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? ___
5. Did a family member or a member of your household die of COVID-19? Yes No ___
   a. If yes, how many? ___
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 D/K
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? Yes No ___
   If yes, how many? ___
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.

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

Reference:

Scoring:
Available upon request. Ongoing psychometric analyses.