in the hospital? ___ Nights N/A
4. Did a family member or a member of your household test positive for COVID-19? Yes No D/K
 - a. If yes, how many? ___ N/A
5. Did a family member or a member of your household die of COVID-19? Yes No
 - a. If yes, did they have COVID-19 symptoms (e.g., fever, cough)? Yes No
6. Were any friends, co-workers or neighbors diagnosed with COVID-19? Yes No
 - a. If yes, how many? ___
7. Did a friend, co-worker or neighbor die of COVID-19? Yes No
 - a. If yes, how many? ___ N/A
8. If you practiced social isolation/stay at home/quarantine, for how many days did it last (total number of days up to today if still practicing isolation)? ___ N/A
9. Do you have any of the following risk factors or experienced symptoms associated with COVID-19:
 - a. ≥ 60 years of age Yes No
 - b. Comorbidities such as diabetes, hypertension, kidney disease, and/or respiratory illnesses (e.g., COPD, asthma) Yes No
 - c. International travel or travel to COVID-19 hotspots Yes No
 - d. Exposure to someone who tested positive to COVID-19 Yes No
 - e. Visiting/working in a nursing home or hospital Yes No
 - f. Fever Yes No
 - g. Dry cough Yes No
 - h. Shortness of breath Yes No
10. Did you lose your job or primary source of income due to COVID-19? Yes No N/A
11. Did your spouse or partner lose their job or primary source of income? Yes No N/A
12. If employed, are you currently: ___ working from home ___ commuting to work N/A
13. Due to COVID-19, my household income has: ___ Decreased ___ Increased ___ Not changed
 - a. If your income decreased, what was the reason (check as many as apply):
 ___ Lost job ___ Spouse/Partner lost job ___ Assisting family ___ Inability to work at home ___ Other
 - b. If your income increased, what was the reason (check as many as apply):
 ___ Started a new job ___ Spouse/Partner started new job ___ My work became busier ___ Other
14. How often are you spending time outside your home?
 ___ No time ___ once a week ___ every 2-3 days ___ normal routine
15. Are you accomplishing more or less (e.g., activities, tasks, hobbies, interests)? More Less Same
16. Due to COVID-19, did you decide not to:
 - a. Attend a scheduled in-person **general medical appointment** not cancelled due to COVID-19?
Yes No
 - b. Attend a scheduled in-person **cancer appointment or treatment** not cancelled due to COVID-19?
Yes No
 - c. Seek **emergency care** in an urgent care facility or emergency room? Yes No
17. Did you participate in a Telehealth **medical appointment** (e.g., Zoom, Facetime) since COVID-19 pandemic? If yes, how many? ___
 If yes, how many were for **cancer care**? ___ How many were for other **medical care**? ___
18. If you had a Telehealth appointment for **cancer care**, how satisfied are you with your experience?
 ___ Very dissatisfied ___ Somewhat dissatisfied ___ Neutral ___ Somewhat Satisfied ___ Very Satisfied
19. If you had a Telehealth appointment for **general care**, how satisfied are you with your experience?
 ___ Very dissatisfied ___ Somewhat dissatisfied ___ Neutral ___ Somewhat Satisfied ___ Very Satisfied

II. COVID-19 PSYCHOSOCIAL AND PRACTICAL EXPERIENCES

Please indicate the extent to which you agree or disagree with the following statements. Please use the scale below:

0 = Strongly Disagree 1 = Disagree 2 = Neither agree or Disagree 3 = Agree 4 = Strongly Agree

Since the breakout of the COVID-19 pandemic:

COVID-19 Specific Distress (Emotional and Physical Reactions):

1. I feel anxious about getting COVID-19 (*or if positive: I am anxious about becoming ill*).
2. I worry about possibly infecting others.
3. I am concerned about a family member or close friend getting or dying from COVID-19.
4. I worry about the possibility of dying from COVID-19.
5. I fear how the COVID-19 pandemic will impact my cancer care or recovery.
6. I am concerned that cancer puts me at greater risk for being infected or dying from COVID-19.
7. I feel I have no control over how COVID-19 will impact my life.
8. I have experienced feelings of sadness or depression.
9. I feel negative and/or anxious about the future.
10. I have experienced changes in my sleep.
11. I have experienced changes in my eating.
12. I have experienced difficulty concentrating.
13. I have experienced feelings of social isolation or loneliness.

Health Care Disruptions and Concerns (Concerns About Medical Care):

14. My general medical care has been disrupted or delayed.
15. My cancer care or follow-up has been disrupted or delayed.
16. My healthcare providers have taken the necessary measures to address COVID-19.
17. I received adequate information on prevention, protection or care for COVID-19 from my cancer care providers.

Disruption to Daily Activities and Social Interactions:

18. I have experienced disruptions in day to day social interactions with family and/or friends.
19. I have not been able to adequately take care of family members or friends I provide for.
20. I have been unable to perform my typical daily routines (e.g., work, physical activity, leisure activity).
21. I have experienced conflict with household members (e.g., spouse/partner, children, parents, others).
22. I have had difficulty or been unable to perform my work as usual.
23. I have had difficulty taking care of my children's needs (e.g., providing care, supervising schoolwork) and/or balancing their needs with other responsibilities.

Financial Hardship:

24. I have experienced financial difficulties.
25. I have not been able to purchase or obtain basic necessities (e.g., food, personal care products).
26. I have been anxious about losing or having lost my job, or my primary source of income.
27. I have not been able to adequately provide for others I financially support.
28. I feel anxious about being able to maintain or not having adequate health care insurance.

Perceived Benefits:

29. I have greater appreciation for my family and close friends.
30. I have deeper appreciation for life.
31. I have been more grateful for each day.
32. I have been more accepting of things I cannot change.
33. I have found new ways of connecting with family and friends.
34. I have used my experience in coping with cancer to deal with COVID-19.

Functional Social Support:

35. I have received emotional support from family or friends when needed.
36. I have received tangible support (e.g., financial, practical) from family or friends when needed.
37. I am (or "have been") there to listen to other's problems when needed.
38. I have helped others with financial or practical support.

Perceived Stress Management (Ability to Manage Stress):

39. I am able to recognize thoughts and situations that make me feel stressed or upset about COVID-19.
40. I am able to practice relaxation (e.g., deep breathing, meditation) when feeling stress about COVID-19.
41. I am able to seek information and plan accordingly to address concerns over the COVID-19 pandemic.
42. I can re-examine negative thoughts and gain a new perspective when concerned about COVID-19.
43. I can give myself the caring and tenderness I need.

III. Health Related Quality of Life

Below is a list of statements that other people who receive cancer care (active treatment or follow-up care) said are important. **Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

	Not at all	A little bit	Somewhat	Quite a bit	Very Much
1. I have a lack of energy	0	1	2	3	4
2. I have pain	0	1	2	3	4
3. I have nausea	0	1	2	3	4
4. I worry that my condition will get worse	0	1	2	3	4
5. I am sleeping well	0	1	2	3	4
6. I am able to enjoy life	0	1	2	3	4
7. I am content with the quality of life right now	0	1	2	3	4

Reference:

Penedo, F.J., Cohen, L., Bower, J. & Antoni, M.H. (2020). COVID-19: Impact of the Pandemic and HRQOL in Cancer Patients and Survivors. Unpublished questionnaire.

Scoring:

Available upon request. Ongoing psychometric analyses.